

# Registered Nurse

JOURNAL



**Staying healthy**  
in a workplace  
without walls

# What's all the **HUB** about?

As a nurse, you understand what it's like for others to rely on you. Now, you can rely on us.... And we'll be here.... Just the way you are for everyone else.

- Group Rates on Home & Auto Insurance
- Guaranteed Claims Satisfaction or Money Back
- Extended Hours of Service
- CHOICE – we represent many insurers and work for YOU

**Thousands of nurses can't be wrong!**

We are proud to be the broker of choice for RNAO members since 1995.

**BE SURE, CALL HUB FIRST  
1-877-466-6390**



Coming soon to RNAO members  
Buy insurance online! Stay tuned!



# Registered Nurse

JOURNAL

Volume 18, No. 1, January/February 2006



## THE LINEUP

EDITOR'S NOTE	4
PRESIDENT'S VIEW	5
MAILBAG	6
EXECUTIVE DIRECTOR'S DISPATCH	7
NURSING IN THE NEWS/OUT & ABOUT	8
POLICY AT WORK	24
NEWS TO YOU/NEWS TO USE	25
CALENDAR	26



Registered Nurses'  
Association of Ontario  
L'Association des  
infirmières et infirmiers  
autorisés de l'Ontario

## FEATURES

- 11 TALKING POLITICS**  
*By Kimberley Kearsey*  
RNAO members plan election events and challenge candidates to focus on health in the run-up to the 2006 federal election.
- 12 STAYING HEALTHY IN A WORKPLACE WITHOUT WALLS**  
*By Jill Shaw*  
Home care and public health nurses strive for healthy work environments amidst daily challenges in the community.
- 16 MUSIC FOR THE BODY AND SOUL**  
*By Jill Shaw*  
RNs use the power of song to provide comfort to patients and promote health for those in need.
- 18 EMERGENCY MISSION HUMBLER RN**  
*By Nicole Sykes, RN*  
Nicole Sykes reflects on her work with Kashechewan evacuees during the first full-scale deployment of Ontario's Emergency Medical Assistance Team (EMAT).
- 20 A DAY TO REMEMBER**  
*By Kimberley Kearsey*  
Nurses across Ontario remember colleagues, friends, and all victims of violence on Canada's *National Day of Remembrance and Action on Violence Against Women*.
- 22 RN PROFILE**  
*By Bonnie Russell*  
St. Catharines nurse practitioner Janice Jackson boards a *Health Bus* to bring curbside health care to at-risk groups.
- 23 STUDENTS USE MANNEQUINS TO GAIN PRACTICAL EXPERIENCE**  
*By Jill Shaw*  
State-of-the-art, life-size mannequins that tell students how they feel are being touted as the next big thing in nursing labs across Ontario.

**The journal of the REGISTERED NURSES' ASSOCIATION OF ONTARIO (RNAO)**

158 Pearl Street  
Toronto ON, M5H 1L3  
Phone: 416-599-1925 Toll-Free: 1-800-268-7199  
Fax: 416-599-1926  
Website: www.rnao.org  
E-mail: info@rnao.org  
Letters to the editor: letters@rnao.org

**EDITORIAL STAFF**

Marion Zych, Publisher  
Kimberley Kearsley, Managing Editor (Acting)  
Jill Shaw, Writer (Acting)  
Bonnie Russell, Editorial Assistant (Acting)

**EDITORIAL ADVISORY COMMITTEE**

Patricia Stiles, Chair  
Kathy Dawe, Joseph Gajasan, Connie Kuc,  
Ann Lukits, André Picard, Julie Pierce, Sylvia Rodgers

**DESIGN, ART DIRECTION, PRODUCTION**

Tammy Hunter/Ireland+Associates

**ADVERTISING**

Registered Nurses' Association of Ontario  
Phone: 416-599-1925, ext. 211  
Fax: 416-599-1926

**SUBSCRIPTIONS**

*Registered Nurse Journal*, ISSN 1484-0863, is a benefit to members of the RNAO. Paid subscriptions are welcome. Full subscription prices for one year (six issues), including taxes: Canada \$38.52 (GST); Outside Canada: \$42. Printed with vegetable-based inks on recycled paper (50 per cent recycled and 20 per cent post-consumer fibre) on acid-free paper.

*Registered Nurse Journal* is published six times a year by RNAO. The views or opinions expressed in the editorials, articles or advertisements are those of the authors/advertisers and do not necessarily represent the policies of RNAO or the Editorial Advisory Committee. RNAO assumes no responsibility or liability for damages arising from any error or omission or from the use of any information or advice contained in the *Registered Nurse Journal* including editorials, studies, reports, letters and advertisements. All articles and photos accepted for publication become the property of the *Registered Nurse Journal*. Indexed in Cumulative Index to Nursing and Allied Health Literature.

**CANADIAN POSTMASTER:** Undeliverable copies and change of address to: RNAO, 158 Pearl Street, Toronto ON, M5H 1L3. Publications Mail Agreement No. 40006768.

**RNAO OFFICERS AND SENIOR MANAGEMENT**

Joan Lesmond, RN, BScN, MSN, Ed. D. (c)  
President, ext. 204

Mary Ferguson-Paré, RN, PhD, CHE  
President Elect, ext. 202

Doris Grinspun, RN, MSN, PhD (c), O.Ont.  
Executive Director, ext. 206

Irmajean Bajnok, RN, MScN, PhD  
Director, Centre for Professional  
Nursing Excellence, ext. 234

Sheila Block, MA  
Director, Health and Nursing Policy, ext. 215

Nancy Campbell, MBA  
Director, Finance and Administration, ext. 229

Daniel Lau, MBA  
Director, Membership and Services, ext. 218

Marion Zych, BA, Journalism, BA, Political Science  
Director, Communications, ext. 209



Registered Nurses' Association of Ontario  
L'Association des infirmières et infirmiers autorisés de l'Ontario

[www.rnao.org](http://www.rnao.org)

Editor's Note

# Nurses combine creativity with clinical skill



**When I was young, I wasn't one of those kids who raced**

home after school for piano lessons. Sometimes I wish I had because lessons might have given me some musical bones in my body. Sadly, I don't know how to play an instrument or read music.

And anyone who's been on a long road trip with me will tell you

I can't carry a tune – at least not well anyway.

That's why I'm always impressed when I meet people who are musically inclined. Call it envy, awe, admiration. It's all of those things. It's also profound respect for those who possess the skill to write songs and compose music.

In this issue of *Registered Nurse Journal* you'll meet four RNs who possess those skills. Remarkably, they are not alone. In fact, it's not at all unusual to find nurses who are not only clinically inclined, but also creatively gifted. Whether writing music, poetry, taking photographs, or sharing a personal reflection, most of the nurses I meet acknowledge this innate trait, and respect the power of their creativity when providing care.

As you will see in our cover feature on community health and in our feature about Canada's *National Day of Remembrance and Action on Violence Against Women*, nurses also respect and acknowledge the importance of combining that creativity with resourcefulness in order to create safer environments for nurses and for patients.

A few weeks ago, while conducting research for our music story, I encountered a chat room for RNs who also call themselves artists, writers, photographers, and musicians. It was inspiring to see this side of nursing, and it's a side I hope to see a lot more of in the future.

**Kimberley Kearsley**  
Managing Editor (Acting)

# Celebrating Black nurses this February and beyond



**This February marks** the 10th anniversary of Black History Month in Canada. It's a time to reflect not only on the contribution Black Canadians have made to this country but also on the contribution Black nurses have made to the profession.

Tracing the history of nursing, it's clear the 1940s was a decade of great change for Black nurses. Employment barriers for women were down because of the exodus of young men to the frontlines of the war. However, Black women who wanted to become nurses were struggling for equal opportunities to work in health care.

Bernice Redmon, a Toronto native, was one of those nurses. Redmon wanted to become a nurse but was refused entry to nursing schools in Canada. Instead, she went to St. Phillip Hospital Medical College in Virginia, U.S.A. and graduated with her nursing diploma in 1945. When she returned to Canada that same year, she became the first Black nurse allowed to practise in public health after getting a job at the Nova Scotia Department of Health. She went on to become the first Black woman appointed to the Victorian Order of Nurses in Canada.

Ruth Bailey, also from Toronto, Gwen Barton, from Halifax, and Marissa Scott, from Owen Sound, were among an increasing number of Black women during the 40s who were accepted to nursing schools as a result of tremendous pressure from trade unions and church groups to accept Black students. Scott became the first Black person to graduate and practise as a nurse in Ontario in 1950.

These women blazed a trail for thousands of Black nurses practising today. And as we celebrate their accomplishments and honour their perseverance, we reflect on

their hard-fought battle and what it means for our profession.

Whenever I speak to nurses, I am always proud to look out at the crowd and see so much diversity. And it's not just Black nurses I see; it's nurses from all walks of life. That cultural diversity is thanks to people like Redmon, Bailey, Barton and Scott. It's thanks to the hundreds of women and men who have faced adversity and have acknowledged how important it is to stand up for equality in nursing.

When Jean Augustine, the first Black woman elected to Parliament, introduced a motion to the House of Commons in 1996

**I remind Black nurses  
of the challenges of our  
predecessors, and urge them  
to celebrate the contributions  
of Black nurses every minute,  
every hour, and every day.**

to recognize February as Black History Month, she wanted the people of Canada to "take note of the important contribution of Black Canadians to the settlement, growth and development of Canada, the diversity of the Black community in Canada, and its importance to the history of this country."

I'm proud to continue that tradition as your president and as the second Black African Canadian to hold that title in RNAO's 80-year history.

This February I will celebrate and applaud the tremendous work and commitment of groups like the Barbados Registered Nurses Association, the Grenada Nurses Association, the University of the West Indies Graduate Nurses Association, the Eritrean Canadian Nurses Association, the Canadian Black Nurses Association, and

the dozens of other groups that are also continuing the tradition by ensuring Black nurses have the supports they need to become leaders in health care.

I will also celebrate the emergence of new groups such as the Black Nurses Network (BNN). I was honoured to give the keynote address at BNN's Annual Dinner and Dance in Toronto in December. It's so inspiring to see a group that is doing so much to strengthen networking and unity among Black nurses, supporting one another's achievements and growth through mentorship.

As one of BNN's mentors, I remind Black nurses of the challenges of our predecessors, and urge them to celebrate the contributions of Black nurses every minute, every hour, and every day.

In November I was honoured to receive the *Jocelyn Hezekiah Award for Leadership on the World Stage* from the Centre for Equity in Health and Society. This recognition of my work to make RNAO and the profession more inclusive is my inspiration to continue mentoring Black nurses and nurses of all cultural backgrounds. It's also my inspiration to continue RNAO's important work on the *Embracing Diversity Project*, which was launched the first year of my presidency and continues to build policies that give all nurses of all cultural backgrounds the opportunity to participate fully in nursing.

I share these awards with Redmon, Bailey, Barton and Scott, and all nurses who have fought for equality in our profession. It's hard to imagine where we might be today without these tremendous women shaping the future. And it's hard to imagine where we might be tomorrow without the Black nurses of today doing the same.

---

**JOAN LESMOND, RN, BScN, MSN, ED. D.(C)  
IS PRESIDENT OF RNAO.**

# Mailbag



## Telehomecare takes a team

*Re: Peace of mind at the push of a button,  
November/December 2005*

I was delighted to read about the East York Telehomecare Project. This project continues to move forward with funding as described. All of the partners have committed valuable time and resources to ensure positive outcomes for patients. However, it is disappointing to point out that the partner who brought the team together was not identified in the story. Centennial College has been a pioneer in the burgeoning fields of telehealth and telehomecare since 1998. The college has developed post-graduate nursing education in these areas and continues to be a leader in web-based learning for this nursing specialty.

**Renée Kenny, Dean, School of Community  
and Health Studies**

*Centennial College*

## Touching tribute to veteran RNs

*Re: RNAO remembers, November/December 2005*

I would like to comment on *Registered Nurse Journal's* coverage of the tributes and celebrations of our veteran nurses in November. It was an impressive reminder of the work that our nursing colleagues have done in very difficult circumstances, and an acknowledgement of those nurses who gave so much during those war times that created the foundations for many of us now. I was personally moved by the tributes, pictures and activities that many of the chapters shared.

**Esther Green, RN**

*Mississauga*

## Advanced, expanded nursing roles get much-needed attention

*Re: Wrestling with wait times, November/December 2005*

On behalf of the Registered Nurse First Assistant (RNFA) Interest Group, I would like to thank Jill Shaw and RNAO home office for highlighting the role that advanced and expanded nursing positions can play in dealing with surgical wait times. RNAO has been instrumental in helping to educate RNs, other health-care workers, and the Ministry of Health and Long-Term Care on the role of the RNFA and how it facilitates better patient outcomes. Keep up the good work.

**Grace Groetzsch**

*Chair, RNFA Interest Group*

## Correction

York University nursing student, Regina B. Hernandez, wrote the memo that appeared on the *Mailbag* page of our last issue. She was incorrectly identified as a student at Ryerson University. We apologize for the error.

Terri MacDougall, the nurse practitioner featured on pg. 11 of our last issue, is not the nurse practitioner in the accompanying photo. We apologize for any confusion this may have caused.

## WE WANT TO HEAR FROM YOU.

Please e-mail letters to [letters@rnao.org](mailto:letters@rnao.org) or fax 416-599-1926.

## Curbing violence against women and men

*Re: Casting a wide net to curb violence against women,  
November/December 2005*

RNAO's best practice guideline urging screening of all women for abuse impacts negatively on my role as a community mental health nurse, and I believe, on all nurses' relationships with their clients. My male clients have often been victims of sexual assault, and emotional and physical abuse. Unfortunately, they are now aware that my professional nursing organization, mirroring society, sees their experiences as less damaging and less important than the experiences of women. This awareness affects the trusting and mutually-respectful relationship I had with these clients.

Joan Lesmond cites Statistics Canada when she states that: "Women account for 85 per cent of the victims of spousal violence." However, the July 14, 2005 release of *The Daily*, by Statistics Canada, states: "Seven per cent of women and six per cent of men in a current or previous spousal relationship encountered spousal violence in the five years leading up to and including 2004." I was unable to find support for Lesmond's statement on the Statistics Canada website.

Most male victims will not visit an emergency room or seek help for fear of being laughed at by society. This impression is reinforced by RNAO. Male reluctance to share humiliating experiences skews the statistics.

Regardless of statistics, and despite the fact that nurses are predominantly female, we owe it to the people of Ontario to treat all present and potential clients with the same dignity and respect. Screening all clients, regardless of gender or sexual orientation, for a history of abuse, is responsible and professional, and will lead to a more supportive, caring society.

**Heather McGrath, RN**

*Ottawa*

## Publisher's response

*RNAO's best practice guideline was developed specifically because women make up the vast majority of abuse victims. In 2000, women made up 86 per cent of sexual assault victims (www.swc-fc.gc.ca). That same source also confirms that, of the number of reported incidents of spousal abuse, women again account for the majority of victims – 85 per cent. Heather McGrath is correct in her assertion that men and women both experience violence in relationships. The 2004 General Social Survey, conducted by Statistics Canada, shows rates of self-reported spousal violence by a current or previous partner, experienced in the last five years, were seven per cent for women and six per cent for men. It shows that women suffer more serious and repeated spousal violence than do men. They also incur more severe consequences as a result of this violence (www.statscan.ca). We agree that all nurses play a vital role in helping victims of violence overcome their experiences. However, the Woman Abuse: Screening, Identification and Initial Response Best Practice Guideline was developed because the impact of abuse is much greater on women. This is not to say RNAO does not recognize other types of abuse or violence. We do, and we condemn them all. RNAO's position is zero tolerance for abuse or violence to anyone, anywhere.*

# RNAO's priorities with new government



**In the aftermath** of the Gomery inquiry, voters sent a clear message that corruption will not be tolerated and gave the Conservative party, and its platform, a minority govern-

ment. While the election results clearly point to voters' disdain for scandals, do they signal a fundamental shift in values? Are the social reforms that people in this country fought so valiantly for no longer important to them?

RNAO hopes that's not the case. We also hope voters, in their anger towards the Liberals, have not given power to a party that will compromise social progress.

In December, just before the federal election, RNAO issued to all party leaders nine questions on health and social issues. Indicating their full support for a publicly funded and universally accessible health-care system, the Conservative party also stated that provinces should have "maximum flexibility" to deliver health services. As a veteran in the fight to protect Medicare, RNAO knows code words such as "maximum flexibility" mean "privatization" and "for-profit delivery" – just as words like "choice" meant the same thing a couple of years ago.

During the campaign, Stephen Harper outlined alarming directions on central social issues, including health care. The Conservative platform outlined how it would open the door to further privatization. Such a policy direction from our federal government is particularly damaging in the aftermath of the Supreme Court's Chaoulli decision that struck down Quebec's ban on private health insurance. When combined with Harper's *Patient Wait Times Guarantee*, which promises treatment elsewhere if the wait is too long in a patient's home province, this will likely lead to the rampant proliferation of for-

profit health services unlike any we have seen before.

What is most concerning is that even without the approval of the federal government, and before the Chaoulli court ruling, British Columbia, Alberta and Quebec had already opened the door to for-profit clinics. Now that the federal government intends to approve and perhaps even encourage more for-profit delivery, our concerns intensify.

RNAO is watching carefully to see how federal policies may spill over in Ontario. Already this past January, a Vancouver businessman announced plans to set up clinics

## **RNAO is watching carefully to see how federal policies may spill over in Ontario.**

in Ontario, charging patients up to \$3,500 for health services.

Nurses are alarmed by these policy directions. Sold to Canadians as measures to enable timely access to health-care, these policies and the implications of mixing for-profit motives with wait-time guarantees, were hardly discussed on the campaign trail. Paying expensive fees to send patients to for-profit clinics, to other provinces, or to the United States, especially on the heels of announcements of major tax cuts, will further deplete the resources available to bolster real solutions to strengthen Medicare, including improving wait times. This money would be better spent hiring badly needed nurses, doctors and other professionals.

The proliferation of for-profit facilities will also lead to the hemorrhaging of our scarce supply of health professionals from the public sector to the private one, as evidenced in jurisdictions with parallel systems.

The Conservative party also indicated it had no policy for replacing the thousands of nurses in Canada retiring by 2010. While acknowledging the need to work with the provinces to train more health professionals, few specifics have been provided. All nurses must press our new Prime Minister for details on this issue to ensure Canadians have timely access to health professionals, whether they are waiting for a new hip or to see a primary care practitioner.

RNs know that health and health care do not exist in a vacuum – they depend on the broad determinants of health. In this context, several policies of the new government raise red flags: tax cuts that deplete essential resources needed to maintain and enhance social programs; proposed changes to our national childcare program; withdrawal of support for the Kyoto Protocol in a context of deteriorating environmental health; and discussions about a role for Canada in the American missile defense program. These policies are incompatible with nurses' concept of health, and our aspirations for a kinder and gentler society that cares about the health and well-being of all its people.

Canadians will watch the direction our new Conservative government takes on these important issues. RNAO is ready to work constructively and proactively with the new government, and to do our very best to influence positive outcomes.

We will raise our concerns, propose sound and healthy policies, and applaud when the government makes the right choices. The fact that it is a minority government gives us hope that we can make a difference. If our efforts fail, we won't be discouraged. We will continue to speak out for health and stand up for Medicare. After all, Canadians consistently rank this as their top priority.

---

DORIS GRINSPUN, RN, MSN, PhD (c), O.ONT,  
IS EXECUTIVE DIRECTOR OF RNAO.

# Nursing in the news

R N A O & R N S weigh in on . . .

## RNs ask tough questions



The Nursing Students of Ontario hosted an all-candidates debate in Toronto on Jan. 16. Close to 100 attendees listened as the students posed questions to (from left) Axel Kuhn, Conservative candidate for Etobicoke Centre, Tim Rudkins, Green Party candidate for Richmond Hill, Carolyn Bennett, Liberal MP for St. Paul's, and Paul Summerville, NDP candidate for St. Paul's.

Prior to the Nov. 29 announcement of a rare winter election in Canada, RNAO issued an open letter to then Prime Minister Paul Martin and the leaders of the opposition, asking them to clearly state their position on health-care privatization. The letter was prompted by news the Quebec government was releasing a white paper proposing changes to its health-care system.

"While finalizing your policy platforms, remember that Canadians want to know what actions you will take to strengthen our publicly funded, not-for-profit health-care system while preventing further incursions of for-profit health care," wrote RNAO president **Joan Lesmond** and executive director **Doris Grinspun** ([www.ospreyblogs.com](http://www.ospreyblogs.com), Nov. 22). The widely-read letter, to which the Liberal and NDP parties responded, earned RNAO its second *Top 10 Award* from *Canada NewsWire* (CNW), the country's largest wire service.

- Immediately following the election call,

RNAO posed nine health-related questions to party leaders. At appearances during the campaign, **Grinspun** urged nurses and nursing students to pressure federal candidates to protect Canada's Medicare system. "More nurses see themselves as part of the solution to the current and future health-care challenges," said Grinspun (*The Recorder* – Kitchener, Cambridge and Waterloo, *Kenora Daily Miner and News*, *CBC FM* – Kingston, *CFPL TV* – London, *CKRU AM* – Peterborough, Dec. 1).

- At an all-candidates debate hosted by RNAO Waterloo chapter president Suzy Young, RNAO member **Brenda Plantz** asked local candidates about their parties' plans to support front-line services (*The Recorder* – Kitchener, Cambridge and Waterloo, Jan. 16).
- Following a health-care symposium in Sudbury, RNAO board member **Paul-André Gauthier** said voters should ask their candidates about whether or not their health-care platforms are realistic (*Sudbury Star*, Jan. 18).

### Public health care: getting the facts straight

RNAO applauded the *Toronto Star* for taking time during the federal election to inform readers that public health care is cheapest and best. "Voters need to know that cost-effective, patient-focused solutions to challenges facing Canada's health-care system can only be found in the public sector," wrote RNAO president **Joan Lesmond** in a letter to the editor (Dec. 27). A reader from Alberta responded in disagreement with RNAO's position, citing shorter wait times for cataract and joint replacement surgeries in privately-funded Albertan clinics (Dec. 28). RNAO executive director **Doris Grinspun** offered a rebuttal (Dec. 30), pointing out that faster care more often occurs in non-profit facilities.

### Decreasing wait times

On Dec. 12, the McGuinty government announced common benchmarks for wait times. After the announcement, RNAO executive director **Doris Grinspun** told *CBC Television* that shorter wait times cannot be achieved without more staff. "We need to significantly dedicate more human resources, both nurses in expanded roles and also physicians." On Dec. 17, the government announced it would shorten wait times across the province by establishing targets for specific medical services.

Grinspun responded, saying the association welcomes the news (*Ottawa Sun*, *Toronto Sun*, Dec. 17).

- Although wait times for hip and knee replacements and cataract surgeries have increased in London, the city still has the shortest wait for CT scans. It also has a median wait of 11 days for breast cancer surgery, the second shortest in the province. "We have been doing a lot of work to get women in as quickly

For complete versions of any of these stories, contact Bonnie Russell at [brussell@rnao.org](mailto:brussell@rnao.org).

as we can,” said RNAO member **Sandra Letton**, vice-president of acute/ambulatory care at St. Joseph’s Health Care (*London Free Press*, Dec. 20).

• RNAO member **Eleanor Rivoire** credited a new machine, provided by the Ontario Ministry of Health and Long-Term Care, for helping to shorten CT scan wait times at Kingston Hospital (*CFLY – FM*, Kingston, Dec. 21).

### Speaking out against poverty



RNAO member **Kathy Hardill**, colleague Debra Phelps, and Dr. Mimi Divinsky, all members of *Health*

**K. Hardill** *Providers Against Poverty*, published a submission in the *Toronto Star* that demanded social assistance rates be raised by 40 per cent. They also urged the government to reconsider drastic restrictions to the special diet allowance suggesting it be “restored for everyone whose health is at risk from legislated poverty.” (Nov. 25)

### Hospital RNs stand up for their rights

*Toronto Star* staff spent three-months shadowing health-care workers at Sunnybrook and Women’s College Health Sciences. In the resulting five-part series, RNAO member **Robin Horodyski** discussed how police threatened to charge her with obstruction of justice when she refused to allow authorities to speak to a patient who she determined was not well enough to communicate. “I’m here to merely speak about the patients’ medical care. If I feel they aren’t medically stable to speak with police, I can say that.” (Dec. 19)

• RNAO member and ONA president **Linda Haslam-Stroud** told the *Globe and Mail* that many senior hospital nurses were upset about their employers’ decision to deny a two per cent bonus meant to retain nurses with more than 25 years of experience. Eligible RNs were those already earning their hourly maximum rate of pay. “We will be fighting tooth and nail. If we have to take each case to arbitration individually to get our nurses the

money they deserve, we will be doing that.” (Jan. 9)

### Improved primary health care, courtesy of NPs

In November, RNAO member **Leanne Crump** hosted the grand opening of the Bethany Nurse Practitioner Clinic in the City of Kawartha Lakes. The event marks six months since Crump became the second nurse practitioner for the city. “Some of my patients have been without a family physician for anywhere from two to as many as 10 years. And as a result, they have let some of their health-care needs slide, becoming very ill.” (*Lindsay Daily Post*, Nov. 22). RNAO member **Sarah McDevitt** was also acknowledged in November for her work as a nurse practitioner for Tavistock Health Centre, where she assists with on-call services (*Stratford Beacon-Herald*, Nov. 22).

• “Nurse practitioners have been health care’s best kept secret for years,” said RNAO member **Theresa Agnew**, past president of the Nurse Practitioners’



On Dec. 2, RNAO president Joan Lesmond was keynote speaker at the Black Nurses Network (BNN) Annual Dinner and Dance. Above, from left to right, Shauna Jackson, Annette Bailey, Lesmond, BNN chair Joan Samuels-Dennis, Kathy Nelson, Tanya Johnson, and Marcia Brown. The group is taking steps to become an interest group of RNAO.

RNAO executive director Doris Grinspun (below right) attended a Waterloo chapter meeting on Nov. 29, speaking to members about the importance of political activity across the province. Grinspun chats with Branka Stefanac, an RN in the endoscopy suite at St. Mary’s General Hospital in Kitchener.



Association of Ontario (NPAO). Her comment came following Health Minister George Smitherman's announcement of new funding for an additional 31 family health teams, which include NPs (*Metroland* – Toronto Division, Dec. 11).

- The new funding also provides for a third nurse practitioner at the Sauble Area Medical Clinic in Sauble Beach. RNAO member **Kathy Babin-Niven**, the first NP at the clinic, said that having various health-care services under one roof is important. "As a team, we work together to provide the services that the clients need." (*Owen Sound Sun Times*, Dec. 13)

## Helping Louisiana RNs during holiday season

On Dec. 1, RNAO's Essex and Chatham-Kent chapters hosted a holiday gift drive for nursing colleagues who were victims of last summer's Hurricane Katrina. "Some have lost everything – relatives, their jobs, their homes, their belongings," said RNAO Essex chapter president **Lynda Monik** (*Windsor Star*, Nov. 30, *CBC AM* and *CKLW AM*, Windsor, Dec. 2).

- RNAO member **Ruth MacLeod** spent part of her Christmas holidays working in a tent in Louisiana, relieving nurses who had worked non-stop in the aftermath of the hurricane. MacLeod told the *Toronto Star* she was partly prompted to help her American nursing

colleagues after receiving an action alert from RNAO (Dec. 21, Jan. 16).

## The right to clean drinking water

RNAO member **Jacqueline Leary**, in partnership with concerned nursing colleagues Collen New, Maureen Hawn-Bristow, Karen Bilecki and Sharon Nevill, submitted an opinion piece to the *Barrie Examiner*, calling on citizens to honour the fundamental human right to clean drinking water. "We, as a rich country, must speak for the have-nots and protect their right to clean water in order to save the children, and maintain these vulnerable communities for a better and brighter tomorrow." (Nov. 18)

## The call to parish nursing

RNAO members **Fran Hudson**, **Sue Battram** and **Marg Douglas** describe volunteer parish nursing as a calling, and often refer to their work as a "ministry" rather than a job. "Parish nursing is really about linking faith and health," said Battram (*Woodstock Sentinel-Review*, Nov. 25).

## Investing in diabetes education and care

In November, Ontario's Ministry of Health and Long-Term Care announced funding for the development of 69 new diabetes care and education teams. RNAO member **Joyce Wardle** said the initiative is

welcome news because it will increase the annual diabetes program funding at Quinte Health Care (*Belleville Intelligencer*, Dec. 5).

- RNAO member **Mary Anne Shill**, vice-president of patient services at Northumberland Hills Hospital, said that while the new government funding is not a large sum of money, every little bit helps. "More money means more residents will have access to vital diabetes education and support." (*Metroland* – Durham Division, Dec. 7, *Northumberland Weekly*, Dec. 9)

- RNAO member **Cathy Benbow Plewes** said the Halton Diabetes Program was pleased with the additional funding, which will create three new diabetes education and care teams (*Metroland* – Halton Division, Jan. 7).

## Advising new parents

In a submission published by the *Timmins Daily Press*, RNAO member **Sue Yuskow** tells readers about the benefits of the *Healthy Babies, Healthy Children Program* of the Porcupine Health Unit. Yuskow has seen reduced stress on parents and higher scores on most infant development measures as a result of the program. "I believe this program works because the workers of the program are people who care," (Dec. 12). In a second submission, Yuskow talks about postpartum depression, listing symptoms of the illness and suggesting online resources for postpartum support (Jan. 9).

On Dec. 6, RNAO member Valerie Rzepka, team leader for the Canadian Medical Assistance Team (CMAT), returned from a seven-week, post-earthquake relief mission to Kashmir. While treating patients in the city of Muzaffarabad, she met an injured 8-year-old named Jameela, who was overjoyed when she received this pink teddy bear from Canada.



Canadian Blood Services RN Rose DiClemente collects personal information from a blood donor who participated in a clinic on the Toronto Transit System (TTC) Nov. 9. Canadian Blood Services employs 280 nurses who collect blood at clinics across the province.



## Talking Politics

On Nov. 29, the federal government lost a non-confidence vote, prompting an election campaign and forcing Canadians to think politics during the busy holiday season. RNs across the province were asked to challenge politicians about where they stand on health care issues.

**RN** Suzy Young had already turned down an offer to organize an all-candidates debate in her Kitchener riding when she was approached by Adam Davidson Harden, a global studies professor at Wilfred Laurier University. In his search for a non-partisan host for his Jan. 14 event, Davidson Harden “googled” RNAO and found Young, president of the Waterloo chapter.

“It was thrilling that he would seek out our organization,” Young says of the opportunity to be involved in the federal election process. “We (the Waterloo chapter) are more well-known in the Kitchener area now, because of that debate.”

Young counts herself among many RNAO members who participated in federal election events during the eight-week campaign. She was also among three panelists to share the details of their election experiences with fellow nurses at a meeting on Jan. 28 in Toronto.

Young, an acute care nurse practitioner (NP) at St. Mary’s General Hospital, joined fellow panelists Joseph Gajasan, a fourth-year Ryerson University nursing student, and Kate Wilson, an NP at Bradford Medical Clinic, to discuss the challenges and rewards of getting involved in the electoral process, and to share with fellow RNs words of support for those interested in becoming more politically active.

Gajasan says he got involved in election activities after hearing RNAO president Joan Lesmond speak to his nursing class. “I think it’s education, especially educating nursing students and empowering them to be more active members of this democratic society we’re lucky to have,” he said of students’ responsibility to be involved.

Erin Johnston, a graduate student at the University of Toronto, takes that responsibility seriously. Her final placement before graduation will take place January to March in the policy department at RNAO home office. She approached the microphone at the Jan. 28 meeting with a challenge: “If we’re talking strength in numbers, and having a stronger voice, I think we need to challenge our nursing colleagues and nursing students to get out there and vote, and to give a reason for politicians to listen to us.”

Ottawa RN Judy Spence had hopes of representing the NDP in the riding of Lanark in the early 90s. Although she lost the nomination, she still believes nurses, a largely female profession, can get politicians’ attention as a lobbying force.

“Women tend to be different politicians,” she says. “We’re consensus builders. Women just do that naturally. And nurses do that more naturally...I would say you really want to see the nursing perspective in politics.”

Kate Wilson brought that perspective to her riding of York Simcoe during the 2006 federal election. The Bradford NP ran as the Liberal candidate but lost to her Conservative counterpart on Jan. 23.

“Part of the reason I got involved is because nurses make excep-



(From left) Suzy Young, Kate Wilson, and Joseph Gajasan share the challenges and rewards of planning and participating in pre-election activities.

tional leaders,” she told colleagues at the meeting. “In this disengaged society, we have a real lack of caring and compassion that’s being demonstrated by all political parties...and I really felt it was time to bring back the caring and compassion. Nurses and nurse practitioners have this incredible ability to deal with difficult problems every day. They work very well in a team concept and under a tight timeframe. And they make very good decisions. I thought, with those skills, we need more nurses in the process.”

Wilson reminds RNs that it’s also important to look beyond the process when you think politics. “It was the most enriching experience I’ve had in a long time,” she said. “The best thing about it is touching the hearts of people at their doorsteps.”

For those who were not campaigning or knocking on doors, fulfillment came when they saw people engaged in discussions about health care. There were close to 100 participants at the all-candidates debate hosted by Gajasan on Jan. 16. And in Kitchener, Young says, “all of the candidates said, thus far, it had been the best debate they had attended because...at the other debates, health care hadn’t been addressed.”

During an election campaign that saw very little debate over health issues, nurses were successful in bringing their views forward, keeping issues like for-profit health care, wait times, and health-care funding top of mind for politicians.

To provide RNs with the support they need to continue to be politically active, RNAO will host workshops and training sessions for members who are interested in running for office. Wilson has agreed to lend her expertise.

“Don’t wait like I did,” she says of the fact that she waited until her 40s to get involved in federal politics. “Do it now. Start thinking about the next election in two years...I will be working to mentor you.”

For more information on the training sessions, contact Kate Melino at [kmelino@rnao.org](mailto:kmelino@rnao.org). **RN**

KIMBERLEY KEARSEY IS ACTING MANAGING EDITOR/COMMUNICATIONS PROJECT MANAGER FOR RNAO.



# Staying healthy in a workplace without walls

Home care and public health nurses strive for healthy work environments amidst daily challenges in the community.

**E**velyn Earle's 18-year career with Niagara's Victorian Order of Nurses (VON) could hardly be described as mundane. While caring for patients in their homes, she battled Mother Nature so her patients didn't have to, missed eight weeks of work after her car was rear ended en route to an appointment, and was bitten by an unhappy neighbourhood dog. But she faced the toughest battle of her career in 2004, when VON Niagara lost its home-care contract as part of the government-mandated competitive bidding process, a procedure Community Care Access Centres use to determine which providers will manage care.

Suddenly, Earle was out of a job.

She remembers her last home-care visit, which also happened to be VON Niagara's final visit after 85 years of service. "That was pretty devastating," she recalls. "The family that I was visiting threw me a party. They had my family there, and the patient's daughter flew in from Washington...It was a sob fest."

Until recently, the workplace challenges of community-based nurses like Earle have not received the attention they deserve. While many health professionals in hospitals

or long-term care facilities think of their work environments in terms of the roof and four walls where they spend each shift, home care and public health nurses labour everywhere from their cars to patients' living rooms. Without the concrete walls that define a workplace, determining how to keep community and public health nurses healthy while on the job requires a comprehensive approach.

The development of RNAO's *Healthy Work Environments Best Practice Guidelines (HWEBPG) Project* is a first step down that path. Funded by the Ontario Ministry of Health and Long-Term Care and Health Canada, the two-year-old project relies on front-line nurses, researchers and educators to develop recommendations for improving the health of nursing environments. The group is doing that through six guidelines focusing on leadership, professional practice, workload and staffing, health and safety, teamwork, and cultural diversity. The first guideline, *Developing and Sustaining Nursing Leadership*, will be released this spring.

Hamilton public health nurse Theresa McMillan is a member of the panel compil-

ing data for the guideline entitled *Workplace Health and Safety of the Nurse*. She says healthy work environments are achievable if you ensure nurses on the frontlines feel their voices are being heard, whether that's through formal committees like those established by the HWEBPG Project or through customized programs that reward employee initiative to build healthier workplaces. Although she acknowledges the HWEBPGs are not targeted specifically to the home care or public health sectors, she hopes her colleagues in the community will use the guidelines to improve their workplaces.

RNAO's HWEBPGs were the focus of much debate and discussion at RNAO's 5th annual conference on healthy work environments in November. They are not, however, the only solution to challenging workplace issues, particularly those in the community. Many innovations come directly from individual initiatives and grassroots projects that participants at the international event heard about first hand.

For instance, former University of Windsor nursing professor Sheila Cameron presented the findings of a community nursing survey at the conference. The results of her work should raise red flags for policy-makers across the province. In 2003 and 2005, Cameron and her colleague, business professor Marjorie Armstrong-Stassen, surveyed nurses working in public health, home care, and Community Care Access Centres. They also surveyed nurse practitioners in primary care. Between the two surveys, 28 per cent of home-care nurses had changed jobs, compared with eight per cent in public health. Cameron says the unstable environment, created by the kind of competitive bidding that cost VON Niagara its contract, leaves young workers on the lookout for something more stable. This is a worrying trend since the average age of community nurses is 47.

### Home care

Fifty-one-year-old Earle is one of those nurses forced to shift jobs. Although she still occasionally does home visits for VON Niagara, which continues to provide palliative care, foot care and support for patients newly diagnosed with Parkinson's disease, she does so in addition to her new job as a nephrology nurse at Niagara Health System. Although Earle was forced out of her much-loved home-care career, she didn't leave without a fight. And she was not alone.

As VON's Ontario Public Service Employees Union representative in 2004, Earle knows the community fought valiantly to save VON's contract. Many Niagara-area municipal councils passed motions in support of the agency, and newspapers took up the cause on their editorial pages. Earle and several of her home-care colleagues met with Minister of Health and Long-Term Care George Smitherman to urge him to reconsider the bid. While they couldn't convince him to reverse the decision, the meeting may have helped spark a formal review of the competitive bidding process.

Led by former Ontario Health Minister Elinor Caplan, the *Community Care Access Centre Procurement Review* began in October, 2004 and was presented to the provincial government last May. Entitled *Realizing the Potential of Home Care, Competing for Excellence by Rewarding Results*, the report is the result of six months of research and consultations with home-care stakeholders across Ontario, including RNAO and the Community Health Nurses Initiatives Group (CHNIG).

## “A healthy work environment that nurtures all nurses wherever they work is crucial to ensuring patients receive the best care.”

Among Caplan's 70 recommendations: end the elect-to-work practice, which allows nurses to choose when they work and with which patients, but does not require employers to pay them severance or termination pay; reward agencies that provide excellent care with longer contracts; and provide especially vulnerable patients with special consideration during the transition between care providers. RNAO has said some of the recommendations will improve working conditions in the community. But the report continues to endorse competitive bidding, which Earle says will continue to cause stress for home-care nurses.

As president and chief executive officer of Saint Elizabeth Health Care, a province wide, non-profit home-care provider, Shirlee Sharkey has a few ideas about how to alleviate some of the uncertainty associated with home-care nursing. The former RNAO president says that in an environment where the number of patients fluctuates, innovative solutions are needed to ensure there are enough nurses to provide care. She says Saint Elizabeth, for instance, has chosen not to use the elect-to-work model and has chosen not to charge a flat fee per visit. It has, instead, created a variety of full and part-time positions for nurses.

But Sharkey believes it takes more than one organization's efforts to improve the worklife for home-care nurses. She welcomes Caplan's report as a first step to improving community worklife and hopes the implementation of its recommendations will address staffing issues in home care. She notes, however, that the government has not yet formally announced when it will respond to the report.

Despite the workplace challenges that plague the community sector, CHNIG immediate past-president Marlene Slepkov says there are many reasons people love the work. Slepkov says home-care nurses enjoy their independence, and are well respected by physicians who say they value the suggestions nurses make because they are the health professionals most often in contact with patients.

### Public health

Public health nurses may not be subject to the unstable contract negotiations and competitive bidding processes that produce stress for their home-care counterparts, but they do face their own challenges. According to the interim report of a provincial committee examining ways to revitalize public health, the sector grapples with funding challenges and changes the government made over a decade ago.

Public health funding is now shared between the province and municipalities, a practice that has created some job uncertainty for public health nurses. And like RNs everywhere, public health nurses are aging. RNs currently make up the sector's largest staffing group, which means they are likely to experience the largest number of retirements in the coming years.

Diane Bewick, director of family health services at the Middlesex-London Health Unit, is a member of the province's public health review committee. She says public health nursing must be promoted as a viable career option for both novice and veteran RNs.

“Often, our most valuable nurses are those with years of experience,” she says. “They're valuable because they mentor new nurses coming in, they know the community resources and, perhaps most importantly, they have established relationships with community partners.”

Bewick says students in particular require support. Middlesex-London is a teaching health unit that works closely with the local colleges and universities to provide clinical placements for students. She says the public health review committee is currently looking at more ways to ensure students have access to the knowledge and supports they'll need to fill the gap retirees will leave. In fact, Bewick says it's also important for all public health nurses, regardless of their age, to feel supported and valued by their organizations, particularly in a field where it can be hard to separate the personal from the professional.

Joan Davison, a family health manager

at Peel Region Health Unit who works on the *Healthy Babies, Healthy Children (HBHC) Program*, says support has been essential for HBHC nurses, who can spend up to three years visiting families struggling with a new baby for reasons that can include poverty, mental illness, a baby's congenital disease, violence, unresolved trauma from a parent's own past, or a combination of all of these factors. As a result, HBHC nurses can be susceptible to vicarious trauma – a condition that occurs when caregivers are exposed to crises and hear so many stories of pain and loss that they begin to suffer anxiety and burnout. Davison says it became apparent in 2002 that her colleagues were having trouble coping with the challenge of caring for families in troubling situations because they were taking stress-related time off.

"We were noticing that we needed to do something as a program to provide a network and safety net for (nurses)...so they could keep healthy and balanced and able to

practice their skills," she says.

Focus groups were organized so the nurses could voice their concerns with colleagues and supervisors. Davison says the health unit now has formal and reflective practice models and staff education. The nurses even put together a CD that offers ways to deal with stress. The health unit also holds informal and formal debriefings, and supervisors are participating in more visits with nurses to see the families first-hand and provide any needed support or suggestions about how to provide resources.

Davison says anyone can experience the stress of vicarious trauma.

"Once you've learned about yourself, and learned how you respond to these kinds of issues, you may be coping just fine," she says. "A very experienced person will readily identify when something has really hit them at some other level that they need support, and they'll come in."

Davison says the workload was also reorganized to help avoid situations in which

nurses would be assigned too many high-risk families at once. She says these measures are working, and the program continues to have a good recruitment and retention rate, even among younger RNs.

For most of her five-year career, Nicole Labrie has worked in the HBHC program. When she first started, she had no control over workload, and new assignments would just appear in her mailbox regardless of the other work she was doing. Now, Labrie has more control over her schedule and is able to balance visiting high-risk families with less intense well-baby appointments or administrative and committee work. She says the toughest families to work with are those who are grappling with mental illness, poverty and isolation.

"You are always thinking of the families," she says. "It's hard to leave this work at work. It's important to find ways of coping with that and still being healthy yourself."

Even though her work with moms who may be depressed sometimes leaves her feeling powerless, Labrie says the rewards of this work are what give her the enthusiasm to tackle it each day.

"It's different for every family, but whether you see them for two months or you've been with the family three years, it's quite amazing to have that connection."

A cornerstone of good nursing practice, that connection is vital, not just in home care and public health nursing, but in all sectors. Allowing RNs to focus on their relationships with patients instead of being distracted by larger work environment issues is vital. Irmajean Bajnok, director of the RNAO Centre for Professional Nursing Excellence and project director of the HWEBPG Project, says by making the profession better for those who practice it, patient care will only improve.

"A healthy work environment that nurtures all nurses wherever they work is crucial to ensuring patients receive the best care," she says. "Whether those patients are in hospitals, long-term care centres, or at home, this project will enable nurses to build thriving work environments so they can keep their focus on providing high-quality care."

For more information on the progress of the healthy work environment BPGs, visit [www.rnao.org](http://www.rnao.org) and follow the links to the Centre. **RN**

JILL SHAW IS ACTING COMMUNICATIONS OFFICER/WRITER AT RNAO.

## Horizontal violence hinders health of nursing students

At RNAO's 5th annual conference on healthy workplaces, Toronto RN Gloria Cardinal presented findings of an informal survey that asked 18 nursing colleagues about their experience with horizontal violence, aggressive behaviour by an individual or members of one group toward another person or group. Half said they experienced horizontal violence in the workplace, adding that the experiences left them feeling isolated and fearful they'd lose their jobs if they complained.

Horizontal violence, which can take such destructive forms as "mobbing," emotional abuse normally associated with schoolyard bullying, isn't appropriate in any profession, but it is particularly detrimental in a field that faces a serious shortage if younger RNs leave the profession because of it.

Nursing Students of Ontario (NSO) president James Chu says students feel the affects of horizontal violence, particularly during clinical placements. As a result, some students quit nursing before they even earn their degrees.

RNAO board member and researcher Elisabeth Jensen says there's plenty of anecdotal evidence that horizontal

violence against students occurs. Undergraduates complain that senior nurses won't work with inexperienced students during clinical placements. Graduate students say their supervisors don't give them the support they need to complete their thesis. This causes a negative ripple effect that is felt everywhere from hospitals to the classroom.

"When students drop out of programs for fields that are short of people, then it becomes a problem for society," Jensen says. "(And) as long as no one talks about it...it carries on."

To raise awareness of the problem, NSO and the Provincial Nurse Educators Interest Group introduced a resolution at RNAO's annual general meeting in 2004. The resolution calls on the association to investigate student abuse and develop an action plan on the issue.

Jensen is co-chair of the committee charged with that task. The group has developed a role play to help nurses and nursing students understand behaviours that are inappropriate and is preparing a position statement to be presented at the 2006 AGM in April. **RN**

# Music for the body & soul

RNs use the power of song to provide comfort to patients and promote health for those in need.

Like many of her colleagues, Mount Sinai RN Marcia Taylor was moved by the sacrifices so many health-care workers made during the 2003 SARS outbreaks, including the ultimate sacrifices of Tecla Lin and Nelia Laroza, two nurses who lost their lives. Taylor, a vice-president of the Ontario Nurses Association when the outbreaks hit, decided there was no better way to honour her colleagues' bravery than through music. A piano player since age seven, Taylor composed, performed and recorded three songs for an album called *In Your Honour*, a tribute to the health-care workers who toiled through SARS, and their families who stood by them.

Taylor says response to the CD has been very positive: "People have told me they've cried and played it over and over again."

So far, 600 of the 1,000 CDs produced in 2004 have been sold, and Taylor hopes to donate the revenues to the Tecla Lin and Nelia Laroza Memorial Award, administered by the Canadian Nurses' Foundation and funded by the W. Garfield Weston Foundation. Taylor has performed the songs at cafés around Toronto, and even had the CD profiled on CBC radio and television. She believes music is a natural way to bring comfort to others, and often sang for patients when she worked in a long-term care home.

Taylor is just one of many RNs who use music to provide comfort and promote health. Though not professional musical therapists, individuals who receive formal training and use music to restore physical and spiritual health in settings such as pre-natal classes and speech therapy sessions, RNs recognize the value of the arts in comforting

others. Whether creating the melodies, or simply sharing the music of others, nurses are using many forms of music to help patients.

Former RNAO Huron chapter president, Mary Lynn Hetherington, who now lives on Salt Spring Island off the coast of British Columbia, says music has allowed her to honour her husband, Orland, who died of Leiomyosarcoma, a rare form of cancer, in 1999.

## How to get the CDs

- **In Your Honour**, Marcia Taylor, [www.q-sheba.com/](http://www.q-sheba.com/)
- **Room 217**, Bev Foster, [www.room.217.ca](http://www.room.217.ca)
- **O Come Let Us Adore Him**, Mary Lynn Hetherington, [www.vollent.ca](http://www.vollent.ca)



A professional concert pianist who once performed with Elvis Presley in the 1970s, Hetherington says little was known about Leiomyosarcoma when her husband was first diagnosed. She wanted to do something to raise funds for research and honour Orland's memory. In 2004, she released *O Come Let Us Adore Him*, a CD of 17 of her husband's favourite Christmas carols and hymns.

She says she had no trouble recruiting her fellow islanders, a virtual who's who of Canadian music, to help. The Guess Who's Don McDougall accompanied on Silent Night, and she enlisted the island's Legion Pipe Band to play Amazing Grace. Over the holidays, the island's fire department played the music outside the fire hall all day long. Hetherington says her nursing career, primarily in small acute-care hospitals, as well as her personal experience gives her an inside track

on what patients go through, and the kind of music that may comfort them.

According to new evidence emerging from the U.S., music isn't just good for the soul; it's also good for the body. Last year, doctors in Illinois studied the affects of harp music on irregular heart beats. They found listening to live harp music helped to steady jumpy heart rates. They believe the findings could lead to prescriptions that require patients listen to music daily.

None of this is news to Charlene Schiffer, a Thunder Bay RN and holistic health-care practitioner who offers therapies like reflexology and therapeutic touch through her independent practice. She often plays music, particularly genres featuring flutes or Aboriginal songs, while treating clients, many of whom are looking for stress relief. She says some theories suggest that music can help balance the seven chakra energy systems in the body.

Musician Bev Foster is not a nurse but she knows about the soothing effects of sounds from a caregiver's perspective. As her father lay dying of non-Hodgkin's lymphoma in 2001, Foster's family gathered around him to sing the familiar songs he loved. When the formally trained musician left the hospital for the last time, she decided to harness the power of her talent to bring comfort to others. Foster, who has produced seven original CDs during her 25-year music career, also cared for her grandmother during her last days of life. She says music provides a great avenue for communication. Last October, she released *Room 217*, a series of CDs named after the hospital room where her father died. The CDs were developed to help health professionals bring calm to palliative patients, or to those who just need the comfort that soothing music can bring.

"What I'm trying to do is create music that really reaches into someone's spirit," she says.

Recorded in Toronto, *Room 217* is a collection of three acoustic CDs – *Spirit Wings*, *Gentle Waters* and *Celtic Whisperings*. The collections mix hymns with Broadway hits and popular songs like *Wind Beneath my Wings*. Foster, who plays piano and sings on the CDs, personally selected all the songs, and performed them with the help of other musicians.

"Every single musician I've worked with said this is one of the most challenging projects they've worked on," Foster says of the process of creating music that is gentle

enough that patients can pace their laboured breathing to it.

Foster says her goal is to create music that particular age groups – including children and baby boomers – can use to comfort a family member, or just to escape the everyday pressures of life. So far, *Room 217* focuses on music that appeals to the elderly, the group most often grappling with end-of-life issues for themselves or loved ones. She says many caregivers, including families and nurses, have said *Room 217* helps alleviate tension, and sets the tone that allows family members to communicate with words and touch. She hopes nurses will be able to use the CDs to help their patients feel more comfortable when families and caregivers can't be there.

Margaret Van Dyck says patients do find solace in *Room 217*. As a palliative home-care nurse who practices in the Toronto area, Van Dyck often asks patients how they've coped with other stressful situations in their lives. For those who find music helpful, she says *Room 217* has been an invaluable resource. One woman at the end-stage of Parkinson's disease, who could no longer speak, began humming along to the songs on *Spirit Wings* the first time it was played. Van Dyck said it became a great source of comfort for the woman's daughter, who travelled as part of her work and couldn't always be at her mom's side. Knowing the music brought her mom some comfort helped ease her own mind.

"Music is so helpful to bridge to deeper communication," says Van Dyck. "If an artist can provide music that will draw people in and provide comfort, they're doing a wonderful thing."

For musicians such as Taylor and Hetherington, uniting their personal and nursing experiences together in songs not only allows them to comfort others and honour their heroes, it also helps to boost their own confidence to pursue their passions. Both are working on future projects. Hetherington is compiling a collection of Irish tunes for St. Patrick's Day, and Taylor is now working on another CD called *Destiny*, a project that includes songs inspired by her own life, including a perspective on the heartfelt moments that surround birth and death that only a nurse can bring into the recording studio. **RN**

JILL SHAW IS ACTING COMMUNICATIONS OFFICER/WRITER AT RNAO.

## Did you know?



- Calgary singer/songwriter Paul Brandt, one of the most awarded country artists in Canadian history,

started his career as a pediatric nurse. Brandt, who got his big break when he won a *Society of Composers, Authors and Music Publishers of Canada (SOCAN)* award for best original song, worked two years at the Alberta Sick Children's Hospital in Calgary before pursuing his music career full time.



- Country music legend Naomi Judd, Grammy award-winning singer-songwriter, actress, author, and Hepatitis C survivor,

worked as an ICU nurse in Tennessee while raising her now famous daughters, singer Wynonna Judd and actress Ashley Judd. In May, Grand Canyon University in Arizona awarded Judd with the rather unique double doctorate degree in performing arts and nursing. "I learned more about myself by being an RN than anything else I've ever done," Judd said in a webcast to nurses last October.

- London, Ontario RN Alex Achenbach composed and wrote lyrics for *Those Were the Days*, a song about the experiences of Second World War veterans now living at Parkwood Hospital in London. Achenbach based the lyrics on interviews musical therapist Jillian Bostick conducted with the former soldiers. "I was crying a couple of times just thinking about the things the people had gone through," Achenbach told the *London Free Press*. **RN**

RN Nicole Sykes reflects  
on her work with Kashechewan evacuees  
during the first full-scale deployment  
of Ontario's Emergency Medical Assistance Team.

# Emergency mission

H U M B L E S R N



(Above left) RN Nicole Sykes (second from right, top row) was one of 20 EMAT members helping to assess and treat evacuated residents from the Kashechewan reserve. (Right) Kashechewan residents wait in a Sudbury Airport hangar for treatment and relocation to temporary housing in Northern Ontario. (Below) the children of Kashechewan say thanks for the help they received from EMAT.



In late October 2005, contaminated water prompted Ontario Premier Dalton McGuinty to declare a state of emergency at the Kashechewan First Nation reserve located 500 kilometres north of Timmins. RN Nicole Sykes was one of 20 Emergency Medical Assistance Team (EMAT) members deployed to assess and treat Kashechewan evacuees upon their arrival at Sudbury Airport. Sykes helped provide comprehensive health care to 600 evacuees, more than 100 of whom required additional testing procedures, including blood analysis and x-rays. She tells *Registered Nurse Journal* about the experience; and about her important role during EMAT's first full-scale deployment since its inception in January 2004.

**HE** was only four years old and unaware of the reasons he was away from home. When I asked him what he wanted to be when he grew up, he shrugged his shoulders and muttered 'I don't know.' It didn't occur to me how unusual this was until day three, when most of the children forced to leave Kashechewan had given me the same response. When I was four I had already given my parents a list of what I was going to be when I grew up: a doctor, a nurse, and a hairdresser; in that order. Don't most children have an answer to that question?

Working at the Sudbury Regional Hospital, I regularly meet and treat many members of local First Nation communities. But treating the Aboriginal population from an isolated northern community like Kashechewan made me very aware of the

different social and economic conditions they face, and how those conditions can be linked to the poor health of many of the evacuees. I was especially struck by the number of children who did not see their futures filled with dreams and optimism, and how different an experience this was from my own childhood.

These cultural differences were never as clear to me as they became on Oct. 30, 2005, the day EMAT was deployed and I met the people of Kashechewan face-to-face.

When I was asked if I would be interested in joining EMAT, I was excited and overwhelmed. I decided to sign up because it was a great opportunity to be a part of something unprecedented in our country. After the SARS outbreak in Toronto, it was clear that a major health emergency could quickly strain big city hospitals. EMAT was created to add beds and medical staff wherever a local health-care system was suddenly facing a large number of patients. Team members were recruited from hospital emergency departments and Emergency Medical Services across Ontario, and included specialists in pediatrics and disaster medicine.

Our EMAT training initially focused on infectious disease outbreaks but quickly grew to include almost all types of multi-casualty incidents. RNs were trained to work collaboratively with physicians, critical care paramedics, and social workers to manage high volumes of critically ill patients and their families.

Less than a month before our first deployment, we participated in a training exercise in Sudbury. A mock disaster scenario, the training involved two school buses colliding with a tanker truck carrying a toxic chemical. The training went smoothly and the whole team walked away confident in our abilities to manage just about anything.

Primary health care never crossed our minds.

When I began hearing about the events unfolding in Kashechewan, I didn't imagine I would end up being a part of it. As things evolved, however, it became clear the evacuees would be arriving in Sudbury.

When EMAT was officially deployed, I was released from my duties at the hospital and proceeded to the airport to begin setting up. As team members arrived from

around Ontario, we began to realize we were about to become a part of an unprecedented event in the province's history. Instead of wiring up ventilators, we began preparing a "clinic" for primary and focused health assessments. Instead of stocking emergency medical supplies, we were accumulating topical corticosteroids and antibiotics suitable for pediatric ear and urinary tract infections. Given my experience in emergency situations and my exposure to major trauma, it was intimidating at first to be faced with a population suffering primarily dermatological, gastric and chronic illnesses.

But adapting and coping is what health-care professionals do. And being a part of this phenomenal team drove that point home. Less than 24 hours after arriving we had reconfigured our mobile facilities into a high-volume clinic, and were ready to assess and treat evacuees in transit from Kashechewan to evacuation centres across Northern Ontario.

My final day with the people of Kashechewan provided me with a bitter-sweet example of the self sacrifice and community commitment that had surprised me

throughout our mission. I had the opportunity to assess a woman with diabetes whose blood sugar was quite high. She told me she had not taken her medication and had not had breakfast the morning she boarded the plane to Sudbury. It turns out she was too busy preparing her grandchildren and those of another family for the trip.

As our conversation continued, it became apparent that she had recently been having episodes of chest discomfort consistent with angina. When asked why she had not gone to the nursing station in Kashechewan she told me she knew they would fly her from the reserve to a hospital. She said she had too much to do and too many people to look after to leave.

This woman was among hundreds of Kashechewan residents who headed back to the reserve in mid-December. I suspect she hasn't strayed far from her self-sacrificing ways. **RN**

---

NICOLE SYKES, RN, IS PROGRAM COORDINATOR FOR THE BASE HOSPITAL PARAMEDIC PROGRAM AT HÔPITAL REGIONAL DE SUDBURY REGIONAL HOSPITAL.

## Health Canada to hire more RNs for Kashechewan

RNAO member Edith Martel works for Health Canada and is stationed in Kashechewan. She says nurses on the reserve continue to look for signs of ongoing distress in the troubled community of 1,900. "The evacuation was stressful on community members," she says. "Our job as nurses is to assess how people are coping and to provide them with the best health care possible."

Thanks to an agreement reached on Oct. 27 between Health Canada and Kashechewan First Nations Chief Leo Friday, Martel will have more help ensuring this Aboriginal population gets the care it needs. The government has launched an aggressive recruitment campaign to hire more RNs to work on the troubled reserve. A full complement of 12 nurses is expected by late spring, which means the nursing station will have more resources to provide public health promotion and prevention, immunization and communicable disease control, and to develop strategies to decrease the number of chronic illnesses such as diabetes, heart disease and hypertension.

Martel says water concerns are not the only health concerns these residents face. Like many First Nations communities, chronic disease plagues this population. The community also faced more tragedy in early January, shortly after evacuees returned home from temporary housing across northern Ontario. Three young men in their early 20s died, one of natural causes and two in a fire. "This has been devastating for a community already trying to adjust," Martel says. "This was particularly stressful for the nurses as well...many of them have strong ties here."

For more information on Health Canada's recruitment campaign, contact the First Nations and Inuit Health Branch, Office of Nursing Services, 1-800-267-3367.

# A day to remember



Nurses across Ontario remember colleagues, friends, and all victims of violence on Canada's *National Day of Remembrance and Action on Violence Against Women*.

Canada's *National Day of Remembrance and Action on Violence Against Women* was proclaimed 16 years ago to honour 14 female students in Montreal who were murdered simply because they were women. Hundreds of Canadians gather on December 6 each year to show their solidarity and respect for these and the hundreds of other women who have fallen victim to violence.

This year's memorial was particularly poignant for the nursing profession because two young, accomplished RNs were lost to violence. On June 16, Sarnia RN Lorraine Egan was killed by her half-brother. Five months later, Windsor RN Lori Dupont was murdered by a former boyfriend and co-worker at Hotel-Dieu Grace Hospital (HDGH).

In response to the murders, RNAO issued a public statement condemning violence against women and calling on governments, employers, and society to make prevention of abuse a top priority. Six weeks later, HDGH announced a fact-finding review of the events leading to Dupont's murder. RNAO believes the announcement is a sign that the hospital is paying attention to this pervasive problem.



**TOP** – Peel chapter members (from left) Elizabeth Chu, workplace liaison, Jannine Bolton, chapter co-chair, and Karen Hilliard, workplace liaison, were among seven RNAO members representing nurses at the candlelight vigil at Brampton's Gage Park. **CENTRE** – RNAO political action officer Paddy Dasno (not visible in this photo) represented RNAO at the lunchtime march and vigil hosted by the Sioux Lookout First Step Women's Shelter. The march took 30 participants from the local OPP station, along the main street, ending at the Anglican Church. **RIGHT** – RNAO executive director Doris Grinspun, alongside Ontario Nurses Association president Linda Haslam-Stroud, provided remarks from the nursing community at the candlelight vigil on the University of Toronto campus. Grinspun's remarks were made against a backdrop of paper tombstones representing the hundreds of women who have lost their lives as a result of violence.



Photo: (centre), The Sioux Lookout Bulletin

More employers must do the same, perhaps drawing on the expertise of other sectors that are making strides in protecting women's rights. The Canadian Auto Workers (CAW), for instance, has established its *Women's Department of the National Union*, which organizes women's committees and networks in the workplace. RNAO Peel chapter president Claudine Bennett participated in a candlelight vigil in Brampton's Gage Park on Dec. 6 and watched a video about harassment and abuse that is used for training at all CAW sites. Bennett says the advocacy work of the CAW, and its establishment of women's advocates at all of its sites, should inspire more initiative in the health-care sector.

Based on responses to RNAO's public statement, nurses feel strongly about taking that initiative to protect women at risk. In heartfelt messages to the association, RNs expressed their sorrow and their resolve to do what they can to make

prevention a top priority.

"We do need to stick together and work in a safe environment," RN Lynn Clark wrote.

In honour of Egan and Dupont, and in remembrance of all the women who died as a result of violence in 2005, RNAO also issued action alerts calling on nurses – who see the effects of violence and abuse against women in their everyday practice – to get involved in vigils, marches, public gatherings, and special events scheduled for Dec. 6.

Many members rose to the challenge, participating in or planning events in Windsor, Amherstburg, Cornwall, Kingston, Brampton, Toronto, Waterloo, Algoma, and Sioux Lookout. Nurses as far afoot as Pakistan, volunteering in the earthquake relief efforts, also gathered to remember their Canadian colleagues before getting on with their work on the other side of the world.

"We nurses working here in Pakistan also took some time before we headed out to our medical relief camp to remember the women

who have died because they were women," RNAO member and Canada Relief Foundation RN Carolyn Davies wrote from Muzaffarabad. "Our thoughts are with those who remember the women today."

RNAO executive director Doris Grinspun says nurses must strive to end violence against women today, tomorrow and every day. And they must do it at the bedside and beyond. That's why RNAO is urging members to remember Dec. 6 as *National Day of Remembrance and Action on Violence Against Women*, and to mark this memorial each year by organizing nursing events and vigils, or by representing nursing at events hosted in communities across the province. For more information on this initiative, contact RNAO's executive office or e-mail [mfriedman@rnao.org](mailto:mfriedman@rnao.org). **RN**

**KIMBERLEY KEARSEY IS ACTING MANAGING EDITOR/COMMUNICATIONS PROJECT MANAGER FOR RNAO.**

## LORRAINE EGAN 1976-2005

Ellen Egan always thought her daughter would be a veterinarian because of her love for animals. Instead, Lorraine Egan became a registered nurse. Egan knows her daughter made the right choice.

"She was a caring person and handled stress very well," Egan recalls, adding she suspects her daughter decided on nursing because, as a child, she accompanied her father to his dialysis appointments, and had plenty of opportunity to learn about nursing.

On June 16, 2005, Lorraine was murdered by her half brother, who then took his own life. She was 29. The outpouring of support from Lorraine's nursing colleagues continues to comfort Egan as she deals with her grief. Seven months have passed since her daughter's death, and she continues to receive cards and wishes of sympathy.

As a mental health and crisis nurse at Bluewater Health in Sarnia, Lorraine provided comfort to countless patients in crisis during her seven-year career. Patty Chapman, director of the mental health program and acting chief nursing executive at Bluewater, says Lorraine's compassion and



consistent ability to put patients first earned her the respect of her colleagues in nursing, social work, and among the city's emergency response personnel.

A London native, Lorraine moved to Sarnia to study nursing at Lambton College. Egan's voice fills with pride as she remembers her daughter made the dean's list each year she studied. In her last year at Lambton, Lorraine helped organize a career fair, and was the voice behind radio advertisements to promote it.

Lorraine is survived by her mother and her brother Clinton, as well as many dear colleagues at Bluewater Health.

## LORI DUPONT 1969-2005

Barbara Dupont says she's been moved by the outpouring of sympathy she's received from the many nurses who knew her daughter Lori. Staff from the recovery room at Windsor's Hotel-Dieu Grace Hospital (HDGH), where Lori worked and was killed on Nov. 12, presented Dupont and her family with a memory book about working with the 36-year-old RN.

"They all wrote that Lori made them



feel better whenever they were upset," Dupont says, adding nearly every nurse mentioned Lori's bright smile and gentle manner.

Since Lori's tragic death, many colleagues, friends and family have flooded an online guest book to post their condolences. Among those feeling the loss are nurses Lori worked with in a hospital in Whitehorse in the late 1990s. Dupont says nurses in the northern community held a vigil for her daughter, and are raising money for a bench along the Yukon River that will be named in Lori's memory.

Dupont, a retired RN herself, suspects Lori became a nurse because she always enjoyed nurturing and caring for things. Dupont recalls her daughter rescuing injured squirrels and taking them to the local animal hospital in Amherstburg, where she lived.

Lori, a graduate of the nursing program at St. Clair College, is survived by her eight-year-old daughter Taylor, her parents, brother Stan Dupont and his wife Joanne, and sister Christine Dupont and her husband John Lumsden. She will also be dearly missed by her many nursing friends.—JS

# RN boards bus to bring health care to at-risk groups

## Why Nursing?

Janice Jackson considered mechanical engineering a good career choice until her father, an engineer, told her it might not be a good fit. She decided, instead, to follow in her mother's footsteps and become a nurse. It's a decision she's glad she made.

Jackson graduated from nursing at McMaster University in 1982, and immediately began working in the infectious disease program at Niagara Region Public Health. In 2000, she returned to McMaster part-time to get her RN(EC) designation. When she rejoined Niagara's public health department in 2004, she ended up taking on a little more than just an advanced nursing role. She also signed on to drive a 10-metre, white bus weighing just under 11,000 kilograms. The words "Health Bus" are painted in bright orange on both sides.

The *Health Bus*, a free clinic on wheels, brings health care, including psychological and dental services, to people who can't, or won't, visit a family practitioner. That population includes the homeless or isolated, new immigrants and refugees, drug users, or people with mental illness. The idea to offer curbside health services, including vital signs assessment, skin and foot care, wound management, STD testing and treatment, and general health promotion, education, and prevention, came from Chuck Smith, then president of Niagara region's *Wise Guys Charity Fund*. Smith approached the public health department in 1997 with the idea, and the charity donated \$250,000 towards the purchase of the Blue Bird school bus that began running in 1999. In 2005, the *Health Bus* provided health services to 2,319 people, most of whom were 36 to 45 years old.

## Responsibilities:

When a patient gets on the bus, which is parked Monday to Friday for two-hour intervals at churches, bus terminals, community centres and stores across the Niagara peninsula, Jackson is among three nurses on rotation who help identify the type of care required and record the information in a file. She's careful to take only the information the patient chooses to give, respecting that some patients wish to remain anonymous.

While the *Health Bus* specifically targets people who don't have access to medical services or family physicians, it does not restrict access to others. Jackson says she's seen a wide range of patients, from upper-middle class people who board the bus to have their blood pressure checked, to people who are living on the street. Jackson says the most sought-after services are immunization and flu shots for both adults and children, and treatment for common colds.

Many people also require prescriptions but don't have drug coverage. The bus stocks basic drugs and antibiotics, which are donated by community agencies and drug companies. Other donations include toiletries, underwear, socks, hats and mittens.

## Challenges:

Jackson says a lack of follow-up care is one of her fundamental concerns, primarily because the population that uses the bus is largely transient. "When we see someone once, we may have a plan of care, but we realize we may not see them again," she says. "We try to do as much health promoting and teaching (as possible), and we develop a rapport with these clients." Jackson and her colleagues provide the information that helps patients manage their conditions. She says that without health cards or money to buy medication, and

without food and shelter, health care is not this population's top priority.

The *Health Bus*, however, does have its "regulars." Jackson says they are mostly people who don't trust the traditional health-care system. Many regulars are referred to other health-care providers but don't have the resources to get there, adds Jackson.

## Memories of a job well done:

Jackson remembers one patient who had a large, swollen thyroid gland. *Health Bus* staff immediately found a volunteer, who was working at a church nearby, to drive him to the hospital. He was admitted and stayed two weeks to undergo treatment. Six weeks later, he returned to the bus with a clean bill of health, and thanked the *Health Bus* team. Jackson calls this a "success story" and says it affirms the importance of the bus' services: "It makes you feel like you're doing something good."

"We've had people come on (board the bus) to tell us how thrilled they are that we're there," says Jackson, adding that many people seeking the mobile services have heard about the bus from someone else. When asked why she thinks the good news is spreading fast: "I think we can spend the extra time with people, and I really think that makes a difference," she says.

"We've had people come on (board the bus) to tell us how thrilled they are that we're there," says Jackson, adding that many people seeking the mobile services have heard about the bus from someone else. When asked why she thinks the good news is spreading fast: "I think we can spend the extra time with people, and I really think that makes a difference," she says.

## Future plans:

Jackson says the *Health Bus* schedule is constantly changing to meet the needs of the target population. And the team, which ranges from 10 to 15 members, is already planning for the day it will have to find the funds to replace the bus, which is already showing signs of its age.

As long as she's still got her driver's licence, and her registration with the College of Nurses, Jackson says she'll stay on the bus. "I absolutely love what I'm doing. I love the population. I love the job. There's lots of variety, lots of challenge. This is the place I want to be." **RN**



**NAME:** Janice Jackson  
**OCCUPATION:** Nurse practitioner,  
Niagara Region Public Health  
**HOME TOWN:** St. Catharines, ON

BONNIE RUSSELL IS ACTING EDITORIAL ASSISTANT AT RNAO.

## Nursing students use life-size mannequins to gain practical experience

Sim Man is just like any other patient. His chest rises and falls with every breath, his heart rhythm slides across a computer screen at his bedside, and he reacts to the health providers in charge of his care, occasionally offering comments like, “Please give me something for the pain, it really hurts.” The first time Sim Man started a conversation with University of Toronto (U of T) nursing student Adrienne Olszewski, she was giving him an injection. She admits she was dumbstruck when he spoke – probably because he’s made of plastic.

This state-of-the-art, life-size mannequin, named Sim Man for “simulated mannequin,” has a \$50,000 price tag and is just one new teaching tool the provincial government has invested \$20 million into implementing across Ontario. At U of T’s new \$1.2 million facility for BScN and nurse practitioner students, the scent of plastic lingers in the air. The lab, which opened last September, is reminiscent of a hospital ward. The mannequins – including a pregnant mother, baby, and children – are dressed in pyjamas and line the walls in beds complete with privacy curtains. These “patients” provide undergrads with the chance to refine clinical skills such as giving injections, starting IV drips, and dressing wounds.

Five of the 18 mannequins come to life via software on a laptop computer. Lab instructors can play out various pre-programmed scenarios. They can also don a microphone that is wired to the mannequin, responding directly to a student’s specific intervention through the mannequin’s mouth. Students can take blood pressure and react to the results immediately. The instructors can also adjust oxygen saturation levels so students can listen to breathing sounds. Noelle, the plastic pregnant mother, can even deliver her newborn using mechanical reproductive organs, affording students the opportunity to learn what to do if a baby is breach or the mother is hemorrhaging. Sandra Devlin-Cop, director of clinical education at U of T, says mannequins provide instant feedback via computer printouts. The goal is to eventually have video cameras tape the students’ interactions with the mannequins so they can debrief later, evaluating the efficiency and effectiveness of their work.

“Students want to master psycho-motor skills, so that when they get to the hospital, they can concentrate on therapeutic relationships,” Devlin-Cop says. To complement the lessons with the mannequins, students also practice relationship building with their classmates in the lab. Devlin-Cop says her pupils give bed baths to one another because, even though they are wearing shorts and T-shirts, it helps them understand the vulnerability a real-life patient feels in that moment.

Devlin-Cop and colleague Julie Sullivan, assistant director of U of T’s clinical lab, say it’s important to remember that the lab allows students to do more than develop skills; it also exposes them to best practices. For example, Devlin-Cop and Sullivan were on the frontlines during the 2003 SARS outbreak. Given their experiences during that

trying time, they felt it was important to build an isolation room in the new facility, to prepare future nurses for the realities of dealing with infectious disease. According to Sullivan, U of T nursing students are not the only ones learning about best practices in the event of an outbreak. She says local health-care teams are also using the lab’s isolation room to practice working and communicating while wearing heavy infection-control equipment.

For Olszewski, now in her final year of the program, the lab has helped her become comfortable and confident at the bedside. At her clinical placement in internal medicine at St. Michael’s Hospital, she used catheterization techniques she learned in the lab the day before, and was able to spend more time communicating with her patient, instead of fretting over little details like where to stand.



**Nursing student Julie Rose, performing CPR, is one of hundreds of RN/RPN students who will benefit from up to \$20 million in Ministry of Health and Long-Term Care funding for simulation equipment in nursing schools across Ontario.**

“You’re able to put the humanness back into nursing,” she says. “It’s almost counterintuitive because you’re learning on mannequins, but you’re learning skills step by step so when you’re in the hospital, the skill is the last thing on your mind; it’s much more innate.”

Olszewski’s classmate Katie Connolly notes the remarkable differences between this year’s lab with the mannequins, and last year’s lab without. Last year, students practiced injections on cushions, and the closest thing to a patient was an old, faceless doll similar to the type used to teach CPR. Connolly explains that U of T’s program is geared to students who already have formal post-secondary education, which means it’s condensed into two years instead of the usual four. That shortened timeframe leaves students with less time to get the practical experience afforded students in a longer program. That’s why this practical experience is so invaluable, she says.

“Before (first-year students) have ever been in the hospital, they’ve worked with a real patient,” she says of the life-size, talking, breathing and groaning mannequins. “We get to rehearse.” **RN**

JILL SHAW IS ACTING COMMUNICATIONS OFFICER/WRITER AT RNAO.

# Policy at Work



## RNAO weighs in on new legislation for LHINs

In a February presentation to the provincial government's social policy committee, RNAO discussed concerns about Bill 36, proposed legislation that will give Local Health Integration Networks (LHIN) authority to plan, coordinate, integrate and fund the delivery of health services at the community level. While RNAO continues to support LHINs and their mandate to break down silos between health-care providers in the community, there is potential for the legislation to allow for the proliferation of for-profit services and an expansion of competitive bidding.

RNAO is concerned that Bill 36 would give Ontario's Minister of Health, on advice from LHIN boards, the power to order not-for-profit care providers to close up shop or merge/transfer services to another not-for-profit agency. It does not, however, give the Health Minister similar control over for-profit agencies. RNAO believes this will result in the growth of the for-profit sector, and is recommending the Bill be amended so the Minister has the same powers over for-profit providers as he/she does over not-for-profit providers. RNAO is also recommending that when it is necessary to transfer services, not-for-profit providers have first right of refusal before handing services to for-profit agencies. In cases where for-profit and not-for-profit providers are integrated, services should be provided using a not-for-profit model.

RNAO is also concerned that the new legislation will afford LHINs the authority to contract out services ranging from nursing to housekeeping. Another concern in the legislation is the practice of competitive bidding. Although government officials insist there is no intention to expand this practice beyond the home-care sector, RNAO is asking for an amendment that prohibits competitive bidding as a way for LHINs to allocate funds among health service providers.

## Building Ontario's public health system

The contamination of Walkerton's water supply in 2000 and the SARS outbreaks in 2003 provide plenty of deadly evidence of Ontario's need to strengthen its public health system. In December, RNAO and the Community Health Nurses' Initiatives Group (CHNIG) responded to two key reports that are shaping the movement toward a renewed public health system in Ontario. In both responses, RNAO and CHNIG continue to advocate for a system-wide view of public health that strikes a balance between reinvesting in public health emergencies, including infectious diseases, and refashioning a public health system that is mindful of social determinants of health that make people unwell in the first place.

In response to last November's interim

report of the *Capacity Review Committee* – the provincial group charged with examining how public health services are provided, how their management and delivery can be improved, and how public health units can work as part of a larger system – RNAO offered several recommendations for creating supportive work environments for RNs. Public health nurses need better access to education and professional development, and must receive compensation that is competitive with what their acute-care counterparts receive. The submission suggests all health units be required, by law, to hire chief nursing officers who provide leadership that can strengthen nursing teams and improve morale. The chief nursing officer can help ensure nurses' voices are heard at the highest levels of management. RNAO also recommended whistle-blower protection to protect RNs and all health-care professionals from reprisal should they express safety concerns in the workplace.

The submission touched on ways LHINs and primary care reform initiatives such as family health teams (FHT) should be sites for new linkages between public health and other community care. As an active member of an FHT, for example, a public health nurse could be a resource to individuals and families, helping them access services and programs. At the same time, this same public health nurse could be working on improving the health of the community through population health assessments and interventions at the community and system levels.

RNAO and CHNIG also responded in December to a report released by the *Agency Implementation Task Force*, a committee reporting on plans for Ontario's new public health agency. The new agency, which has the potential to play an essential role in collecting and coordinating data and evidence that will improve public health practice, identifies population health as one of its guiding principles. RNAO and CHNIG endorse the population health approach, but are concerned that it's not clear in the Agency's report how population health assessment will be implemented.

## RNs meet with MPPs

On Jan. 27, RNAO's board members and political action officers converged on Queen's Park for the 7<sup>th</sup> Annual Day at Queen's Park. George Smitherman, Minister of Health and Long-Term Care, provided opening remarks, followed by John Tory, Conservative leader, and Andrea Horwath, NDP. After the presentations, participants broke into smaller groups and met with MPPs. Nurses had the chance to press politicians on issues such as retention and recruitment in northern Ontario, social determinants of health, LHINs, and private health care. Watch the March/April issue of *Registered Nurse Journal* for complete details and photos of the event.

## RNs speak out in support of not-for-profit health care

In January, the *Toronto Star* reported that a Vancouver-based businessman named Don Copeman had plans to expand a chain of private, for-profit clinics into Ontario. The clinics would charge patients up to \$3,500 for health-care services. The news led RNAO to issue a call for all members to write letters to Ontario Premier Dalton McGuinty and to the editor of the *Toronto Star*. RNAO suggested those letters point out the clinics violate both the Canada Health Act and Ontario's Commitment to Medicare Act, and will lure badly needed nurses away from the public system. To find out more about how you can weigh in on the issue, contact Kate Melino at [kmelino@rnao.org](mailto:kmelino@rnao.org). **RN**

# NEWS to You to Use



On March 12 and 13, *CBC – TV* will air *Prairie Giant: The Tommy Douglas Story*, a two-part miniseries about the founding father of Medicare. The series was originally scheduled to air on Jan. 15 and 16, but was pulled because of concerns it might appear partisan during the federal election. Supporters of Medicare — including RNAO — complained to *CBC* that the decision was irresponsible and biased, and called the decision to use election air time to run *Medicare, Schmedicare*, a documentary that attacks Canada’s Medicare system, inappropriate.

On Dec. 7, Cambrian College full-time nursing student Cheri Corbiere was awarded the *Student Innovation Award* from the Association of Colleges and Applied Arts and Technology of Ontario (ACAATO). “Cheri is an outstanding student who is most deserving of this ACAATO award,” said Cambrian College president Sylvia Barnard. Corbiere has served as president of the Cambrian Native Student’s Association for two consecutive terms.



.....  
RNAO member and Toronto street nurse Cathy Crowe was recently featured in a documentary entitled *Street Nurse*. The independent film follows Crowe through the streets of downtown Toronto, where she has been a nurse to the homeless for more than 15 years. *Street Nurse* was one of six films that were screened at Toronto’s Bloor Cinema as part of a fundraiser for *The Toronto Public Space Committee*. The Dec. 27 screening was followed by a Q & A with Crowe, director Shelley Saywell, and Dri, a former resident of Toronto’s Tent City. For more information about the film, visit [www.tdrc.net](http://www.tdrc.net).

.....  
**On Dec. 1, RNAO member Anne-Marie Malek was appointed President and Chief Executive Officer of West Park Healthcare Centre in Toronto. Malek was previously West Park’s Chief Nursing Executive and Vice-President, Programs.**

.....  
On Dec. 13, Saint Elizabeth Health Care announced \$2 million in funding for the national implementation of a web-based health program for First Nations and Inuit communities across Canada. The program, which has been in use for more than two years in Manitoba, is known as *@YourSide Colleague*, and offers virtual access to health information and a network of experts and peers for people in Aboriginal communities. For more information, visit [www.saintelizabeth.com](http://www.saintelizabeth.com).

.....  
Last fall, the Mattel toy company released its *Nurse Quacktitioner* doll. The limited edition collectible toy was part of its Furryville Collections series. The Center for Nursing Advocacy, which complained the dolls suggest nurse practitioners are “quacks, untrained persons who pretend to be physicians and dispense medical treatment,” asked Mattel to withdraw or buy back the dolls. The company refused. To learn more about the Center’s campaign against the doll, visit [www.nursingadvocacy.org](http://www.nursingadvocacy.org).

.....  
RNAO executive director Doris Grinspun was profiled in the December issue of *PACEsetterS*, a quarterly health-care magazine published in Australia and distributed worldwide. In the profile, entitled *Turning Challenges into Opportunities*, Grinspun addressed her life experiences in Chile, Israel, the U.S. and Canada. She also spoke passionately about nursing, the importance of Medicare, and RNAO’s many achievements, including the Best Practice Guidelines Programs.

.....  
**RNAO nurse ambassador Norma Nicholson was also profiled in print in December. Her story appeared on the pages of Mississauga News, and focused on her volunteer work at local schools and community events, where she shares her nursing experience. RNAO past president Shirlee Sharkey’s work in community nursing was profiled in York region’s *The Liberal* community newspaper.**

.....  
In January, RNAO was pleased to nominate Josephine Flaherty for the Canadian Nurses Association Jeanne Mance Award, which recognizes nurses who have made significant contributions to health care and the nursing profession at the national and/or international level. The nomination described Flaherty as a remarkable leader with an unwavering commitment to nursing. As a nursing student, Flaherty’s membership with RNAO was never a question, but a mandate. When she became Dean of Graduate Studies in the Faculty of Nursing at the University of Western Ontario in 1972, she embraced the role, always demanding strong academic discipline. From 1977-1995, Flaherty was Principal Nursing Officer for Health Canada, and continues to work tirelessly to advance the nursing profession and its contribution to the health-care system.

# Calendar

## February

### February 23

FIGHT OR FLIGHT...  
PROFESSIONAL SOLUTIONS  
TO CONFLICT IN THE  
WORKPLACE

89 Chestnut Residence  
Toronto, Ontario

*Video conferencing  
available for this offering*

## March

### March 3

ONTARIO ASSOCIATION  
OF REHABILITATION  
NURSES CONFERENCE  
Toronto, Ontario

### March 9

EMERGENCY  
PREPAREDNESS  
RNAO Office  
Crown Plaza Don Valley  
Toronto, Ontario

### March 30, 31, April 3, 4, 5

DESIGNING AND  
DELIVERING EFFECTIVE  
EDUCATION PROGRAMS  
*Regional Workshop*  
RNAO/OHA Joint Program  
RNAO Office  
Toronto, Ontario

## April

### April 6

WORKING IN CULTURALLY  
DIVERSE ENVIRONMENTS  
*Regional Workshop*  
Delta London Armories  
London, Ontario

### April 13

DISCOVERING THE LEADER  
WITHIN YOU  
*Regional Workshop*  
Capones Catering and  
Banquet Facilities  
Ottawa, Ontario

### April 23-26

PERI-OPERATIVE REGISTERED  
NURSES ASSOCIATION OF  
ONTARIO, FOUNDATIONS  
OF CARE, 9TH  
BIENNIAL CONFERENCE  
Novotel Hotel  
Ottawa, Ontario  
*For more information, visit  
[www.conference.ornao.org/](http://www.conference.ornao.org/)*

### April 27-29

RNAO ANNUAL  
GENERAL MEETING  
Sheraton Parkway  
Richmond Hill, Ontario

## May

### May 4

PRECEPTORSHIP FOR NURSES  
*Regional Workshop*  
Kingston, Ontario

### May 9

STORIES IN NURSING:  
BEYOND THE BEDSIDE  
*Region 8 Workshop*  
Best Western Cobourg Inn  
Cobourg, Ontario

### May 10

RNAO HEALTH-CARE  
EXPOSITION  
*Nursing Career Fair*  
89 Chestnut Residence  
Toronto, Ontario

Unless otherwise noted, please contact Carrie Scott at RNAO's Centre for Professional Nursing Excellence at [cscott@rnao.org](mailto:cscott@rnao.org) or 416-599-1925 / 1-800-268-7199, ext. 227 for further information.

# Classifieds

**OLYMPIA SPORTS CAMP** near Huntsville needs RNs or nursing grads waiting for registration. July and/or August. Family lodging and meals provided, plus salary. Your children attend camp for free. Full use of all recreational facilities and equipment. Nightly social gathering in coaches' lounge. Health Centre Team includes one doctor, four RNs, and four therapists caring for a lively community of 575 campers, staff, coaches and their families. Spend your summer with us in the heart of beautiful Muskoka. Call collect: 905-479-9388.

**ONTARIO ASSOCIATION OF NON-PROFIT HOMES & SERVICES FOR SENIORS (OANHSS)**

**Administrator Certification Program**

March 26 - 31, 2006

Sutton Place Hotel, Toronto

Recognized by the Ministry of Health and Long-Term Care

**DIRECTORS OF NURSING** – thinking of becoming an administrator in long-term care? This is the course for you. Contact: Karen Elliott, certification registrar, 905-727-1537, karenelliott@oanhss.org, www.oanhss.org.

**ONTARIO ASSOCIATION OF NON-PROFIT HOMES & SERVICES FOR SENIORS (OANHSS)**

**2006 Annual Meeting & Convention**

"Take Charge"

May 29-31, 2006

Intercontinental Toronto Centre, Toronto

**LEADING EDUCATION IN NOT-FOR-PROFIT** long-term care. Workshops specifically tailored to gerontological nurses. Contact: Karen Elliott, conference planner, 905-727-1537, karenelliott@oanhss.org, www.oanhss.org.

**SEVENTH ANNUAL OPTIONS FOR DIABETES CONFERENCE**

**When:** Friday, April 7 to Saturday, April 8, 2006

**Where:** Holiday Inn, Kingston, Ontario, Canada

**Who should attend:** Health-care professionals interested in increasing their knowledge about diabetes.

**Speakers to include:**

Anne Sclater, MD, FRCPC, CACP

Michael Vallis, PhD

**Presentations and workshops to include:**

assessment and management of diabetes in the elderly, diabetes and depression, recent nutrition guidelines, obesity, gastroparesis, pump therapy, wound care, foot management.

**For more information, contact:** Margaret Little at 613-547-3438 or hartwork@kingston.net or Joan Ferguson at 416-239-0551

**UPCOMING CONFERENCE**

The London Health Sciences Centre will be presenting its bi-annual Post Anaesthesia Conference, April 8, 2006. The Best Western Lamplighter Inn will be the host location for our conference. We will be focusing on topics relating to perioperative nursing and current nursing practices. For further information, contact: Kay Revington at kay.revington@lhsc.on.ca or PACU- London Health Sciences Centre, 519-685-8500 ext. 52879.

**WOUND CARE EDUCATION – CANADIAN ASSOCIATION OF WOUND CARE (CAWC)**

The CAWC's S-series provides two days of intense, interactive learning through pre-session readings, workbooks, case studies and hands-on skills labs. The **S1 – Knowledge Learning** session can be taken independently and is the prerequisite for **S2. S2 – Skills Learning** is composed of two hands-on workshops in the fundamental wound-healing skills. This program is designed to enhance the knowledge, skill and attitude of the wound-care clinician. Join us for two great days of learning in:

- LONDON March 31–April 1 at the Hilton London
  - MONTREAL April 21–22 at the Delta Centre-ville (conducted in French)
  - VICTORIA May 12–13 at the Fairmont Empress
- For complete information on the S-Series, and to register online, visit the CAWC website at [www.cawc.net](http://www.cawc.net).

## Program Co-ordinators

The Registered Nurses' Association of Ontario is seeking two accomplished RN's to lead Ministry of Health and Long-Term Care initiatives. These programs are part of the Ontario government's initiatives to retain skilled nurses in the workforce.

• **Recruitment and Retention Program**

**Co-ordinator:** You will provide career counselling services to RNs across the province, co-ordinate recruitment and retention initiatives, including presentations to students and various community groups, and co-ordinate related event planning and marketing. One-year contract (full-time) with an option to renew.

• **Nursing Retention Fund Program**

**Co-ordinator:** You will assist the management committee responsible for overseeing the distribution of funding to hospitals that is targeted at expanding the expertise of nurses within hospitals. One- to three-year contract (full-time).

You are a dynamic, personable and professional nurse possessing a wide

range of knowledge about nursing and clinical practice issues in various health-care sectors. You possess excellent communication skills and consider yourself a team player.

The successful candidates will be registered nurses with current CNO registration, and will hold a master's degree in nursing or a related field. Minimum three years nursing experience. Location: Toronto. Salary: commensurate with experience. Please submit your resume by March 15, 2006, stating which position(s) you are interested in.

Registered Nurses' Association of Ontario  
158 Pearl Street  
Toronto, Ontario, M5H 1L3  
E mail: [humanresources@RNAO.org](mailto:humanresources@RNAO.org)  
Fax: 416-599-1926

 **RNAO** Registered Nurses' Association of Ontario  
L'Association des infirmières et infirmiers autorisés de l'Ontario

# Nursing and Health Care Leadership/ Management Distance Education Program



GRANTING UNIVERSITY CREDIT  
AND CERTIFICATE OF COMPLETION

Endorsed by the CNA.

All courses individually facilitated  
by an Educational Consultant

#### Courses Offered:

#### Leadership/Management (6 units)

- 9 month course completion
- both theoretical and practical content important in today's work environment



#### Advanced Leadership/ Management (6 units)

- 8 month course completion
- builds on the Leadership/Management course
- topics include transformational and quantum leadership; emotional intelligence and organizational culture; applies theories and concepts to current work environment

#### Conflict Management (3 units)

- 6 month course completion
- explores the types and processes of conflict in health care organizations and applies theory and research to conflict situations in the current workplace

#### Leading Effective Teams (3 units)

- 6 month course completion
- theory and methods of teams by intergrating professional and leadership disciplines

#### Decentralized Budgeting (1 unit credit)

- 4 month course completion
- concepts of financial management and budget preparation
- important to nurses involved with decentralized management

#### Total Quality Management/ Quality Assurance (1 unit credit)

- 4 month course completion
- theoretical and practical aspects applicable to developing quality assurance/improvement programs

For further information please contact:

Leadership/Management Distance  
Education Program

McMaster University, School of Nursing  
1200 Main Street West, 2J1A  
Hamilton, Ontario, L8N 3Z5  
Phone (905) 525-9140, Ext 22409  
Fax (905) 570-0667

Email [mgtprog@mcmaster.ca](mailto:mgtprog@mcmaster.ca)  
Internet [www.fhs.mcmaster.ca/nursing/distance/distance.htm](http://www.fhs.mcmaster.ca/nursing/distance/distance.htm)

Programs starting every January,  
April & September



## FACULTY OF NURSING ASSISTANT PROFESSOR POSITION

**Qualifications:** A PhD in nursing or a related field is required. Individuals who are near PhD program completion (i.e., data collection completed by start date) may be considered.

Additional qualifications include evidence of: a beginning program of research and publication; effective teaching and communication; clinical expertise as relevant; scholarship; registration or eligibility for registration with the College of Registered Nurses of Manitoba; and the ability to establish collegial relationships.

Housed in a new, state of the art, 70,600 square foot facility, the Faculty of Nursing offers programs leading to a Bachelor of Nursing degree at 3 sites across Manitoba and a Master of Nursing degree at the Fort Garry Campus. Opportunities for PhD studies are also available. The Faculty has a complement of 114 academic staff and 29 support staff, and enrolments of 712 full-time and 517 part-time undergraduate students and 25 full-time and 56 part-time graduate students. The Faculty supports an active research environment through the Manitoba Nursing Research Institute, and other institutes of the University and collaborative arrangements with health care agencies. A number of faculty hold career scientist awards, and external research funding has doubled over the past three years. The Faculty has a strong commitment to the Aboriginal community, to accessibility and diversity, and to a wide range of practice environments.

Start Date: July 1, 2006 or as soon thereafter.

Salary will be commensurate with experience and qualifications.

The University of Manitoba encourages applications from qualified women and men, including members of visible minorities, Aboriginal peoples, and persons with disabilities. All qualified candidates are encouraged to apply; however, Canadians and permanent residents will be given priority.

Applications are requested by **January 31, 2006**, however applications will be accepted until a suitable candidate is found. Position Number: AKS 064. Applications including a curriculum vitae and the names, addresses, telephone and fax numbers, and e-mail addresses of three references should be sent to: **Dr. Marlene Reimer, Dean, Faculty of Nursing, The University of Manitoba, Winnipeg, MB, R3T 2N2, FAX: (204) 474-7500.**

Application materials, including letters of reference, will be handled in accordance with the Freedom of Information and Protection of Privacy Act (Manitoba).

Visit our website at: <http://umanitoba.ca/faculties/nursing/>

[www.umanitoba.ca](http://www.umanitoba.ca)  
ONE UNIVERSITY. MANY FUTURES.



UNIVERSITY  
OF MANITOBA



Accessible



Accommodating



Achievable



Centre for Nursing and Health Studies  
SHAPING THE FUTURE OF HEALTH SERVICES

• **Master of Health Studies**

• **Master of Nursing**

- ANP: Primary Health Care
- Generalist

Exemplary Online Education for Health Professionals

**Advance...  
Online!**



**Application Deadline - March 1**  
[www.athabascau.ca/cnhs](http://www.athabascau.ca/cnhs)

# Celebrating Diversity

## RNAO's 81st Annual General Meeting

Thursday, April 27 to Saturday, April 29, 2006

Sheraton Parkway Toronto North, 600 Highway 7 East, Richmond Hill, Ontario

### Call for Voting Delegates

**DEADLINE: MONDAY, FEB. 27, 2006**

For more information, contact Heather Terrence at [hterrence@rnao.org](mailto:hterrence@rnao.org).



Registered Nurses'  
Association of Ontario

L'Association des  
infirmières et infirmiers  
autorisés de l'Ontario

### AGM REGISTRATION FORM

Please download this form from RNAO's website at [www.rnao.org](http://www.rnao.org) or call Bertha Rodrigues at 416-599-1925, ext. 212 for a copy.

**Deadline for AGM pre-registration: April 18, 2006.**

### HOTEL RESERVATION FORM

RNAO has reserved a block of rooms at the Sheraton Parkway at \$149 per night. **This rate is guaranteed until March 25, 2006.** The reservation form is available at [www.rnao.org](http://www.rnao.org) or call Carrie Scott at 1-800-268-7199 ext. 227 or 416-408-5637.

We would like to take this opportunity to acknowledge and thank our active RNAO Centre Members.

- Children's Hospital of Eastern Ontario
- Fox Flight Air Ambulance
- Hamilton Health Sciences
- Jackson Health System
- Juravinski Cancer Centre
- London Health Sciences
- Montfort Hospital
- Mount Sinai Hospital
- Niagara Health Corporation
- North Bay Psychiatric Hospital
- Providence Centre
- Quinte Healthcare
- St. Josephs Healthcare Hamilton
- University Health Network
- VON Canada
- West Park Health Care Centre
- William Osler Health Centre
- Windsor Essex County Health Unit
- Workplace Safety and Insurance Board

The RNAO Centre for Professional Nursing Excellence is proud and honored to be a part of the many exciting and innovative activities you are doing as you reach and stretch towards your potential. It is truly magic when together we can enable effective professional development and innovative change on both an individual and organizational level.

# Are you protected?

Every nurse should have professional liability protection.



The Canadian Nurses Protective Society is here for you!

Call for a free legal consultation.

[www.cnps.ca](http://www.cnps.ca)

1 800 267-3390

## DO YOU KNOW A SPECIAL NURSE?

### TORONTO STAR

readers are being asked to nominate someone in the Nursing Profession for the **TORONTO STAR NIGHTINGALE AWARD 2006**.

Information on Award Criteria, and Where to Send your Nomination, will be published in the Star, and at [www.thestar.com/nightingale](http://www.thestar.com/nightingale).

Deadline for Nominations is March 15, 2006. Winner will be announced during Nursing Week 2006.



## Wound Care Education

# S-Series 2006

London • Montréal • Victoria



This valuable educational experience will benefit clinicians seeking to enhance their understanding, skills and effectiveness in their wound-care practices.

**CORE TOPICS** Understanding best practice as it relates to Wound Bed Preparation, Pressure Ulcers, Venous Ulcers and Diabetic Foot Ulcers

**FEATURING** Wound bed prep workshop (including debridement, infection control and moisture balance with a focus on dressing selection), deeper exploration of bacterial balance

**CONTINUING MEDICAL EDUCATION CREDITS** This program meets the accreditation criteria of The College of Family Physicians of Canada and has been accredited for 6.0 Mainpro-M1 credits (S1 Seminar) and 6.0 Mainpro-C credits (S2 Seminar plus completion of the S3 Reflective Learning & Practice component).

Join us for two great days of learning in:

**LONDON** March 31 - April 1 at the Hilton London

**MONTRÉAL** April 21-22 at the Delta Centre-ville (in French)

**VICTORIA** May 12-13 at the Fairmont Empress

Visit the CAWC Web site at [www.cawc.net](http://www.cawc.net) or call toll free 866-474-0125 for complete information, online registration and hotel information.

Space is limited—register soon to avoid disappointment!

Canadian Association of Wound Care



Association canadienne du soin des plaies

[www.cawc.net](http://www.cawc.net)



# imagine

THE POSSIBILITIES!

FRASER HEALTH in British Columbia is a recognized leader in integrated health care, research into Population Health and exploration of more effective ways of delivering health services. Our dynamic workplace includes 12 acute care hospitals, public health, mental health and continuing care services. Fraser Health covers an area of British Columbia stretching from Burnaby to White Rock to Hope and serves more than 1.5 million residents.

Fraser Health believes that our committed, engaged and motivated people are the cornerstone of everything we do. We are dedicated to creating a progressive organizational environment and culture where employees feel valued and can flourish both as individuals and members of an outstanding integrated team.

More than a rewarding career awaits you at Fraser Health. Whether you enjoy the vibrancy of exciting urban centres offering an abundance of cultural experiences, diverse culinary destinations or world-class sports and entertainment venues, or more rustic, rural settings, the Fraser Health region offers you the opportunity to balance your work and life in a community that meets your needs.

We currently have the following opportunities:

- **EMERGENCY**
- **CRITICAL CARE/INTENSIVE CARE/CORONARY CARE**
- **OPERATING ROOM**
- **NEONATAL INTENSIVE CARE UNIT**
- **NEUROSCIENCES**
- **INFECTION CONTROL PRACTITIONER**
- **COMMUNITY MENTAL HEALTH NURSE**

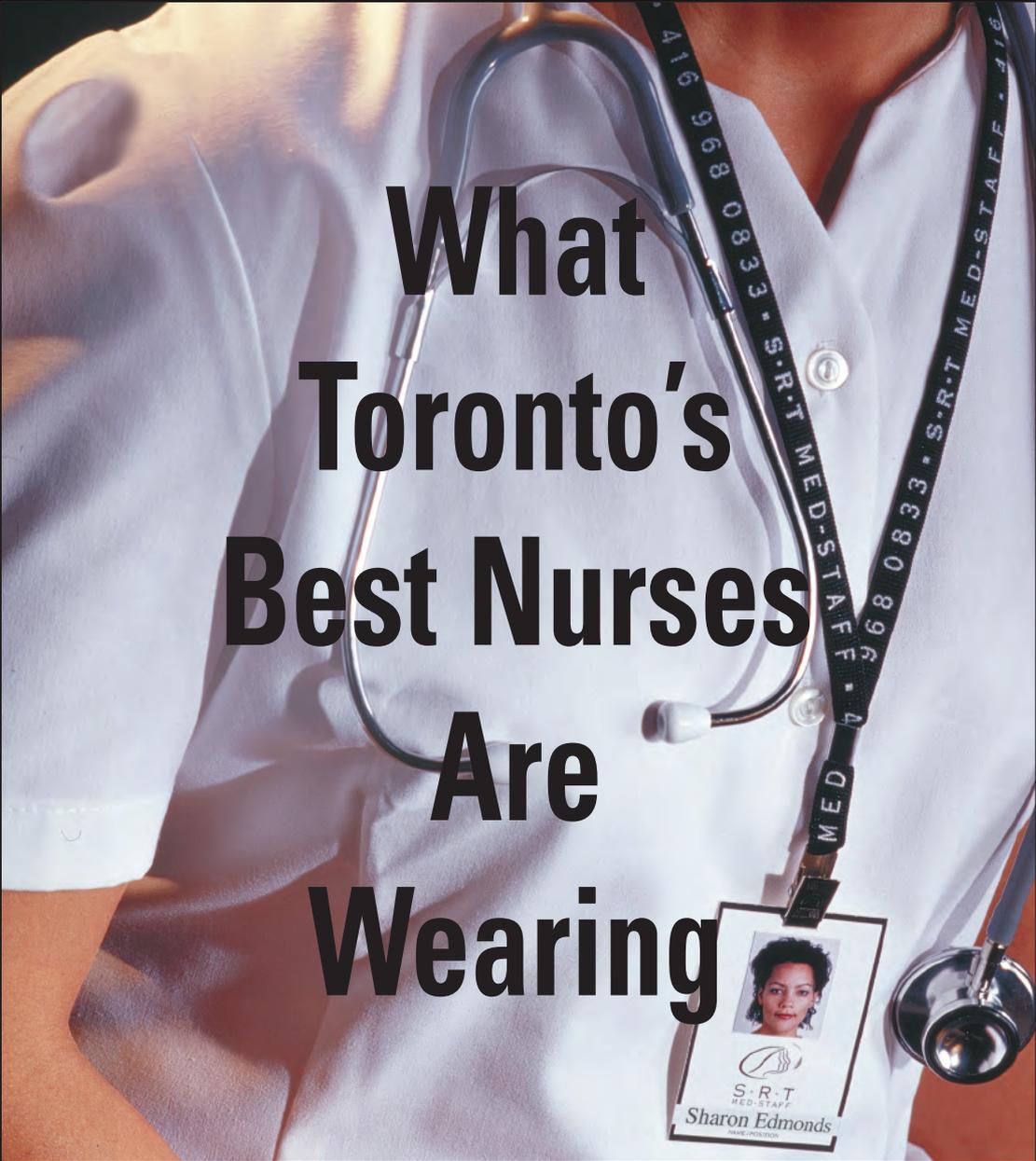
Expansions and new programs have **created a demand for advanced practice nursing positions** such as **Clinical Nurse Educators, Clinical Resource Nurses, Shift Coordinators, Nurse Clinicians, and Case Managers.**

- **Relocation Assistance is available**
- **Clinical Laddering Opportunities**
- **Specialty Education**

Please visit our Career Opportunities website at [www.fraserhealth.ca](http://www.fraserhealth.ca) for a detailed listing of these and other positions and explore the opportunities available for you. You may also contact us at [recruitment@fraserhealth.ca](mailto:recruitment@fraserhealth.ca) or phone us toll-free at 1-866-837-7099.

**We are ...the right move for a rewarding career!**





# What Toronto's Best Nurses Are Wearing

RANKED

#1\*

IN TORONTO



S-R-T Med-Staff is a trusted leader in the healthcare community with a reputation for excellence in quality of care. In a recent survey of Toronto's RN's & RPN's, S-R-T Med-Staff ranked #1\* in every category: The *most variety* of shifts, the *highest pay rates*, the *best overall agency* to work for and the *best quality nurses*. That's why our staff are in such high demand. Hospitals know they can trust S-R-T Med-Staff personnel to provide an exceptional level of care.

If you want to work with the best, make S-R-T Med-Staff your first choice. For a personal interview, please call us at 416 968 0833 or 1 800 650 2297.

e-mail: [admin@srtmedstaff.com](mailto:admin@srtmedstaff.com)

FACILITY STAFFING • VISITING NURSING • PRIVATE DUTY