

A life inspired

ILLUSTRATION BY KELLY SCHYKULSKI





This year marks the fourth installment of RNAO's summer story collection. Members were invited to tell us about a role model or mentor who has influenced their nursing practice. Competition was fierce for a spot in this issue of *Registered Nurse Journal*. With this rare opportunity to publicly thank those who have made a difference in their careers, our authors graciously share stories that are both touching and inspiring.

A life inspired

A nurse's nurse

BY ELIZABETH EDWARDS

I have been fortunate to have had many wonderful women as nursing mentors and role models during my 35-year career. However, Josephine Flaherty has always seemed to me to be a true “nurse’s nurse.”

My first encounter with Josephine was at the beginning of my third year of undergraduate nursing at the University of Western Ontario. She had just become the dean of the school of nursing. Josephine was not just a breath of fresh air in that place. She blew a powerful wind of change through those halls. Fortright, witty, brilliant, articulate and passionately committed to nursing, she helped us to see that being a nurse meant being a leader, period. No nurse was ever “just a nurse.” As much as nursing might be one’s calling, and nursing care was our *raison d’être*, she was not about to let us languish in obscurity in any environment. She let us know that the best bedside nurse needed to demonstrate leadership skills just as much as a (then) head nurse or dean did.

Whenever I watched “Jo” in action, I was struck by the sense of urgency that surrounded her. I do not remember her walking casually down a hallway. I doubt that her feet touched the ground. She moved as if she had a clear sense of purpose; which, of course, she did. Despite her long and illustrious career, she gave off a feeling that there was so much more work to be completed and not nearly enough time in which to do it all. But, she was going to try. I felt both comforted and confident that nursing simply could not have a better representative than Josephine when she was the Principal Nursing Officer for Health and Welfare Canada in 1977. She was, to me, a fearless advocate for our profession. Maybe it was that flame red hair.

I still have an essay that I wrote in my fourth year for the course she was teaching. I treasure the comments written in pencil on that paper. Knowing how important the proper use of English is to her, I feel privileged, to this day, that one of those comments praised my writing skills. There have been many RNAO annual general meetings where I chuckled to myself when Jo corrected the grammar of a resolution or an amendment so that its intent would be clear.

Like Josephine, I knew when I was four years old that I would be a nurse. I also share with her a love for *Anne of Green Gables*. As a student, I learned of her affinity for *Anne*, and have to admit to feeling the same thrill as this fictional character did at finding a kindred spirit in my teacher. Nearly 40 years later, she continues to inspire me.

Calm comes with a whisper

BY SYLVIA ARSENAULT

A few years ago, I accidentally swallowed a wasp and quickly developed dysphagia. Pam Grady was at triage in the emergency department when I arrived with my spouse. As I stood in the long queue of patients, she took one look at me and recognized the panicked look on my face. She calmly asked my spouse what had happened, and he described the unfortunate situation.

Pam took my arm and walked me to the resuscitation room. Within seconds, I was hooked up to the usual equipment. People came out of the woodwork and orders were being shouted out by the physician. Although I could hear the words, I could not make sense of it. As a nurse practitioner, I knew my life was not in danger. The wasp had stung me in the esophagus and not the trachea. I knew I just needed to stay calm and all would be well. But panic would find its way into my racing mind and the tears flowed, making me short of breath. Alarm bells were ringing, people were shouting, bright lights on the cardiac monitor were flashing, yet I understood none of it. The physician stood tall at the foot of my bed, speaking directly to me. Although I could see his lips moving, I understood nothing.

Pam came up to the side of my bed and whispered into my ear. “The Benadryl will make your mouth dry; the epi will make your heart race. We are taking you to X-ray for soft tissue views and I will be with you.” For the first time, I understood what was being said. My tears stopped and I lay in bed, reassured.

Pam taught me how to “zero in” on the patient emotions. There is not a day that goes by in my busy practice that I don’t remember her actions. Although it took seconds to deliver, the impact has been life altering. Pam taught me the true meaning of the art of nursing.



Grace under pressure

BY SHAWN DOOKIE

I started my nursing career in the emergency department, much to the chagrin of some of my more senior colleagues who believed that the place for a new graduate nurse was learning “time-management skills” on a general medical floor. From the day I started, I was on a quest to prove them wrong. Only problem was: who would teach me?

Before long I met Lynda Hookham. In her hospital greens and running shoes, she lapped the emergency department—cool, calm and collected amidst the chaos. At the time, she was a permanent charge nurse; the community was recovering from the first wave of the SARS outbreak; the hospital was at its normal 150 per cent capacity; and 30+ admitted patients lined the hallways waiting for care.

I remember a semi-circle of nurses, doctors, paramedics, support staff, patients and family members lined up, waiting for their chance to speak with Lynda. I was one of those in line. Complaints, concerns, illness, stress. Yelling, crying, anger, frustration. None of it seemed to faze Lynda. She treated the first person in line the same way she treated the last: with dignity, care and compassion. That picture is so vivid in my head. Almost eight years have passed and it still feels like yesterday. Although I did not envy her position at the time, the respect and admiration I developed for Lynda that day has continued to strengthen over the years. Even though I have moved away from the emergency department, what Lynda taught me has continued to motivate me throughout my career.

When she became clinical educator a few years later, Lynda was able to use her wealth of knowledge and skill to help develop some amazing nursing professionals. Despite her job title, she came to work every day in her hospital greens and running shoes; always there to support fellow nurses, and never afraid to get her “hands dirty” while ensuring the best possible patient outcomes. A strong advocate for nursing, Lynda believed every health-care professional should be able to perform to their highest potential. She demanded high quality from everyone. And as demands from the job increased, she was the first to ensure workload was manageable and would advocate for staff to ensure their needs were met.

From a quality perspective, Lynda created the foundation for evidence-based practice in our emergency department. Her *Quality Risk and Safety Committee* is still running strong, encouraging the health-care team to continually improve on practice to ensure optimal outcomes.

Lynda was always willing to work around everyone else’s schedule. Weekends and holidays were not always off hours. I recall a midnight session once for night staff who couldn’t come in for daytime sessions. And she was always back in the morning, hospital greens and running shoes ready.

Lynda once said to me: “If you don’t know something, make yourself the expert.” This was a major motivator in making me the nurse I am today.

A life inspired

A family affair

BY KATHY HOLDSWORTH

Perhaps it seems strange, but by the time I was four years old I knew I would be a nurse when I grew up. My experience with nurses was limited. At three, I had my tonsils out and remember distinctly the brusque nurse with a wart on her nose who made me roll over for the needle in my behind. I wasn't going to be a mean nurse like her. The student nurse who cuddled and played with me when I was sad and missing my mom; I wanted to be like her. But more than either of these two nurses was my Aunty Pat who, in my mind, was fun and fearless and the best nurse ever.

My mother tells me of the day I put a bead up my nose. Fortunately, Aunty Pat came to the rescue and held me still for the doctor in the emergency department. She had just graduated the Christmas I was four and used her student uniform to cut me out a 'uniform' of my own with a red cross stitched across the front of the bib. Wearing my new nursing dress, and armed with an equally new miniature nursing bag complete with plastic stethoscope and thermometer, I dutifully opened my hospital filled with dolls and stuffed animals and went to work bandaging and stitching their various wounds.

As the years went by, I heard the stories of outpost nursing in St. Anthony, Newfoundland where Aunty Pat had relocated. She found her niche working with outpatients, and became enmeshed in the community of hearty souls who lived on that far northeast corner of 'the rock.' When specialist treatments and surgeries were required, she often accompanied patients back to Montreal, where services were more readily available. On these working visits, I'd meet her patients and see her nursing and supporting them in often life threatening situations. I learned first-hand that death cannot always be avoided even with the best of care.

I will always remember Aunty Pat telling the story of the young lad who came into the clinic one day with his one and only fish hook lodged in his forehead from an unlucky cast. The doctor wanted to simply cut the barbed end off the hook and slide the rest back out. But the hook was his livelihood, and he begged that they keep it intact. With the gentlest of hands, Aunty Pat spent over an hour easing the hook out. The boy was delighted while the doctor shook his head. This great lesson of respecting a patient's choice while providing compassionate care will ever remain with me. How fortunate I was to learn from such an excellent teacher.

In memory of Margaret Patricia (Aunty Pat) Dunk



The ‘politics’ of nursing

SUBMITTED BY THE 4TH ANNUAL NURSING STUDENTS OF ONTARIO MODEL WORLD HEALTH ORGANIZATION CONFERENCE PLANNING COMMITTEE, TRENT UNIVERSITY

Cathy Graham is our passionate nursing professor at Trent University. For years, she has spearheaded the fourth-year political action class. She inspires students to look beyond the bedside and focus on the social determinants of health in order to understand where patients come from and what we can do as nurses and engaged citizens to support the health and well-being of communities.

With an emphasis on emancipatory action, Cathy has led hundreds of nursing students through “political action projects.” These are opportunities for students to choose an issue in the Peterborough community and take direct action to address or resolve the issue. The projects culminate with presentations that relate practical learning back to the elements and goals of nursing leadership. Some memorable projects that Cathy has been involved in include laying the foundation for a peer-led, sexual health clinic at Trent University, and a critical examination of the impact of removing the Women’s Health Centre from the accessible downtown core in Peterborough. Cathy is a constant source of inspiration and motivation, pushing students to look “outside the box” and to feel empowered by the knowledge and influence of nurses.

Last semester Cathy was our faculty liaison as we planned the *4th Annual Nursing Students of Ontario Model World Health Organization Conference* at Trent University. Throughout the process, Cathy kept our group of nursing students and members of the students’ association focused. She encouraged us to challenge our limitations and strive for an inclusive, environmentally respectful, accessible conference. We could not have planned and hosted this event at our small, rural university without Cathy’s input, support and efforts.

Involving nurses in political action and policy development establishes a foundation that ensures the well-being of communities and nurses working within those communities. Building political acumen in nurses begins with inspiring nursing students to realize their potential and the value of their nursing knowledge so they may find their voices and use them wisely and effectively as advocates. Cathy’s influence is invaluable to Trent nursing students and to the profession as a whole as an activist, an advocate, and a leader who inspires us to push the limits in nursing and discover what we are truly capable of achieving in our communities.

The ties that bind

BY CHRISTA DAVIDSON

Glenna Tinney has been an obstetrical nurse in Orillia for more than 35 years. From the time I joined the obstetrical team, I recognized she was a nurse to model myself after. Her kindness and compassion at the bedside never wanes, and her frustration never shows. This has been an important observation for me because there are a lot of things to balance in obstetrics, and our patients never need to feel our frustration.

During emergencies, Glenna is focused, skilled and organized. She doesn’t forget the human being who is experiencing the emergency despite having many urgent tasks to complete. She has taught me to always communicate with patients through words, eye contact, facial expressions and touch. These are among the important things they recall during stressful birth events.

Glenna is committed to advocacy. She provides safe patient care and expects the same from everyone on the interdisciplinary team. She uses her experience and knowledge to become the leading voice for change when it is needed. Her example has instilled in me the confidence to also advocate for patient safety at any cost.

Obstetrics is unpredictable at the best of times and completely out of control at the worst. Teamwork is essential. On our own, we can never provide the care that many patients need and deserve. With our co-workers supporting us, our patients receive the best we have to give.

Some may forget that the spirit of teamwork is not specific to big events. Glenna always asks if there is anything she can do for colleagues, even on quiet shifts. I consider her our team’s MVP (most valuable player). Whether I am overworked — or on those rare occasions when I am underworked — I always remind myself that Glenna would offer to help others, and so should I.

In addition to the skill and experience Glenna brings to her nursing, she also has a unique perspective others don’t possess. She’s cared for families that span generations. While walking the hallway recently, I overheard a conversation about Glenna: “She looked after me when my daughter was born, she cared for my daughter when my granddaughter was born, and she is now looking after my granddaughter who is about to give birth to my great grandson.” So many women have had the privilege of Glenna handing them their newborns, with a caring smile and a sincere “congratulations.” And as it turns out, my mother was among those lucky women.

During a conversation about working the first New Year’s Eve shift of her career, Glenna recently told me about how all the senior staff had the night off and she and another novice RN were holding down the fort. She reminisced about that night in 1973 when I stopped her to tell her I was the New Year’s Baby that year. Glenna was my nurse. We truly are connected, but then I imagine much of Orillia is connected to Glenna too.

A life inspired

In the trenches

BY ANNE EGGER

Kathy Hardill and I worked together in a downtown Toronto community health centre for many years. She moved on to a rural setting but I remain downtown. Kathy has been an invaluable colleague, teacher, mentor and good friend. She shows more passion, energy and knowledge than anyone I have ever come across in my 25-year nursing career.

In Toronto, we care for low-income individuals and families, including homeless, vulnerable men and women. We treat chronic health issues such as diabetes, COPD, asthma, Hepatitis C, HIV, schizophrenia, depression and addictions. Poverty remains the key underlying health determinant that links all of these challenges.

An experienced and knowledgeable advocate, Kathy always stunned me with her superb and keen analysis and synthesis of issues on the ground. She would always bring forth ideas, researching articles and studies to help us better understand the link between our work on a daily basis and the larger socio-economic and political realities. A tireless advocate, Kathy instilled in me the need to speak out, write, protest and remain alert to the injustices that permeate our society. Her own writings, editorials, and position statements are stellar examples of her well researched, succinct and poignant arguments that, with ongoing fervour, we may work to redress these injustices.

Kathy always gave a lot, and in turn expected a lot; a balancing act, which I found at times difficult to adhere to. Having said that, it is always that spirited light that I turn to when my energy and focus wane.

She never shied away from practical nursing 101: assisting someone scrub in the shower; combing through a head filled with lice; attending to a woman beaten and bruised from a recent assault. At such difficult times, Kathy would often wish for “a planet of our own.” It’s a concept that I turn to occasionally when confronted with women in desperate situations.

One of my most memorable moments with Kathy was trudging for several hours through two feet of snow with bundle buggies. They were filled with basic supplies for residents of the then Tent City, a vital but precarious encampment by Toronto’s waterfront. Nothing would stop Kathy.

Seeing the potential

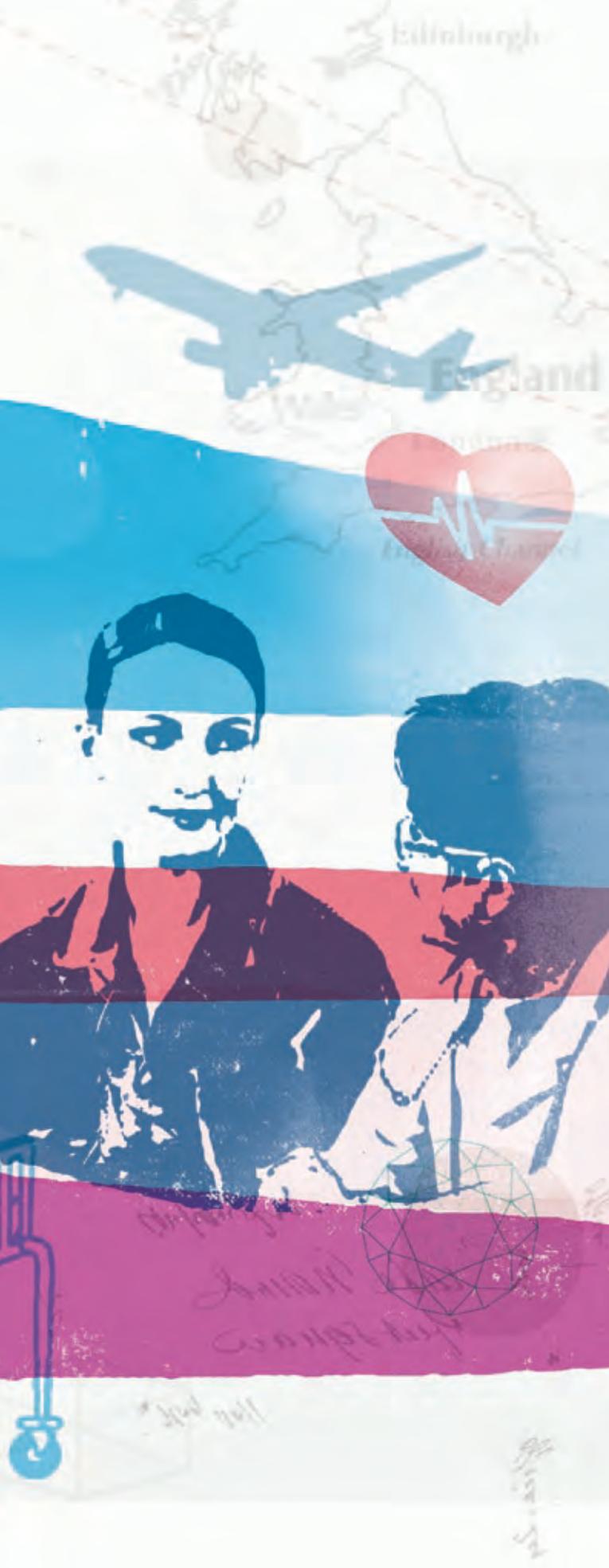
BY MOLLIE WINGER

Ethylene Villareal was my preceptor during a clinical placement at the Region of Waterloo Public Health. What is most remarkable about Ethylene is her ability to empower those around her. At the beginning of my placement, she helped me verbalize my highest personal dream of publishing a paper. Whenever she heard about a conference or call for abstracts, she encouraged me to submit my work. She constantly reminded me that I must believe in myself and that I can do better than those I admire. After I was accepted to present at national and provincial conferences for the first time, money to attend became an issue. Ethylene suggested awards and scholarships that I was eligible for. When I didn’t know how to present an abstract, she invited me to attend a webinar on abstract writing with her, and then gave me a learning package to help guide my work. She consistently drew out my professional vision and gave me the tools to overcome each obstacle along the way.

While co-leading several workshops with Ethylene, I realized she has a unique ability to create a knowledge friendly environment. After each presentation, she clearly valued the participant evaluation forms as a guide for the next session. She crafted every presentation to encourage maximum participation of her audience because “they are the experts.” She appreciates and encourages critical thinking where others might find these discussions threatening.

Ethylene supports knowledge development in her colleagues by continually sharing professional information and articles that keep people up-to-date. She is open about her many accomplishments, simply to demonstrate how anyone can attain the level of achievement they set for themselves.

I am proud to have accomplished many of the goals I once thought were unattainable. My abstract has been accepted at two different professional conferences and I have won two different nursing scholarships. I am striving to become a nurse leader in my own right and I am confident this is possible because, in the words of Ethylene, “Good leaders don’t necessarily have to be loud and bold and state the obvious...they need to only inspire someone to think better of themselves.”



A kindred spirit far from home

BY SUSAN L. SHIPLEY

If I had one word instead of 500 to describe my friend and mentor Ruth Jenkins, it would have to be beautiful. It may seem like a strange word when referring to the colleague who introduced me to the Canadian way of nursing over 20 years ago; and yet, beautiful she is.

During my first few months in Ontario, as I coped with minus 28 temperatures and horizontal snow, Ruth willingly shared with me the basics of being a competent nurse in a foreign country. She taught me the intricacies of Canadian health care as we talked through long, 12-hour night shifts, listening to the muffled sounds of sleeping patients, constantly vigilant for the bells of those in need of support.

Ruth learned a few things from me as well. She discovered I am a reluctant morning person, and that on day shifts there would be little unnecessary conversation with me until after the coffee break. It's a trait she teases me about to this day. She, on the other hand, smiled through even the darkest mornings and represented to me the epitome of caring. Capable and confident while interacting with doctors, families and all staff members, she normalized even the most chaotic and distressing of shifts on a medical oncology floor.

Ruth and I share a common background in so much as we both hail from British shores, but it was more than a bond with the old country that brought us close. I admired her.

While mention of oncology nursing to my friends brought forth an awkward silence, Ruth showed me that it was possible to work in this specialty and still laugh. Her strength gave me courage to grow and motivated me to embrace the challenges at work and still have the reserve to live life to the fullest.

Managing complex chemo side effects and supporting devastated families are occupational hazards in oncology. Yet Ruth demonstrated how knowledge and skill, coupled with a healthy dose of compassion, can bring peace and comfort to those who suffer. In the early days, with oncology nursing as new to me as the winter snow storms, I struggled for the right words to explain sepsis to frightened patients. I worried as I assisted doctors in invasive procedures. But I soon came to realize that following Ruth's lead would help me to be the best advocate and care provider my patients would ever need.

In 1995, I returned to the UK. I took a leave of absence because I was homesick, suffering from compassion fatigue, and needed to explore other paths. If Ruth felt I'd made a mistake, she never said. On my return eight months later, my belongings in a container ship in the middle of the Atlantic, and my direction in nursing somewhat vague, Ruth supplied both the practical and emotional necessities for me to rebuild my life.

Her unfaltering ability over the years to smile with her patients and friends, while coping through her own turmoil, makes her beautiful, strong and utterly unforgettable. **RN**