

# REGISTERED NURSE JOURNAL

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Hidden Talents • Smoking Cessation • Q&A with Ben Chan

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- Runnymede Healthcare Centre
- Saskatchewan Registered Nurses' Association
- The Scarborough Hospital
- St. Michael's Hospital
- St. John's Rehab Hospital
- St. Joseph's Healthcare Hamilton
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CENTRE FOR PROFESSIONAL NURSING EXCELLENCE

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

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Registered Nurses' Association of Ontario  
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**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 \$36 (HST); 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.

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**EDITOR'S NOTE** KIMBERLEY KEARSEY

## Find your passion and you find your voice

THIS ISSUE IS MY THIRD SINCE returning from maternity leave in August. The transition from full-time mom to full-time editor has been – as many working moms warned me – anything but easy. A few things scared me about getting back to the grind, but writing wasn't one of them. That's because I love to write. It's been my passion on a personal level from as young as 12, and professionally for almost two decades. The people I meet and write about; they fuel this passion because their stories are fascinating. It doesn't matter who you are, you have a story to tell. And nurses are no exception.

Research for our feature on hidden talents (pg. 18) started with an email to you. We asked for your stories and you delivered. I'd like to thank every nurse for sharing their passion. I was thrilled to hear from RNs who are committed competitors in body building, martial arts, speed skating, gymnastics, Thai boxing, jazz, hockey, rowing, pool and more. Artists from all walks of life responded about their passion for acrylic, oil, crafts, life drawing, basket and rug making, photography, and even the building of bird-houses and sewing of teddy bears. Musicians who play the guitar, piano, flute, trumpet, flugel horn, West African jembe drum and ukulele contacted me. And actors, clowns, pastry chefs, yoga

instructors, authors, vocal artists, and dancers told me their stories. I even heard from a motorcycle enthusiast, a pilot and an inventor. I wish we had room for all of your stories.

Narrowing the list of more than 100 to four was a difficult but necessary task. We simply had to choose. This notion of choice is a common thread throughout this issue of the magazine. Whether it's work or health, we make hundreds of choices every day, and some are easier than others. For Don and Eleanor Costello (pg. 22), the choice to butt out was also a difficult but necessary one. Thanks to nurses, they've maintained their healthy lifestyle and no longer inhale the chemical cocktail they once did – at least not intentionally.

In our cover feature about environmental activism (pg. 12), we also highlight the choice of more and more nurses to raise awareness of the connection between our environment and our health. They've taken a stand for themselves, their patients and their loved ones. As a new mom, my reasons for feeling passionate about the future of the planet stem from a desire to protect my son and his future. It's passion that propels people to action, whether that action is in the form of activism, sport, dance, art or just about anything else. Have you found your passion? **RN**



## Elder care provincial plan: An urgent need in Ontario

SENIORS COMPRISE A RAPIDLY growing segment of the population in Ontario, Canada and internationally. Developed countries have seen extraordinary increases in life expectancy for people over the age of 65, and most will enjoy many quality years as they continue into their 70s and 80s. We truly are a fortunate people.

But as life expectancy increases, so too do demands on health and social services. A growing and aging population brings with it demands on our acute care system, which in turn is dependent on the strength of our communities and their capacity to care for our elders. In Ontario, we're beginning to see strains on the capacity of communities to respond to the population's need for care. It is being felt in hospitals with overcrowded in-patient areas, emergency departments and in some cases cancelled elective surgeries.

In my role as VP, clinical programs, and chief nurse executive at Sudbury Regional Hospital, I witness first-hand the daily pressures felt by nurses and nurse managers dealing with overcrowding. To all of you I say thanks for your professionalism and care. We clearly need a well developed provincial plan for elder care, and RNs are positioned to take a leadership role in its development.

Let me start with the community sector. It goes without saying that RNs working in

partnership with other providers in the community are offering extraordinary care to their patients and are serving their communities well. RNAO has been persistent in its policy demands about the need for a robust home-care system with a comprehensive basket of services. We began this quest decades ago and in 1998 founded the Elder Health and Elder Care Coalition. In 2003,

**“RNAO HAS DEMANDED FROM GOVERNMENT AFTER GOVERNMENT A PROVINCIAL PLAN THAT SUPPORTS OLDER PERSONS AS THEY AGE IN PLACE.”**

the coalition was appointed a government advisory.

RNAO, both as an independent organization and as the leading member of the coalition, has demanded from government after government a provincial plan that supports older persons as they age in place. We have also been emphatic that the competitive bidding process, introduced in 1998 by Premier Mike Harris, be abolished. We celebrated when a moratorium on competitive bidding for home-care contracts was issued in 2008.

RNAO has also developed position statements that focus on client-centred care, and how it can be strengthened in long-term care, home care and hospitals. These statements should

be held as the minimum standard of care related to the delivery of nursing services.

Meeting the care demands of older persons requires more than health services. Unfortunately, health and social services often function in silos; leading to fragmented, ineffective and inefficient services that fail to address people's needs, and are a barrier to managing the complex and chronic condi-

there should be more support. RNAO will continue to encourage provincial policy makers to move this policy priority forward so that seniors can get better access to assisted living arrangements.

Finally, the challenges of aging are significantly different in Ontario's rural and northern communities, where there's a higher proportion of older persons with troubling health status. These communities often lack the infrastructure to meet the health and social needs of the elderly. RNAO is actively responding to the government's proposed strategies on how to better deliver care in these regions. As your president and a resident of the north, I am a passionate about this, and constantly advocate for northern and rural communities.

Aging is a complex social issue that needs nursing leadership. I look forward to seeing how nurses – individually and collectively – take charge in ensuring system transformation. **RN**

DAVID MCNEIL, RN, BScN, MHA, CHE, IS PRESIDENT OF RNAO.

tions of an aging population.

Approximately 60,000 seniors live in poverty in Ontario. They require substantive infrastructure investments such as affordable housing and upgraded social housing. They also need income security programs that will lead to immediate health and social benefits. We must look at more integrated models of service delivery, especially those that strengthen social services and community capacity. Once we see these, we will also see a reduction in the reliance on long-term care as the “destination” for our elderly.

There will always be a need for long-term care, but for those who wish and who can live in their own homes,

For more on RNAO's work on elder health, visit [www.rnao.org/elderhealth](http://www.rnao.org/elderhealth).



## More RNs to become part of our “winning team”

FROM TIME TO TIME I THINK ABOUT how quickly RNAO is growing. Last year was a special year for us in terms of growth because we reached an important milestone by passing the 30,000 mark and ending the year with 30,765 members strong. As I think about this phenomenon, I think about the wise words of Nancy Campbell, RNAO's director of finance. Back in 1999 she said people want to be part of a winning team and that RNAO was becoming one. Indeed, over the past few years I have frequently heard from members that the successes we celebrate each year make them proud to be part of their professional association.

I would like to share some of our policy successes from 2010. But before I do, I'd like to note that our strong membership is going to get even stronger this year, in part, because of our ongoing retention and recruitment efforts, and also because of the personal liability protection required of all nurses practising in the province. As you know, the government introduced new legislation (*Bill 179*) that requires all practising, regulated health-care professionals, including nurses, to have personal coverage against professional liability. RNAO members are eligible for assistance from the Canadian Nurses Protective Society (CNPS) as an automatic, free membership benefit. While some RNs may join reluc-

tantly and only due to this new requirement, I am confident that our proven success – year after year – will ease that reluctance and quickly replace it with a sense of empowerment and excitement.

So what do members – seasoned and new – have to be excited about?

In 2010, thanks to your

“OUR VOICES AND COLLECTIVE ACTIONS WILL MAKE OUR INFLUENCE ON HEALTH, HEALTH CARE AND NURSING SIMPLY UNSTOPPABLE.”

passionate voices and our policy, advocacy and communications work, the government announced the sites for Ontario's 25 additional NP-led clinics, and several of these have already opened their doors to the public. In addition, we've seen increased awareness of NPs' scope of practice in acute care and the urgent need for NPs to admit, treat, transfer and discharge patients in in-patient settings. We continue to make this a priority because approval of this expanded scope will better patients' overall experience as they move through the system.

Two other important goals became a reality in 2010. The first was in May, when Health Minister Deb Matthews announced the permanent and full funding of registered

nurse first assistants (RNFA). This put an end to our annual fight to secure funding for this important role. The second came in December, when she informed us of the expansion and permanent funding of our long-term care best practice coordinators program from eight coordinators to 14. These specially trained nurses have

brought much needed gains to the sector.

RNAO also saw tremendous success on the legislative front last year. We played a central role as part of an advisory panel to operationalize *The Excellent Care for All Act (Bill 46)*, which will forever alter the role of nurses. On the first day of this year, regulations came into effect that ensure chief nursing executives are members of hospital boards and quality committees. As well, medical advisory committees no longer have power to make recommendations that relate to the quality of care provided by NPs who are hospital employees. These changes would not have happened without RNAO at the table. *Bill 46* also demands a focus on evidence-based practice and the nursing

community is ahead of the curve thanks to our leadership in clinical and healthy work environment best practice guideline development, implementation and evaluation.

Lastly, the seeds we planted in 2010 will no doubt lead to some fruitful partnerships and important initiatives in 2011. One such seed was the *First Invitational Summit for Public Health Nursing*, which was held in April. Hosted by RNAO and the Ontario Agency for Health Protection and Promotion (OAHPP), it was terrific and will lead to much-needed and important work and influence.

This is a snapshot of what RNAO was up to on the policy front in 2010, and it's all been achieved through the vision, hard work, unwavering commitment and strength of our 30,765 members. I know you join me in looking forward to many more RNs becoming part of the RNAO family. Our voices and collective actions will make our influence on health, health care and nursing simply unstoppable. **RN**

DORIS GRINSPUN, RN, MSN, PhD, O.ONT,  
IS EXECUTIVE DIRECTOR AT RNAO

# MAILBAG

RNAO WANTS TO HEAR YOUR COMMENTS  
AND OPINIONS ON WHAT YOU'VE READ  
OR WANT TO READ IN RNJ.  
WRITE TO LETTERS@RNAO.ORG

## Debunking the myths of LTC

Re: Top 10 myths about  
long-term care nursing,  
September/October 2010



On behalf of the Gerontological Nursing Association (GNA), I would like to compliment Lesley Young for her comprehensive article addressing the assumptions of caring for our older persons in long-term care homes. She addressed the many challenges, along with the many rewards, for staff that choose to work in this specialized field. Her opening paragraphs reviewed the vital statistics setting the stage for the reader to appreciate and understand this population. Lesley noted that by 2026, one in five Canadians will be over the age of 65. This statistic is well documented, along with an associated increase in the need for dignified, expert, chronic disease management and care. GNA works diligently to enhance the positioning and image of nurses working in long-term care. Lesley's article contributed to our advocacy mandate and increased readers' understanding from various important perspectives. Thank you.

Susan Ward-Moser, RN  
President, GNA

## Misinformation a barrier to pain management

Re: The art of self care,  
November/December 2010  
Thank you for a well done and timely article on promoting self-care. The vignette entitled *Exercising through the pain* illustrated the importance of exercise in pain management; however, I was concerned about the misinformation regarding narcotic pain medication. The myth that addiction follows appropriate narcotic use is a barrier to successful pain management in many people. Inappropriate use is another matter. As health professionals, we need to be careful that the information we convey is evidence-based.

Wendy Vlasic, RN  
London, Ontario

*EDITOR'S NOTE: RNJ would like to clarify that the RN featured in the above-noted story was speaking from his professional experience in mental health and corrections. This was edited out of the story and we apologize if it was unclear.*

## ONA speaks for injured, unionized RNs

Re: Injured on the job,  
November/December 2010  
While the RNAO is right to shine a light on the preventable injuries that cause too much suffering to nurses, the researcher does not show the whole picture when she asserts that unions are an impediment to worker safety. We also need to

be very careful in suggesting that we should download responsibility for avoiding injury onto individual nurses' shoulders.

ONA has had to defend too many members with stories such as those you cited, where injured workers are driven by employers and the WSIB back to work. That results in additional physical harm and added psychological injury. Employers control our workplaces, and WSIB has power over injured workers' benefits. Too often, neither seems to understand their legal and moral obligations to protect injured workers from further harm. Both must be made to abide by occupational health and safety and human rights law, which require safe and dignified treatment of injured workers. Employers and supervisors must take the initiative and be made to understand their duty to take every precaution reasonable to prevent workers from being injured. Those who are hurt must be supported, compensated, and provided adequate treatment and time in order to heal. When they do return to work, they must be accommodated in dignified work that is safe for them to perform.

Ms. Clune is correct in her observation that WSIB presses injured workers back to work prematurely. It is often pressure from WSIB that causes employers to treat injured workers poorly. WSIB leaders long ago conceded that their staff was not trained to



understand occupational health and safety law and principles. ONA has spent considerable resources negotiating with WSIB to apply occupational health and safety law and require workplace parties to engage the Internal Responsibility System when encountering health and safety concerns in return-to-work situations. Four years later, WSIB is still not following this agreed-upon process.

Linda Haslam-Stroud  
ONA President

## Finding meaningful work for injured RNs

Re: Injured on the job,  
November/December 2010  
I was disturbed by the statement by Laurie Clune that working in a unionized workplace worked against nurses needing accommodation. As the bargaining unit president for ONA at Women's College Hospital, I assure you ONA works very hard to find meaningful work for our injured nurses, including specifically waiving job postings when necessary. Women's College is an employer that is also interested in returning nurses to work and works with the union to make this happen. Some employers are more likely to pay lip service to the process, and of course, the bottom line always comes into play in these days of budget deficits.

Judie Surridge  
ONA Local 80

# NURSING IN THE

## Windsor's homeless population faces unique challenges

In January, RNAO member **Cathy Crowe** surveyed the streets of Windsor in an effort to understand the city's homeless population. Led by members of the *Homeless Coalition of Windsor-Essex*, Crowe went to areas where homeless people are known to reside and delivered hot coffee, sandwiches and warm clothing. She asked questions to learn the uniqueness of the population. "I'm really just here to learn from them and absorb as much as I can," she told the *Windsor Star* (Jan. 17). "Windsor is probably in worse shape than a lot of other cities because of the loss of manufacturing jobs," Crowe, a prominent Toronto street nurse, said. "When you have people who are newly homeless, they tend to be even more isolated and try to hide it."



Cathy Crowe (right) visits Windsor to understand the challenges that the homeless in that city face.

PHOTO: WINDSOR STAR

### RNs screen for abuse in 16+ population

Toronto RN **Aynsley Young**, who works at St. Michael's Hospital, is taking a proactive approach to helping victims of domestic abuse. Since April 2010, she and her nursing colleagues in the emergency department have been screening all female patients 16 years and older for abuse. Using RNAO's best practice guideline - *Woman Abuse: Screening, Identification, and Initial Response* - and the simple question: "Do you feel safe at home?" the nurses have screened 2,433 female patients. Seventy-three have reported

abuse. "If you don't ask someone, you'll never know," Young said. "Screening is in itself a very important intervention and it's the first step to providing help to somebody who may be fearing for their lives." (*Globe and Mail*, Dec. 21)

### Stressed, fatigued nurses need a voice

In December, **Irmajean Bajnok** and RNAO board member **Raquel Meyer** participated in a CBC radio series called *Public Health/Private Lives*. They talked about the factors that contribute to stress and fatigue among nurses, and the impact on

patient safety. They also talked about what needs to be done to change work environments for nurses and other health-care professionals. "Fatigue comes from a number of factors, but excessive workload is the key factor," said Bajnok, director of RNAO's International Affairs and Best Practice Guidelines Program. "The system treats nurses in many ways like a machine that you can add more and more work to without any impact." She added that the pressure can impair the system as we try to work with fewer nurses and fatigued nurses who are potentially causing risk.

(CBC Toronto, CBCK-FM Kingston, CBCS-FM Sudbury, CBE-AM Windsor, CBO-FM Ottawa)

### Nursing workforce grows, but not quite enough

On Dec. 9, RNAO members **Linda Silas**, **Judith Shamian** and **Rachel Bard** shared their views on a report showing Canada's nursing workforce has grown significantly in the last five years, but still falls short of the level the profession had achieved two decades ago relative to the population. The Canadian Institute for Health Information report revealed

# E NEWS

BY STACEY HALE

that Canada gained more than 27,000 nurses between 2005 and 2009, bringing the total number to 348,500 – a nine per cent increase. The report also noted the number of nurse practitioners (NP) more than doubled during the same timeframe, and increased by 22 per cent between 2008 and 2009. “This is encouraging news for the nearly five million Canadians who don’t have regular access to primary health-care providers,” said Shamian, president of the Canadian Nurses Association. An increasing number of Canadians are receiving care from NPs, she added. (*Canadian Press*)

## Corrections nurses are happy where they are

In January, RNAO members **Joan Almost** and **Diane Doran** released findings from their landmark study that examined the role of Ontario’s 500 corrections nurses. The study, published by the University of Toronto’s Bloomberg Faculty of Nursing, found nurses working in prisons have less control over their practice due to security restrictions. They also have less access to resources such as supplies and other health-care professionals, and experience higher levels of emotional abuse and relationship strain. Despite this, corrections nurses report lower burnout levels and are more likely to stay in their jobs. RNAO member **Sheleza Latif** works at the Toronto East

Detention Centre. She says she loves her job because it’s challenging and different every day. (*Canadian Press*, Jan. 4)

## Living donors gain from giving to others

In December, **Sarah Greenwood**, a psychiatric nurse at Toronto General Hospital (TGH), explained why some people make the decision to donate a piece of their liver to save the life of someone they will never know. Living donors gain from their experience, she said. It may be greater self-awareness, an intense feeling of connectivity to others in their community, or a sense of living beyond their physical body. “A woman I met with talked about her donation as being a ... never-ending experience,” Greenwood explained. Live-donor liver transplantation has a 30 per cent risk of complications, with an

estimated five out of 1,000 donors losing their lives. Most cities with large organ transplant centres won’t allow anonymous donations, but health officials at TGH believe they have a duty to accept these donors. (*Toronto Star*, Dec. 11)

## Triggering memories, treating dementia

RNAO member **Lori Schindel Martin** talked to the *Toronto Star* in December about memory boxes and how they help people suffering with dementia. The cabinets, which are mounted on the wall outside of long-term care residents’ rooms, are a familiar tool to help them find their way home. The boxes are decorated with photographs and keepsakes from the resident’s life, to help trigger memories. “We’re always looking for strategies that provide comfort in the moment,” said Schindel

Martin, an associate professor specializing in dementia care at Ryerson University’s Daphne Cockwell School of Nursing. “It’s all part of the constant search to find things that trigger memory.” (Dec. 18)

## Eating disorders on campus

RNAO member **Kathryn Patterson** helped to shed some light on the prevalence of eating disorders among students when she spoke to the *Hamilton Spectator* in December. “We certainly do see body-image dissatisfaction, food-consumption issues and disordered eating among the student population here at McMaster University,” she said. The newspaper was covering reports from the National Eating Disorders Association that revealed 20 per cent of college students have anorexia, bulimia or a binge-eating disorder. Patterson, who manages McMaster’s Health and Wellness Office, said she often helps students looking for advice and guidance on how to help a friend they think may be in trouble. She offers education programs and resources, such as counselling and a self-referral eating disorder support group.

## RN worries about moving mental health services

Mississauga RN **Judy Haydock** is worried that the Canadian Mental Health Association (CMHA) plans to move its PAR South Clubhouse, which offers



RNAO member Marilyn Shalla (left) assists with transplant surgery.

# NURSING IN THE NEWS

## OUT AND ABOUT

### THE “OSCAR” FOR RESEARCH

Carmen Rodrigue, chair of the Clinical Nurse Specialist Interest Group (left), and Lynn Kachuik, advanced practice nurse in palliative care, represented RNAO at the Canadian Institutes of Health Research *Canadian Health Research Awards* in



Ottawa on November 16. With speeches by Canada’s Governor General David Johnston and Federal Minister of Health Leona Aglukkaq, Rodrigue said “...it was like being at the Oscars.”



### CLINTON FHT HOSTS HEALTH MINISTER

In December, Kimberly Van Wyk (left), RN and Executive Director of the Clinton Family Health Team (FHT), met with Minister of Health Deb Matthews (centre) and Huron-Bruce MPP Carol Mitchell to tour the Clinton facility, discuss the FHT model of care, and to provide a copy of RNAO’s pre-election platform in advance of the association’s annual Day at Queen’s Park.

### STUDENTS AND ADVOCATES TALK POVERTY

On Oct. 29, RNAO’s Nursing Students of Ontario (NSO) met with Hamilton politicians and anti-poverty representatives, including: (L to R) Tom Cooper, Hamilton Roundtable for Poverty Reduction, Hamilton Mountain MP Chris Charlton, NSO representatives Michelle DeSanti and Emilie Hay, Debbie Sheehan, Director, Family Health, Hamilton Public Health, and Katherine Kalinowski, Assistant Executive Director, Good Shepherd Hamilton.



mentally ill adults a place to go to build relationships, complete small tasks (preparing meals and filing), take part in activities, and learn everyday living skills. “I’m not too sure who was consulted in this decision, but I find it hard to believe that the CMHA cannot continue to service the Mississauga population,” she said of its planned move from central Mississauga to a sister facility in Brampton. Expected in February, the move means some patients will have to take multiple buses for nearly two hours in order to attend the program and socialize. Haydock’s sister has participated in PAR South activities for more than 25 years. (*Mississauga News*, Nov. 30)

*Following is an excerpt from a letter published by the Orillia Packet and Times on Dec. 9. It was co-authored by RNAO member and fourth-year nursing student Brett Nash.*

### Don’t shy away from those with mental illness

According to the Canadian Mental Health Association (2010), 20 per cent of Canadians will experience a mental illness at some point in their lives. Other studies have placed that number closer to one in four. For the past semester, we have been placed with the Mental Health Centre in Penetanguishene. During this placement, we have been responsible for conducting an assessment of many individuals in this community and devising an initiative based on this assessment. What surprised us was the story of

social isolation and stigmatization that we were hearing. Living with a mental illness is hard enough without feeling like a pariah because of your illness. We’re not sure if this isolation is because people think that mental illness is contagious or if they just don’t feel comfortable with these individuals. In either case, it must stop. If you know someone with a mental illness, don’t shy away. Treat them just the same as you would anyone else and you might just make their lives and disease a little more bearable.

**Brett Nash and Benton Gordon**  
Severn Bridge

UPDATE ON A STORY WE BROUGHT YOU IN THE NOVEMBER/DECEMBER 2010 ISSUE:

### Landmark study of homeless veterans

RNAO members **Susan Ray** and **Cheryl Forchuk** continue to attract media and public interest with their landmark study examining the plight of homeless veterans in Canada. The University of Western Ontario nursing professors interviewed 32 homeless veterans in London and Toronto. They found the average age is 52, and the average time spent homeless is six years. “They found it difficult to make the transition to civilian life,” Ray told the *St. Catharines Standard* (Jan. 4), adding it was also hard to have freedom and to make choices. Many vets said there was little help available to them after leaving the military. Others said they learned to drink in the military and alcoholism fuelled a downward spiral. **RN**

# NURSING NOTES



## RNAO wins award for technology

Health Minister Deb Matthews (third from left) presents RAO with a *Minister's Award for Excellence* at the *Innovations in Health Care Expo 2010*. Finalists were announced last November, and RAO was selected in the technology category. The award recognizes the association's conversion of all of its best practice guidelines into applications available to nurses in condensed, web-based format on hand-held devices (PDAs). The applications allow nurses to access practice recommendations, implementation tools, and related evidence right at the bedside. Accepting the award for RAO are (L to R) Heather McConnell, Rishma Nazarali, Irmajean Bajnok, Angela Joyce and Frederick Go.

## Latest numbers show more students studying to be RNs

Late last year, the Canadian Nurses Association and the Canadian Association of Schools of Nursing released *The Nursing Education in Canada Statistics (2008-2009)* report, which shows nursing entry-to-practice programs reached a 10-year high. More than 14,000 students were studying to become RNs. One hundred and eleven schools were surveyed and researchers were struck by the variety of education models. "Nursing education is almost as diverse as our geographic landscape," the report found, noting that "...although graduates must demonstrate achievement of a common set of competencies... there are many education models and paths by which to reach that objective." The data in this report is the only data collected and available to inform HR planning, research and policy decisions regarding the future supply of nurses in Canada. Visit [www.cna-nurses.ca](http://www.cna-nurses.ca) and search for 'nursing education statistics.'

## Nurse's hard work leads to recognized charity

In December, 2010, Stratford RN Carol Hamilton received word that a charity she and a friend began



**Carol Hamilton (left) discusses women's issues with African colleagues.**

several years ago now has official status according to Revenue Canada. *Change Her World* was a labour of love for the two women since visiting Malawi, Africa in 2006. Witnessing the harsh reality of poverty and gender inequality in that country, the two began working to create a not-for-profit

charity that provides funds and resources for education projects for girls in the third world. "If we ever hope to change the plight of the developing world, we need to see that the girls become educated,"

says Hamilton, who is also a volunteer with World Vision. Hamilton, who turned 50 the day she received news of the charity's status, says she is thrilled to begin this "...new venture of learning and influence." Visit [www.changeherworld.ca](http://www.changeherworld.ca).

## RNAO members receive award for excellence

Six RNAO members at Chatham-Kent Health Alliance (CKHA) recently received the most prestigious

honour that a health-care professional in that community can receive. The *Tri-Board Award for Excellence* was presented on Nov. 19 to Denise Dodman, Willi Kirenko, Marcel Blais, Phil Taylor, Laurie Duffield and Linda Brown for their promotion of patient-centred care, commitment to

CKHA, and leadership in improving quality and performance. "These professionals are the best of the best," CKHA president and CEO Colin Patey said. "They set the bar high and we aspire to their example. They are the heart and soul of this great organization."

## NSO membership included in ancillary fees for nursing students

Beginning this fall, nursing students enrolled in the collaborative BScN program at the University of Ontario Institute of Technology, Durham College, and Georgian College will automatically become members of RNAO. The schools are joining a growing trend by incorporating the cost of RNAO membership into student fees. Similar initiatives offering automatic student membership are in place at nursing schools at Trent University, Humber College and St. Clair College. As RNAO members, the students can access career counselling, discounts on conferences and workshops, and more. Please watch future issues of RNJ for a story about this initiative.



**AS** an RN, Susan Yates is well aware of the cumulative effects that environmental factors can have on one's health. But she never voiced her opinions in public until RNAO's policy department approached her for help. It was the fall of 2009 and Yates, president of the Wellington chapter, was asked to represent the association at a stakeholder consultation on toxics. The Ministry of the Environment had chosen Guelph as one of five communities to provide input on a policy proposal for Ontario's *Toxics Reduction Strategy*.

"Kim Jarvi, RNAO's senior economist and expert on environmental issues, provided me with great information and coached me," says Yates, who spent hours reviewing policy materials before the meeting. She admits that while she felt well-prepared, she worried that she would be out of her league in a room full of experts. When she discovered she was one of only two guests representing the health concerns of the public, and discussing illnesses and diseases caused by hazardous emissions, she found the confidence she needed.

"I stood up and asked: 'What about people? What about the community? I understand the bottom line, but we need to do the right thing and the right thing is protecting the health and



# OUR HEALTH, AND THE HEALTH OF THE PLANET

Why advocating for a cleaner, greener environment is a top priority for nurses and RNAO.

BY JILL-MARIE  
BURKE

well-being of the environment and the people who are breathing the air you're talking about.”

As she spoke, Yates felt she was getting through to the manufacturers and engineers in the crowd. “I got a sense that they started feeling a little ashamed. They were concerned that complying with stricter regulations would impact their production costs and profit margins, but they realized there has to be some sort of compromise. I had the impression that the other health representative and I became the conscience (in the room),” she says.

Almost 10,000 deaths each year in Ontario are attributable to a limited number of air pollutants. That's according to the Ontario Medical Association, which also says the province's health costs associated with these pollutants exceeds \$8 billion annually.

The evidence linking environmental factors to health is so strong that advocating for a cleaner, greener environment is one of RNAO's top priorities. *Creating Vibrant Communities*, the association's platform for the 2011 provincial election, outlines recommendations related to greenhouse gas emissions, coal and nuclear power, toxics, pesticides, clean water and public transportation. Nurses know that a person's ability to be healthy is directly related to their environment and that fewer pollutants and toxics

in the atmosphere will mean fewer cases of asthma, lung cancer, cardiovascular disease and allergies.

Environmental issues have been a priority for RNAO from as far back as 2000, when a resolution to the board of directors called on the association to support campaigns to ban the cosmetic use of pesticides. Nurses began lobbying with the Partnership for Pesticide Bylaws, a group of 14 community organizations. The association also joined a coalition of health and environmental organizations, led by the Canadian Association of Physicians for the Environment (CAPE), to launch an anti-pesticide ad campaign in 2005. By 2008, following demands from the coalition, *Bill 64*, provincial legislation to ban the use and sale of pesticides for cosmetic purposes, was passed.

RNAO has also collaborated with CAPE and the Ontario Clean Air Alliance to advocate for the closure of all coal-fired generating units ahead of the announced 2014 deadline. At a joint news conference in April 2010, Wendy Fucile, RNAO Past President, revealed that pollution from coal plants kills more than 300 people each year in Ontario. She added that getting rid of toxins associated with coal production would also reduce the estimated 100,000 asthma attacks and other illnesses that Ontarians suffer

annually. Six months after that press conference, Energy Minister Brad Duguid took an important step in the right direction when he announced the immediate closure of four coal-fired generating units, and singled out RNAO for its role in advocating for change.

Thousands of RNAO members have been inspired by these success stories, and have shown their commitment to environmental issues by forwarding action alerts to colleagues, friends and family members. Others have taken their activism to the next level by: leading or participating in community based environmental campaigns; inspiring students to get involved; or researching environmental issues for master's or doctoral work.

RNAO, meanwhile, continues to advocate for the environment. In fact, the association recently welcomed a new interest group, Ontario Nurses for the Environment (ONEIG). "Our focus is on empowering nurses to improve environmental health," says co-chair Chris Kells, adding that she wants to educate members about issues such as climate change, greening health care, air and water pollution, and reducing waste and exposure to toxins. ONEIG members will also advocate for environmental policies aimed at disease prevention. Kells

encourages nurses who are working on issues in their own communities to join ONEIG. "We can provide resources, connections and support."

Those who want to take their environmental activism to the next level can also look to researchers for inspiration. Pembroke RN Kelly

O'Grady has been studying toxins for over a decade, and is considered an authority on the issue. Her initial motivation to become involved in activism was personal, but her interest in researching lead poisoning has since become a professional passion.

In 1996, when she was renovating her home, O'Grady read a small article in the *Ottawa Citizen* about lead poisoning. Concerned about the health of her family, she took action. Fifteen years later, she is executive director of *First Six Years*, a volunteer group in her community that raises awareness about the harmful effects lead and other toxins can have on a small child's health. In January, she completed her master's in Nursing Science at the University of Ottawa with a focus on the federal government's response to childhood lead poisoning.

(Continued on page 16)



## ENVIRONMENTAL ACTIVISM STARTS AT SCHOOL

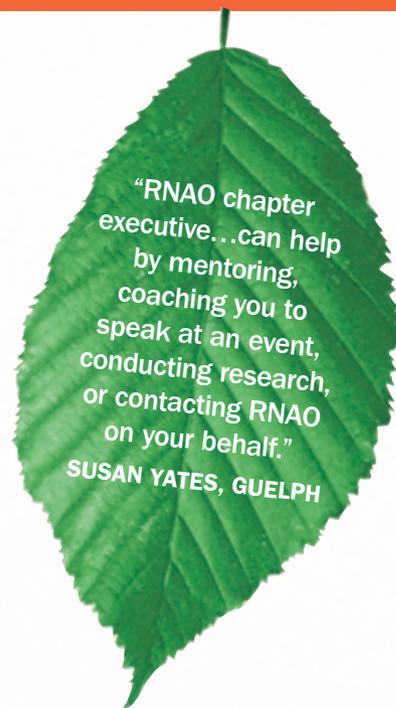
**When Margot Rykhoff**, a University of New Brunswick/Humber College nursing professor, learned that the Canadian Nurses Association (CNA) wanted faculty to incorporate environmental health into the curriculum of undergraduate nursing programs, she took the recommendation seriously. In the fall of 2008, in a partnership with Della Faulkner, a nurse consultant in public policy at CNA, Rykhoff and her third-year students embarked on an environmental health project. The goal was to teach the group – who were studying community and population health – how to educate patients and other nursing students about environmental hazards, and to raise awareness of environmental issues across campus.

The class of eight produced and acted in a four-minute video, which included a nursing student teaching a pregnant woman about the dangers of environmental contaminants. They

also developed and implemented a college-wide environmental awareness program to promote green behaviour. They showed educational videos and hosted an interactive game (modeled after the popular Wheel of Fortune) in the student centre. It enabled participants to measure their carbon footprint. The group also created a poster campaign with slogans like *It makes sense to use less scents*, *Don't hesitate, separate* (to encourage recycling), and *Don't be a fool, carpool*.

Rykhoff says the project led to the creation of two green teams in the health sciences department – one led by students and the other by faculty – which continue to encourage the college community to change its habits.

They learned a lot from this project, Rykhoff says: "You could see throughout the term how the importance of environmental health became more evident to the students. They became environmental health champions." **RN**



## SAFE DISPOSAL OF MEDS MEANS SAFER WATER SUPPLY

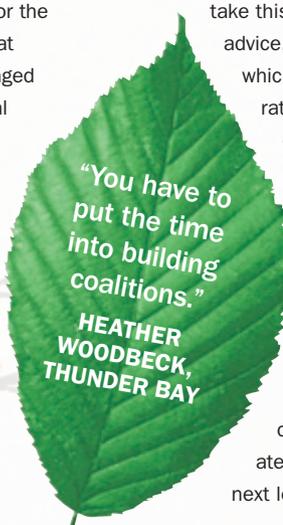
In 2010, students in a fourth-year professional issues course led by RN Kim English began exploring the safe disposal of pharmaceuticals from an environmental perspective. The Trent University nursing students found there was limited research available about best practices. They also discovered that since most people don't know how to properly dispose of medications, they are flushing them down the toilet, pouring them down the drain or putting them in the garbage. Sewage treatment plants and septic tanks aren't designed to remove pharmaceuticals, and the chemical components in medication become part of our water supply, sometimes leading to adverse health effects. As well, medicines that end up in landfill sites can leach into ground water.

Concerned about the environment and troubled by the lack of information available to

the public, the students approached a Port Hope pharmacist with a proposal to collaborate on a *Clean Out Your Medicine Cabinet Day*. The pharmacist agreed to participate and picked up the tab for the safe disposal of medications on that designated day. The students arranged for a free advertisement in the local newspaper and on the radio, and placed flyers in the pharmacy. They called on members of the community to drop off their unused medications, and they did. Even staff from a local long-term care home brought in their residents' unwanted prescriptions since they too were unsure what to do with them.

The students were pleased with the success of the campaign.

So was English. "I said to them 'there's a whole lot more you could do with this so why don't we look at pulling together a resolution and let's see if we can actually take this to RNAO.'" Following her advice, they created a resolution which called on RNAO to collaborate with pharmacists and other health-care providers to actively promote the safe disposal of pharmaceuticals. It was passed unanimously. "They didn't have to do that," English says. "They had already completed the requirements for the course, but they felt passionate about taking it to the next level." **RN**



"You have to put the time into building coalitions."  
HEATHER WOODBECK,  
THUNDER BAY

### TOXICS

Chronic conditions (asthma, cancer, developmental disabilities, birth defects) have become the primary cause of illness and death of children in industrialized countries, and there is growing expert recognition that chemicals in the environment are partly responsible for these trends.

In 2007, the Liberal government promised to force companies to reduce toxics emissions. The *Toxics Reduction Act (TRA)* passed June 5, 2009 but lacks reduction targets, mandatory substitution of safer substances and an independent toxics use reduction institute. RNAO is pushing for stronger regulations and to speed up implementation of the *Act*.

### CLIMATE CHANGE, COAL-FIRED ENERGY

According to the Ontario Clean Air Alliance, pollution from coal-fired generators killed over 300 people last year in Ontario. Closing coal plants will not only save lives, but will represent the largest single reduction of greenhouse gas emissions, the primary cause of climate change in North America.

The government's 2007 *Climate Change Action Plan* recommends that Ontario reduce greenhouse gas emissions to 6 per cent below 1990 levels by 2014, 15 per cent by 2020, and 80 per cent by 2050. RNAO wants to see a 25 per cent reduction by 2020 and closure of all remaining coal plants by 2012.

## LOCAL EFFORTS HELP PAVE THE WAY TO PROVINCIAL BYLAW

In 2004, Toronto became the largest city in North America to introduce legislation banning the cosmetic use of pesticides. Four years later, the Ontario government passed *Bill 64*, legislation that banned the sale and use of cosmetic pesticides across the province. Thunder Bay nurse practitioner Ann McGoey has always believed that if pesticides kill dandelions and bugs, they can't be good for humans. "We are exposed to a chemical soup just eating, breathing and living in our world," she says. "In Northwestern Ontario, we have higher rates of cancer and you wonder: 'Is it the mills? Is it something in the water that's causing this?'"

Ten years ago, McGoey was diagnosed with chronic lymphocytic leukemia, a rare cancer affecting the immune system. She believes there is an environmental link.

McGoey fought cancer for four years before

taking early retirement in 2001. But she wasn't done fighting. In fact, she announced at her retirement party that she would lobby to have cosmetic pesticides banned in her community. She wanted to help prevent others – especially children – from getting sick.

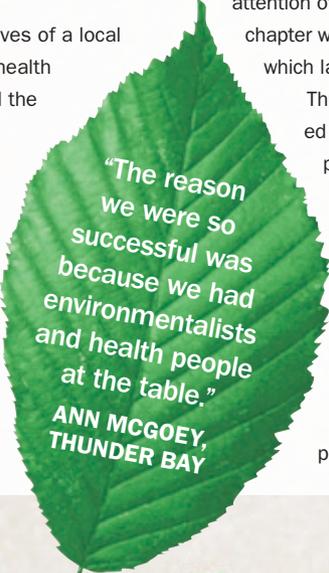
She invited representatives of a local environmental group, the health unit, the cancer clinic, and the university to a meeting at her dining room table. "They were keen and we were very focused," she remembers.

The group lobbied government, held public information sessions at the library about how to have a healthy lawn without

pesticides, staffed booths at public events, and distributed lawn signs that said *Proudly Pesticide-Free*. They monitored municipal council meetings and whenever a topic like parks was on the agenda, McGoey sent information on bright yellow paper to get the attention of councillors. RNAO's Lakehead chapter was also involved in the campaign, which lasted more than four years.

Thunder Bay's bylaw was superseded by the sweeping legislation passed by the province in 2008.

"That was okay," McGoey says without even a hint of remorse. "I felt that we helped with the groundswell for the provincial legislation." She's thankful to have contributed to the effort, she says. "This was a great way to experience changing policy for public health." **RN**



"The reason we were so successful was because we had environmentalists and health people at the table."  
ANN MCGOEY,  
THUNDER BAY

(Continued from page 14)

O'Grady suggests that media attention on lead in children's toys has led to increased public awareness of the issue. However, lead found in house paint is a much more prevalent and serious health concern. "Believe it or not, Health Canada did not actually ban lead in paint until 2005," she says. Children living in older homes and homes undergoing renovations can ingest lead paint that has been ground into dust. It's one of the most predominant toxins in our midst."

Through her research, O'Grady discovered that in the first six years of life, when the brain is developing, lead gets stored in the brain and wreaks havoc on nervous system development. She says very little research has been done to identify how many children are affected in Canada, but research in other countries shows that children who are poisoned by lead are seven times more likely not to complete high school and are more likely to have behavioural problems and learning difficulties.

O'Grady is a case manager at a Pembroke Community Care Access Centre. "We have children who come in with speech deficits or who may be lagging behind developmentally. I think we should be going into their homes and looking for environmental causes," she says.

For O'Grady, Yates, and members of ONEIG, preventing disease and protecting the health of family members, clients and communities motivates them to advocate for change. "They've told us the issues that are important to them. They've offered up advice for others who are ready to wade into the waters of environmental activism," says Rob Milling, Director of Health and Nursing Policy at RNAO. He adds that in many cases, nurses approach RNAO about an issue in their own communities even before that issue has been taken up by the association. "They've shown us that advocating for environmental change can be overwhelming at first, but that the actions of individuals can change opinions." **RN**

JILL-MARIE BURKE IS COMMUNICATIONS OFFICER/WRITER AT RNAO.

The stories featured here may inspire you to tackle an environmental issue in your workplace or community, or may prompt you to get involved at the local, provincial or national level. If you do, let us know what you're up to, and how you think your work will help to save our planet. Send details of your experiences to [editor@rnao.org](mailto:editor@rnao.org).

## Retired nursing leader chose the “best” profession

FOR JOSEPHINE FLAHERTY, THE DESIRE TO BECOME AN RN WAS CLEAR WHEN SHE WAS ONLY THREE YEARS OLD.

IT WAS THE FALL OF 1956 AND 22-year-old RN Josephine Flaherty had just arrived at a Red Cross outpost in northern Ontario. She was the community’s only health-care professional despite having graduated from the University of Toronto’s (U of T) nursing program only three months prior.

As she unpacked her bags, two men knocked on her door to notify her of an emergency.

babies in a canoe en route to the nearest hospital.

Although this kind of intense – and rather frightening – experience was the exception rather than the rule in Flaherty’s decades-long career, the now retired RN says she was prepared for all the challenges the profession would bring. And she knew she could handle them from the early age of three. That’s when she declared to her

a research assistant at Toronto’s St. Michael’s Hospital. She would go on to receive a B.A. in history from U of T, and a master’s degree and PhD (each with a focus on education for RNs) from the Ontario Institute for Studies in Education (OISE). Flaherty had ambitions of becoming an educator herself, and eventually taught at U of T, OISE, and the University of Western Ontario (UWO).

rewards of her career was “being with students and helping them by opening up the world of nursing to them.” She has received many awards for her decades of practice, but says the one she treasures most is an honorary life membership from the Canadian Nursing Students’ Association.

In the early 70s, Flaherty was president of RNAO. She encouraged staff to talk to nurses about what nursing is, not just what nurses do.

“RNAO was doing a lot in those days, but nothing in comparison to what it’s doing now,” she says, impressed by the association’s growing international profile. For many years, Flaherty acted as parliamentarian at annual general meetings (AGM). In 55 years of membership, she’s only missed two AGMs, and has been awarded member emeritus status and an honorary life membership.

Flaherty was also a leader at the national level. For almost two decades she was Principal Nursing Officer of Canada. In addition to sitting on a variety of federal and provincial committees, she visited hospitals, public health facilities and outposts all over the world.

She has fond memories of her wide-ranging career. “You name it in nursing and I’ve done it,” she says. “It’s the best profession and I’ve never one day regretted being in it.” **RN**

JILL-MARIE BURKE IS COMMUNICATIONS OFFICER/WRITER AT RNAO.



PHOTO: MARK HOLLERON/TECKLES PHOTOGRAPHY

### Three things you don’t know about Josephine Flaherty:

1. Her favourite book is *Anne of Green Gables*. She admires the famous redhead for always speaking her mind.
2. Her first job: a paper route at age 12.
3. One of her most prized possessions is a tiny, solid gold nativity scene inlaid in a stone the size of a tangerine. It was a gift from a Catholic priest in Papua New Guinea.

She followed them down to the river. They motioned to a canoe, which she flipped over and paddled herself to the secluded log home of a 51-year-old woman in labour. Flaherty had never delivered a baby, but managed to bring a healthy boy into the world by candlelight. One year later, the same woman was pregnant with twins and Flaherty delivered those premature

mother that she wanted to be a nurse. In fact, her first “patient” was her sister who had polio and spent three years in a hospital bed in the family’s dining room. Flaherty was 10-years-old when she assumed responsibility for helping her 12-year-old sibling do her daily exercises.

Flaherty spent two years at that northern Ontario Red Cross outpost where she got her start in nursing. In 1958, she became

She was dean of the Nursing School at UWO from 1973 to 1977. She was so passionate about education that she continued to teach classes while assuming all of the other responsibilities of dean. And she surprised all of her colleagues with her dedication when she taught with her jaw wired shut for a year after surviving a serious car accident.

She says one of the greatest



# DID YOU KNOW THAT NURSE

We asked you to share your hidden talents with us and were pleased with the more than 100 responses about personal passions outside of the profession.

BY KIMBERLEY KEARSEY

**JOHANNE CHANTIGNY** doesn't consider herself an adrenaline junkie. At first glance, you may disagree. The former ER and ICU nurse – who also once cared for acutely ill patients traveling by air ambulance – has voluntarily jumped from more than 560 airplanes. She's free-fallen at 120 km/hour towards 35 other skydivers to help break provincial and national records for group skydiving. She's even strapped a camera to her head to film the once-in-a-lifetime moments most could only dream of experiencing.

Professionally, Chantigny is a primary care nurse practitioner in Ottawa. But in her personal time, she tempts fate and tests gravity with a kind of regularity that begs the question: what is she thinking? And she's just one of several nurses we've recently met who find themselves explaining to surprised colleagues the motivation behind their unusual passion.

"I've heard people say they don't think nurses should be risk-takers," the 48-year-old admits. "I've heard that a lot actually...and at first I thought 'what kind of message am I sending to be in this

Johanne Chantigny (right, in blue) skydives over Arnprior, Ontario.



# NEXT TO YOU IS A

**SKYDIVER?**

**COMPETITIVE LATIN & BALLROOM DANCER?**

**WORLD CHAMPION VOLLEYBALL PLAYER?**

**PAINTER?**

sport? I'm teaching people about preventive medicine and how to be safe, meanwhile I'm skydiving." This contradiction, she continues, is one that, upon reflection, really isn't a contradiction at all. "My training ensures that I'm as safe as can be," she explains. "I stay current in my sport and I know when not to skydive. I know when I'm not 100 per cent...and that makes me less of a risk taker. I'm not purposely putting myself in harm's way or being careless."

Chantigny recounts in vivid detail the first time she stepped onto the wing of an airplane thousands of feet above the ground. The instructions were simple: open the door, climb onto the wing, arch your back, let go. Most people would be terrified at "open the door" but for Chantigny, it's "just so natural." Her nursing background, she suggests, is what taught her how to embrace – or more importantly control – that rush of adrenaline that surges through her veins at 13,000 feet.

"The interesting thing is that these [flight, emergency and ICU nursing] can potentially induce adrenaline but you have to be the

type of person who can knock that down. Working in the ER and ICU teaches you how to maintain a level of calm when there seems to be chaos around you."

Chantigny explains that the world of skydiving is anything but chaotic. Divers choreograph every movement and consider the timing of every step before the plane leaves the ground. "You're watching your altimeter (on your wrist to measure how far you are from the ground). And you're making sure you're performing everything within the small window of time you have. Your free-fall is only 50 seconds when you're leaving the plane at 13,000 feet," she notes. That's less than a minute to ensure you haven't made any mistakes. Like nursing, there's little room for error. "If you're not afraid and not quick to react, you could be a danger to yourself and others. Being afraid is what's going to keep you safe."

Chantigny admits that fear wasn't an issue the first time she jumped. She and her brother had signed up for training to do a solo skydive. "I was getting anxious and the tension was building up,"

she recalls when the wind picked up and there was talk of postponing. "When they said it was a go...I was just so happy that it didn't really cross my mind to be afraid."

That was eight years ago, and Chantigny hasn't looked back since. Her motto: Always smile when you jump. For this competitor, it's almost impossible not to. In fact, when she jumped for the first time, her grin was so big – and her mouth so dry from the excitement – that her lips were stuck to her teeth all the way down to the drop zone.

**MARIJA BOJIC** remembers a time when she couldn't walk up a flight of stairs without being completely winded. She was doing shift work on the neurometabolic unit at Toronto's Hospital for Sick Children. "I spent all my time doing my shifts and recovering from my shifts," she remembers.

At 40, Bojic is now a clinical nurse specialist who focuses on nursing education, and is in better shape than she's ever been. She's also the proud recipient of several first-place trophies for Latin and ballroom dance competitions at the provincial and national levels.

"I would like to inspire all nurses to pursue something they love...and to commit to it. I do believe that many nurses focus all their time on work and recovering from work and sometimes forget about staying fit and taking care of themselves."

Bojic knows what it's like to lose yourself in the inactivity of everyday life and work. She has two children and at one time worked the graveyard shift, leaving home when her husband returned from his 9-5 job. She thinks back to something one of her Ryerson University professors told her when she was studying for her license in Canada (she is originally from the former Yugoslavia). She quotes that professor: 'Nurses need to take care of themselves first if they want to take care of other people.'

"We're really good about patient care and giving to others, but when it comes to us, sometimes fatigue takes over and we don't do things for ourselves that we should have or could have done," she adds.

Competitive dance isn't for everyone, Bojic admits. At least 10 hours every week is dedicated to dance, more when she and her husband are preparing for competition. In 2008, the pair won top prize for ballroom and Latin dance in the Ontario Open

competition. They practised for three hours, four to five times each week in addition to taking classes to learn both the ballroom and Latin choreography. That's a considerable commitment for someone who initially said no to competition, but was convinced by her husband to get involved. What are you doing instead, he asked. Watching TV?

"I got stronger, my posture improved, I started to feel better, to look forward to classes. I wasn't looking for excuses not to practice. We started to travel and we've collected so many trophies...we have



them all displayed in our living room," she says proudly.

Colleagues are always intrigued to hear about Bojic's travels, and to see photos of the pair dressed in costume. Her goal now is to qualify nationally in the championship category (one level above gold) for both ballroom and Latin dance. It's an achievable goal; especially considering the pair took home gold in the pre-championship category for Latin dance at the 2009 Canadian Closed competition. That was an especially rewarding win, she remembers, because

it was close to midnight when they danced in the finals. Bojic says she will continue to practice and will stay fit as she prepares for that milestone. That shouldn't be hard for someone who's always loved to dance. "You can be more passionate about other things in your life when you're passionate about something, and do it well."

**ELLEN CATHERWOOD** always loved to paint but gave up her dream 25 years ago. She was in her mid-30s at the time, and the mother of two. She knew that being an artist meant financial insecurity. Plus, she had tried her hand at oil painting and didn't like it. Instead, she began to think about a career and furthering her education. She decided to pursue nursing. It was the safe choice since she knew

she'd be able to practise close to home. By 2004, Catherwood was working in the ICU at Timmins and District Hospital. A colleague approached her and pleaded with her to enrol in a beginner's water colour class that was in danger of being cancelled due to low numbers.

"She dragged me along to my first class," Catherwood recalls with a hint of irony in her voice. "I hadn't had any interest before that. It was the first time I tried water colour or even looked at it. I fell in love with it from the start."

Seven years later, Catherwood is an established water colour artist with her own business in Timmins. She is president of the Porcupine Art Club and a member of the Portrait Society of Canada.

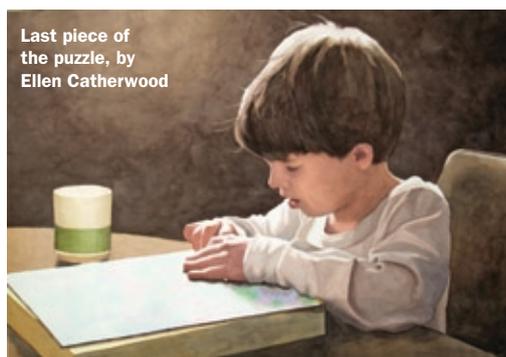
"It's almost like meditation," she says of her time at the easel. "You start painting and you don't notice time passing...it's a real escape from the stress at work."

Catherwood's proudest moment as an artist came three years ago,

when she was accepted into the prestigious Canadian Society of Painters in Water Colour. To become a member, you need to be elected by a jury of other members. She's since become northern Ontario regional director for the society, promoting water colour in Barrie and beyond, and supporting members in some of the farthest reaches of the province.

Although she didn't dedicate much time to painting until later in life, Catherwood always envisioned

herself getting back into it. "As I raised a family and worked in a nursing career, time for any kind of art was short..." she says. "I used a camera to capture my world with the intention of one day turning these photos into paintings." And that's now how she does most of her commissioned work. She starts from a picture and chronicles her progress online for clients. She does mostly portraits and landscapes, concentrating on images that evoke ideas from the past or feelings of nostalgia.





Lesreen Romain (centre)

PHOTO: HENRIETA HANISOVA

“In my first year, I did 40 commissions,” she says, noting that it was tremendously stressful and something she’s “...never going to do again.” One or two commissions at a time; that’s her limit these days. And it’s something she adheres to if she wants to maintain a healthy balance between commissions, show pieces, painting for pleasure and part-time nursing work in the ICU.

“They have been the best supporters I could ask for,” Catherwood says of her nursing colleagues. “Many have commissioned work from me and a lot of them have my paintings on their walls. It’s an honour.”

When she does a portrait, Catherwood likes to know the individual. The finished product, she says, is more engaging when she knows more about the individual and their personality.

Each year, Catherwood donates several paintings to charity. The Cystic Fibrosis Society is consistently on the receiving end of her generosity, but she has also donated commissioned work and reproductions to UNICEF, the Humane Society and the Arthritis Society of Canada.

**LESREEN ROMAIN** hates to lose. So, it’s a good thing she’s such a powerhouse when she’s behind the volleyball net. The Uxbridge RN has an impressive record when it comes to a sport she describes as one of the most technical to play. Not only is it intensely physical, it also requires a great deal of mental strength, the 44-year-old mother of four says. “You have to keep focused to win.”

Romain’s determination and focus is certainly evident when you consider she’s been to Sydney, Australia and Calgary, Alberta to compete in volleyball at the World Masters’ Athletic Championships. She was also a star athlete when she studied nursing at Centennial College. In fact, she travelled – and won – at provincial and national tournaments throughout her four years of nursing. She brought home three gold medals and one silver, helping to break the school’s historically poor record at the Ontario championships.

Romain says one of her most memorable experiences was arriving at the Sydney Olympic Park in 2008. “It was absolutely amazing...to actually be there and to be able to play in our sport,” she recalls. “It truly was like being at the Olympics. We did opening ceremonies... there were 28,000 athletes...we were in our Canadian uniforms... representing Canada.”

They made it to the finals to face Brazil that year. Romain doesn’t like to dwell on the fact that she and her teammates headed home with silver rather than the coveted gold medallion. “We didn’t play badly,” she recalls. “We played an amazing game. But they were just a little bit stronger, a little bit taller, and a little bit quicker than we were. I think it worked out as it should.”

Romain compares the skills she uses in her practice as a surgical nurse and clinic manager in Durham region to the skills she uses on the court. “Volleyball isn’t for everyone, nor is nursing,” she says. “You have to have that passion for it.” For Romain, that passion for sport began before she even finished high school.

Over the years, Romain tested her skill at track and basketball before finally settling on volleyball as a mature player and as a coach to kids in their early teens. “When you’re teaching young kids (12-15 year olds) you can see how bad they are to begin with,” she says with the brutal honesty of a true coach. “But I have to tell you, from years of playing and watching people develop, you can have someone with absolutely no coordination and absolutely no skill, and they will be your star player in two, three years. I’ve seen it happen.”

Romain plans to compete in the World Masters’ Athletic Championships one more time (in Turin, Italy in 2012). She’s committed to training and staying active, fit and healthy. She offers up the same advice to other nurses. “I would encourage any athlete who really has a passion for any sport to pursue it and do whatever they can do to get to the highest level of achievement.” **RN**

KIMBERLEY KEARSEY IS MANAGING EDITOR AT RNAO.

# breathe easy

A growing network of nurses aims to help smokers quit for good. BY STACEY HALE

**After smoking for 40 years**, Don Costello's doctor told him he had to quit. The 64-year-old developed chronic obstructive pulmonary disease (COPD) and would soon need an oxygen tank to breathe.

"I realized this is not going to end nicely," says the retired electrician, whose wife Eleanor, 70, was also a smoker. They faced a tough choice, but knew it was time to quit.

The Kingston couple joined a stop smoking group organized by Nancy Melville, a public health nurse at Kingston, Frontenac, Lennox and Addington Public Health. Melville counselled the Costellos about nicotine withdrawal and its symptoms, including irritability, impatience, anxiety and depression. She explained how nicotine affects the brain and body by increasing the heart rate, blood flow to the heart, and blood pressure. The body will experience narrowing of the arteries, which means blood isn't able to carry as much oxygen as it once could. Melville also used her training to ease Don's worry when he put on 25 pounds (11.4 kilograms). She explained that weight gain is a common side effect.

"Nancy seemed to understand us. She knew what we were going through, and she led us through it," Don says. "We passed through all the hard times ... we are so free (from the addiction)."

The pair quit during their first support meeting, but felt they still needed help and continued to attend for a full year to work with Melville and the group. They've been smoke free for two years, and say they couldn't have done it without her help.

Freedom from tobacco addiction is what nurses want for all patients struggling to quit. That's why RNAO's *Smoking Cessation (SC) Initiative* has generated buzz among RNs. Research shows that nurses who initiate a three-minute conversation with patients about quitting smoking can make a big difference and play a key role in helping them butt out. Health Canada and the Heart and Stroke Foundation of Canada estimate smoking contributes to

more than 37,000 deaths across the country. And smoking is a risk factor for a number of deadly conditions including lung cancer, heart disease, stroke and chronic respiratory disease. Helping patients curb this addiction is a top priority.

"What good are we doing if we don't ask patients about their smoking?" wonders Justine Navarro, a nurse and program manager for RNAO's International Affairs and Best Practice Guidelines program. In December, Navarro wrapped up 18 workshops that were organized as part of a national *SC Initiative*. This cross-Canada tour was a direct result of the association's successful provincial *SC Initiative*, which started in 2007 and continues into 2011.

Navarro visited sites in Nunavut, the Yukon, Manitoba, Saskatchewan, New Brunswick, Quebec and Newfoundland and Labrador conducting workshops for fellow nurses and other health-care professionals. Each visit was to a site that delivered public health services, and was with nurses who had signed on as smoking cessation facilitators. These facilitators co-lead the workshops and were responsible for recruiting other nurses in their communities to become smoking cessation champions. Navarro was there to teach them how to use RNAO's best practice guideline (BPG), *Integrating Smoking Cessation into Daily Nursing Practice*.

More than 500 champions have been recruited across Canada. That's on top of the already 500 who work in Ontario. "You can just imagine the network of nurses and other health-care professionals across the county who are being educated on how to help their clients quit smoking for good," Navarro says.

The workshops focused on the importance of using the four As model (Ask, Advise, Assist, Arrange) during a three minute conversation. This approach helps nurses to determine their patient's tobacco use over the last six months, and to refer them to other smoking cessation resources or programs in their community.



Don and Eleanor Costello

“Nancy seemed to understand us. She knew what we were going through, and she led us through it.”

Nurses must also be able to identify their patient’s readiness to quit. “Quitting smoking is hard and clients need to be ready to hear what you have to say,” says Jennifer Tonn, a public health nurse at the Simcoe Muskoka District Health Unit. Tonn specializes in chronic disease prevention in the tobacco program, and says nurses in all specialties play a role in helping patients quit. RNs work in hospitals, clinics, family health teams, public health units, and in physicians’ offices; they’re well positioned and enjoy a high level of trust, she says, which means people will listen and be receptive.

Smoking is a sensitive issue, she adds, and nurses must determine if a patient is willing to open up about their addiction. If they are, a nurse can intervene and help change their behaviour. “Smoking might be what they’ve done to deal with stress and anxiety,” she says, adding that they resort to smoking because they haven’t learned other approaches to stress management.

But all the intervention in the world won’t work if a patient doesn’t want to quit.

If a patient says “I’m never going to quit. My grandfather smoked until he was 90 and never had a problem,” Tonn will explain that quitting smoking is the most important thing they can do to improve their health, but she knows that belabouring the point won’t help them quit.

For community health nurse Robin Manoll, the goal is to motivate – not irritate – her patients. Manoll, who provides primary care in Iqaluit, facilitated a workshop in September. She tries to focus her efforts on the youth in her city of nearly 7,000.

Every Tuesday afternoon, Manoll sets up a health café at the high school and talks to students about tobacco reduction, sexual health, nutrition and other health issues. She says children as young as eight will pick up cigarette butts around town and start smoking. And older kids (14 +) sell their cigarettes to younger

kids. If they have a full pack, they charge \$1/stick. When they’re down to half a pack they charge \$2/stick. “This is what we are up against,” she explains.

Iqaluit has the nation’s highest smoking rate at 53 per cent, according to Statistics Canada. The national rate is currently 18 per cent.

Simply put, if health officials don’t educate people – young and old – about the many health effects of smoking, they’re not likely to see the value in quitting. While working with cardiac patients attempting to quit, Margie Kvern, an RN for the population and public health program for the City of Winnipeg, was always surprised that patients didn’t see the connection between cardiac health and tobacco use. “That always floored me,” she says. “They see tobacco as causing respiratory problems, but not their coronary bypass.”

Kvern, who has worked in tobacco control for 10 years, warns that some nurses may fall back on the time crunch excuse, or may think they don’t have enough knowledge or skill to talk to people about smoking. She believes RNs have an obligation to ask about tobacco use because they have the power to raise awareness and provide support.

Support and positive feedback from a nurse is what made all the difference for Don and Eleanor. Two years after butting out, the couple is still congratulated when people find out they gave up cigarettes. Eleanor recalls the time she bumped into an old friend who asked her when she started wearing makeup, and complimented her healthy looking skin. “I don’t use makeup and never have,” she says with a smile. **RN**

STACEY HALE IS EDITORIAL ASSISTANT AT RNAO.

Visit [www.tobaccofreernao.ca](http://www.tobaccofreernao.ca) for more information or to get involved with the provincial *SC Initiative*.

# Examining QUALITY HEALTH CARE in Ontario

As CEO of the Ontario Health Quality Council (OHQC), Ben Chan is responsible for monitoring our health-care system and reporting back to government and the public on how well it is performing. He's assessed the effectiveness of long-term care and resident satisfaction (2008) and home health care (2009). The role of OHQC has changed with the introduction of *The Excellent Care for All Act* (passed in the legislature June 8, 2010). Chan recently took time out of his busy schedule to talk to RNJ about the new legislation, and OHQC's work with nurses.

**Registered Nurse Journal (RNJ):** Some of our members may not be aware of the OHQC and especially of its expanded mandate under *The Excellent Care for All Act*. Can you explain what this expansion means, and your vision for OHQC's future focus?

**Ben Chan (BC):** I think *The Excellent Care for All Act* is one of the most significant pieces of legislation passed in the last decade. It certainly puts the lens on quality in Ontario in a way that we've never seen before. There are three parts of the *Act* that are particularly exciting. One is the emphasis on promoting and ensuring the uptake of evidence-based practices. One of the new responsibilities of the Council will be to provide recommendations on the best clinical evidence, but also to think about what practical tools can be used throughout the system by front-line health-care practitioners to help them adopt the best evidence.

The second piece of the *Act* relates to recommendations about the funding of health-care services. It's important that when health-care providers go about doing their jobs that funding mechanisms, resource-allocation mechanisms and incentives are all aligned to encourage the best possible quality of care.

The third point is the emphasis on accountability for quality. (Hospital) boards are now legislated to pay attention to quality. They have to have quality committees; a portion of executive pay depends on the quality results that an organization is achieving. We hope that the significance of this is that it will now become part of the leadership culture, that the most important thing that we have to pay attention to is quality.

**RNJ:** The OHQC recently released its 2010 annual report. Can you provide a snapshot of your findings for our readers?

**BC:** We know that we have difficulty getting frail individuals placed into long-term care in a timely fashion. That, in turn, creates problems for getting people discharged out of hospital who might need a long-term care home, which, in turn, results in a high percentage of beds that are considered Alternate Level of Care (ALC). One-sixth of beds in Ontario are ALC and the problem isn't improving. That, in turn, makes it difficult for us to clear the emergency departments quickly and we also suspect that it makes it

difficult for us to get urgent cancer surgeries done within the recommended timeframe. This demonstrates how tightly interconnected the whole health-care system is. When you have a problem in one

part of the system there's a ripple effect that takes place throughout other parts. One of the things that we're really going to have to grapple with in the near future is how to meet the needs of the frail elderly who are living in the community.

In other areas of the report we identified where the uptake of evidence-based practices continues to be slow. That includes everything from whether or not patients with diabetes get the right tests or people with heart disease are on the right medications. Often we as health-care practitioners read about the best practice guidelines and want to do everything we can for our patients, but when you're feeling incredibly busy, stressed and run off your feet; it's often difficult to remember all the things you are supposed to do.

**RNJ:** Can you offer up a specific example of a quality improvement project or initiative you've participated in alongside nurses, and perhaps expand on some of the ways individual nurses can play a role in improving the quality of care in our system?

**BC:** Recently the OHQC worked with RNAO, the Ministry of Health and the Canadian Association for Wound Care to support the adoption of best practices for prevention of pressure ulcers. We all know that to prevent pressure ulcers we have to make sure immobile patients are turned regularly, to be careful about how we transfer patients so to not tear their skin, to do appropriate risk scoring and to provide padded devices for those at greatest risk. Often we find things like staff turnover or variations in processes between what the day shift and the night shift does can lead to problems. But by empowering nurses to troubleshoot and fix these problems, we can make tremendous progress.

**RNJ:** How do you see your partnership with RNAO evolving under the OHQC's new mandate?

**BC:** The RNAO has done tremendously valuable work in the development of best practice guidelines (BPG) for nursing. It will be critically important for the OHQC to work closely with RNAO in ensuring consistent adoption of best practices across the system. A number of best practices in the future will involve a well-coordin-

ated team approach with strong coordination between nurses, physicians, pharmacists and other care providers. We also need to be thinking about how guidelines are contextualized, not just for one profession but for a care team as a whole.

**RNJ:** You first heard about RNAO's BPG program when you were CEO of the Health Quality Council in Saskatchewan, and advocated having the pressure ulcer BPG implemented in some of that province's long-term care homes. Why?

**BC:** Six years ago, when we launched the pressure ulcer quality improvement initiative in Saskatchewan, we looked to RNAO to provide us with the best clinical evidence. Those guidelines were adopted provincially and formed the basis of the specific ideas for improvement that quality improvement teams working on that initiative were testing in their local sites. We chose them because they were obviously well-researched, easy to read, and because they were developed in another Canadian province.

**RNJ:** You often refer to the "quality agenda" when discussing your work with front-line providers, managers and policy makers. What is that agenda, and how does it impact the day-to-day work of nurses?

**BC:** To me the "quality agenda" is a mindset and culture across an organization and across the entire health-care system that is constantly focused on how to improve quality. Any time there's a problem with quality, there's an instinctual reaction amongst staff and management to recognize the problem, understand the root causes, find the evidence-based ideas to improve, and test it out. It involves looking at an environment as a system, a series of processes that take place, and understanding which processes are broken and need to be redesigned. It's a culture where people are not afraid to report problems, but instead take individual leadership to name the problem and fix it.

**RNJ:** As a physician who still practises in rural Ontario, you see first-hand what nurses are doing to improve quality of care for patients. How would you describe their unique role?

**BC:** We know that nurses play a critical role in patient care by

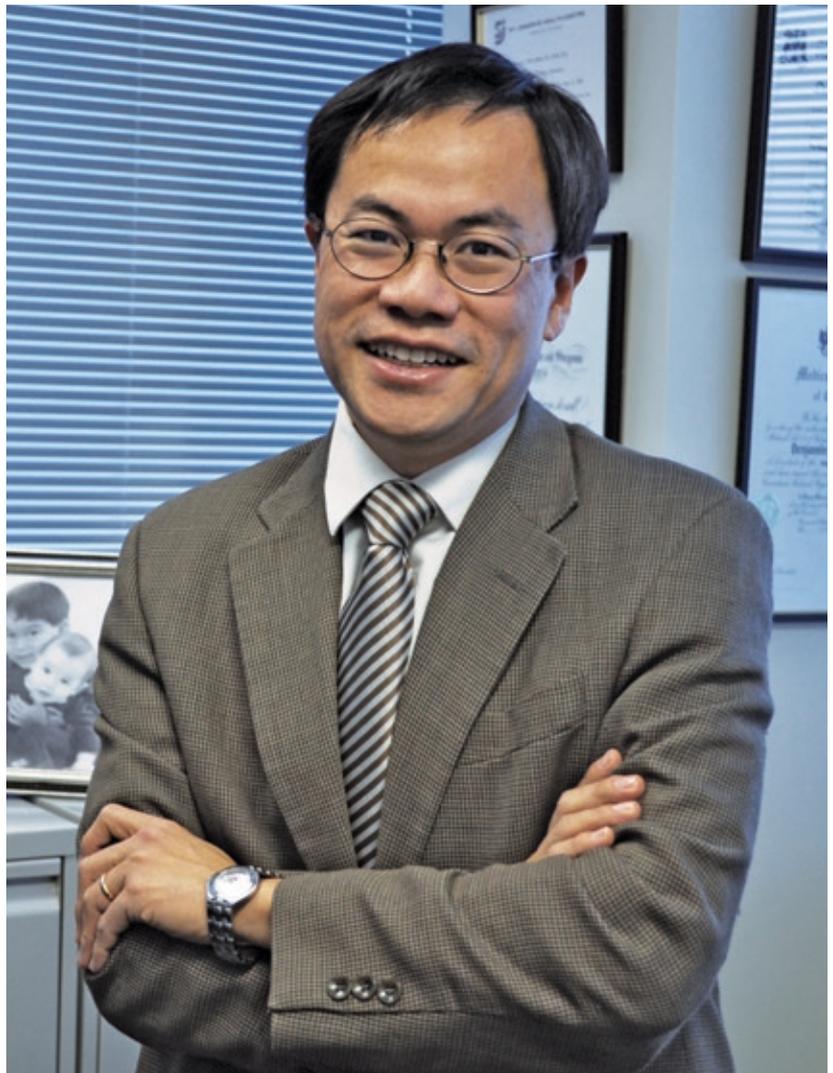


PHOTO: JILLMARIE BURKE

providing a wide variety of clinical services. But perhaps what's as important, if not more important, is that nurses, as the eyes and ears of the health-care system, through their frequent contact with the patient and through their regular dialogue with the patient, can understand not only clinical problems and warning signs that relate to their clinical status but also their emotional and psychosocial well-being, which is also critically important to their health. The health-care system couldn't function without them.

**RNJ:** What aspects of our health system aren't working, and what changes would you like to see?

**BC:** We still have care delivered in too many different silos. We still lack the kind of tight integration between primary care, hospital care, and community care that we aspire to. We still have too many patients falling through the cracks when they move from one part of the system to the next. A practical example is that we still have a lot of people who are re-admitted to hospital after being discharged, particularly those frail elderly with multiple chronic conditions. I think we have a great opportunity to identify what should be the best practices in those types of situations, and to set forth better expectations for the amount, the accuracy and the timeliness of information about a patient's condition and their treatment plan as they move across the system. **RN**

## The dangers of social media

DON'T UNDERESTIMATE HOW SOCIAL MEDIA CAN PUT YOUR JOB AND LICENSE TO PRACTISE ON THE LINE.

ALTHOUGH EMAIL, BLACKBERRIES, Facebook and Twitter are useful and fun, it's crucial that nurses know how the misuse of these social media tools might land them in hot water. Following is some guidance and general advice on the issues.

Caution should be exercised when using social media tools that are the property of your employer. If the inclination or need arises, employers can review emails on hand-held devices and the internet browsing history on a computer. Even personal messages on Facebook, Twitter and Myspace, if sent or received on an employer's computer or internet connection, can be searched and the information used when making a decision to terminate, discipline or report a nurse to the College of Nurses of Ontario (CNO). If legal proceedings follow, an employer would likely rely on the information collected to support its case.

While online, nurses must also be careful what they 'post.' Employers in the health-care sector are concerned about public image. Any action that even potentially harms that image could place your employment or nursing license at risk. A recent case from outside the health-care world is telling. A group of Virgin Airlines flight attendants posted on Facebook that Virgin's planes were full of cockroaches. This had a negative impact on the company's public image and carried the potential to hurt business. The flight attendants

were fired once management learned of the posts.

Patient privacy also poses a special risk to nurses who use social media. Avoid publicly divulging any information whatsoever about patients, directly or indirectly. This includes more than just a patient's name or medical condition. In a case currently pending before the U.S. National Labor Relations



Board, a nurse treated a police officer for a gunshot wound, as well as the alleged gunman. The officer died, and the nurse later posted on Facebook that she had faced a "cop killer" and hoped he "rotted in hell." The nurse was fired for violating patient privacy. The outcome in Ontario would likely be similar since this type of post violates any number of Canadian and Ontario privacy laws, as well as CNO patient privacy and ethics standards.

Nurses are held to a high standard of conduct and may find themselves in hot water for internet postings that are considered unprofessional. A nurse in the U.K. recently used Facebook to post a picture of

herself sleeping next to a prematurely born baby. Eleven days after the post, that same baby died. The nurse in the photo had given him 10 times the prescribed dose of sodium chloride. She was allowed back to work after an investigation accepted her explanation that it was an accident, but subsequently fired after the Facebook photo was discovered.

and nurses, it is not improbable that patients may ask to "friend" nurses on Facebook or Twitter. The CNO has indicated that it would treat the "friending" of a patient on Facebook as a violation of the standards of conduct, crossing the boundary between a therapeutic nurse-patient relationship and a personal/private relationship.

Social media has increasingly

**"EMPLOYERS IN THE HEALTH-CARE SECTOR ARE CONCERNED ABOUT PUBLIC IMAGE. ANY ACTION THAT EVEN POTENTIALLY HARMS THAT IMAGE COULD PLACE YOUR EMPLOYMENT OR NURSING LICENSE AT RISK."**

Her professional future will be decided by the U.K. body responsible for regulating the practice of nursing.

Similarly, an American nursing student was recently expelled from school for posting to Facebook a picture of herself posing with a human placenta. According to media reports, she apologized and promptly removed the photo, but the school noted her actions "did not exemplify the professional behaviour [expected] in the nursing program" and the expulsion was not reversed. The student is presently before the courts attempting to reverse the school's decision.

Given the nature of the relationship between patients

blurred the lines between our working worlds and our private lives. For nurses, working in a regulated industry for employers concerned about public image and patient confidence, the risks are far more acute. The safest route is to keep your working life as separate as possible from your personal life when using social media. **RN**

CHRIS BRYDEN IS A LAWYER WITH RYDER WRIGHT BLAIR AND HOLMES IN TORONTO. HE HAS REPRESENTED RNAO'S LIP MEMBERS FOR TWO YEARS.

Watch for this legal column as a semi-regular feature in the magazine throughout 2011.

# CALENDAR

2011

## FEBRUARY

February 24

**MID-CAREER NURSE  
SYMPOSIUM: REDISCOVER  
YOUR NURSING CAREER**

Hyatt Regency, Toronto

February 27–March 4

**MINDING THE GAP:  
WOUND CARE INSTITUTE**

Sheraton Fallsview,  
Niagara Falls, Ontario

## MARCH

March 28–April 1

**DESIGNING AND  
DELIVERING EFFECTIVE  
EDUCATION PROGRAMS**

Toronto, Ontario

## APRIL

April 7

**RNAO ASSEMBLY MEETING**

Hilton Toronto

April 7–9

**RNAO's 86TH ANNUAL  
GENERAL MEETING**

Hilton Toronto

April 7–9

**12TH ANNUAL OPTIONS FOR  
DIABETES CONFERENCE FOR  
HEALTH PROFESSIONALS**

*Pre-conference workshop:*

April 7, 1:00–4:00 p.m.

*Conference:*

April 8–9, 8:30 a.m.–4:30 p.m.

Holiday Inn, Kingston

For information,

contact Margaret Little

Tel: 613-547-3438, or

email [hartwork@kingston.net](mailto:hartwork@kingston.net)

## MAY

May 9–15

**NATIONAL NURSING WEEK 2011**

Theme: Nursing — The Health of  
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May 13

**NURSING CAREER EXPO – FREE!**

Hyatt Regency, Toronto

## JUNE

June 5–10

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GUIDELINES SUMMER INSTITUTE**

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June 16–18

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HEALTH NURSES CONFERENCE**

Sheraton Centre Hotel

Toronto, Ontario

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Unless otherwise noted,  
please contact [events@rnao.org](mailto:events@rnao.org)  
or call 1-800-268-7199  
for more information.

## AUGUST

August 7–12

**HEALTHY WORK ENVIRONMENTS  
SUMMER INSTITUTE**

Location TBC

## SEPTEMBER

September 18–23

**CHRONIC DISEASE MANAGE-  
MENT FALL INSTITUTE**

Hockley Valley Resort, Orangeville, ON

## CLASSIFIEDS

### BECOME A CERTIFIED PROFESSIONAL CANCER COACH

The National Association of Professional Cancer Coaches (NAPCC) is a federally registered non-profit organization. We are seeking nurses and registered health-care professionals to assist cancer patients in communities across Canada. You will provide information on medical treatment options and guidance in pro-active self-care. Training as a Certified Professional Cancer Coach is your first step to this rewarding community service or you may choose a successful career in private practice. For more information, please visit [www.napcc.ca](http://www.napcc.ca); e-mail [napcc@cogeco.ca](mailto:napcc@cogeco.ca) or call (905) 560-8344.

### 3<sup>RD</sup> ANNUAL CHRONIC PAIN REFRESHER COURSE

**February 25–27, 2011**

Crowne Plaza Hotel, Ottawa

The Canadian Pain Society's Education Special Interest Group invites all health-care professionals to attend. With a focus on clinical application, this course will benefit those just entering the field of pain management and treatment, and those interested in updating their skills and knowledge. Topics to include pain assessment, physiology, treatment, and more! For more information, contact 905-404-9545, [office@canadian-painsociety.ca](mailto:office@canadian-painsociety.ca) or visit [www.canadianpainsociety.ca](http://www.canadianpainsociety.ca).

### RETIREMENT FINANCIAL PLANNING

Retirement planning issues which you may wish to discuss: HOOP Pension Plan, Canada Pension Plan, RRSP, RRIF & TFSA, Taxation, Investments, Estate Planning. As a certified and licensed financial planner, I have over 20 years of consulting/planning experience with a fee-based practice. For an appointment call Gail Marriott, CFP, EPC, at 416-421-6867.

### INTERESTED IN PROMOTING YOUR EVENT?

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A reminder that you can still get involved with RNAO

## COMMITTEE WORK OPPORTUNITIES

### RNAO BOARD COMMITTEES 2011–2013

The following vacancies exist on four RNAO board committees

**Nursing Education Committee**                      One PNEIG service member  
One NLN (acute setting) member

**Nursing Research Committee**                      One nursing research  
community representative

**Provincial Nominations Committee**                      One general nursing member

**Workplace Liaison Subcommittee**                      Chair (must be a present  
workplace liaison)

Submit your CV with a letter outlining any relevant experience, and describing your interest in the position

**DEADLINE:** March 4, 2011

Contact Penny Lamanna at [plamanna@rnao.org](mailto:plamanna@rnao.org) for further details.

#### Wanted: Workplace Liaisons

Speak out for health and speak out for nursing by representing RNAO within your organization.

For information, email [jsmith@rnao.org](mailto:jsmith@rnao.org).



## DO YOU KNOW A SPECIAL NURSE?

Toronto Star readers are being asked to nominate a Registered Nurse or Nurse Practitioner for the **10th ANNUAL TORONTO STAR NIGHTINGALE AWARD 2011.**

Information on Award Criteria and where to send your nomination will be published in the Star and online at [thestar.com/nightingale](http://thestar.com/nightingale)

Deadline for nominations is March 23, 2011. Award recipient and nominees will be announced during Nursing Week 2011.



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# IN THE END

BY LYNDA BLANCHARD



## What nursing means to me...

ON THE FIRST DAY OF MY TRAINING AT SIR SANDFORD FLEMING COLLEGE in Peterborough, we met in an amphitheatre-style room. One of our instructors walked into the room, and told us she was going to turn off the lights. She wanted us to just sit and listen to a song: *Bridge over Troubled Water*, by Simon and Garfunkel. After it was over, she told us that is what she thought nurses should be – a “bridge” over others’ troubled waters.

I have always loved Simon and Garfunkel’s music, and I was moved because it was such an appropriate choice. Patients and their families need a bridge over troubled waters at various times

to help them understand clinical terminology, the tests they are undergoing, and to help them wade through some of the emotions they are experiencing.

For the first 19 years of my RN career, I worked in different critical care areas, and I always tried to be a “bridge” for people in crisis. I try to help them get back to their lives before they ended up in the ICU.

One example is still fresh in my mind after 16 years. I worked with a family that had a full-term infant left severely brain damaged because of complications at birth. After much consultation and discussion, her parents made the difficult decision to let

her go. I cared for that little baby and her parents and extended family that night. As the mother sat with her daughter in her arms (waiting for her to die) we talked. She spoke of her fears the night her daughter was born, and her decision to never get pregnant again because she didn’t think she could risk the chance of going through this pain again. Her baby daughter died early the next morning.

I didn’t expect to hear from that mother again, but almost one year later she and her mother came to visit me. Her mother had spent the past year making baby gowns for our dying, full-term infants to wear. We often try to create memories of these babies for parents – otherwise they wouldn’t have any – by dressing them in donated gowns, boots and hats and taking photos. The night of this little girl’s death a year earlier, we didn’t have anything suitable for her to wear. Her mother and grandmother brought us 12 hand-made gowns (one for each month since the baby had died). The mother told me that because of my care and listening ear that night a year ago she had found the courage to get pregnant again. She wanted me to know what a help I was to her. I’d been the “bridge” she needed without realizing it. Ever since, I’ve enjoyed a special feeling of peace whenever I recall this story. **RN**

LYNDA BLANCHARD IS AN RN IN THE OTTAWA HOSPITAL NEPHROLOGY AND RENAL TRANSPLANT CLINICS AND HEMODIALYSIS UNIT.

### DROP US A LINE OR TWO

We’d love to hear about what nursing means to you. Your story could appear in *RN Journal*. Email [editor@rnao.org](mailto:editor@rnao.org).

## The Nursing Education Initiative (NEI)

NEI is a program funded by the Ontario Ministry of Health and Long-Term Care to provide funding to nurses who have taken courses to increase their knowledge and professional skills to enhance the quality of care and services provided within Ontario.

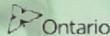
Applications are available for individual nurses and nurse employers for grants up to a maximum of \$1,500 per year, per nurse. Please note that funding is not guaranteed.

If requests for funding exceed the budget available, priority will be given to nurse applicants who have incurred the cost themselves.

 **RNOA** Registered Nurses' Association of Ontario  
L'Association des infirmières et infirmiers autorisés de l'Ontario  
[www.rnao.org/nei](http://www.rnao.org/nei)  
[educationfunding@rnao.org](mailto:educationfunding@rnao.org)

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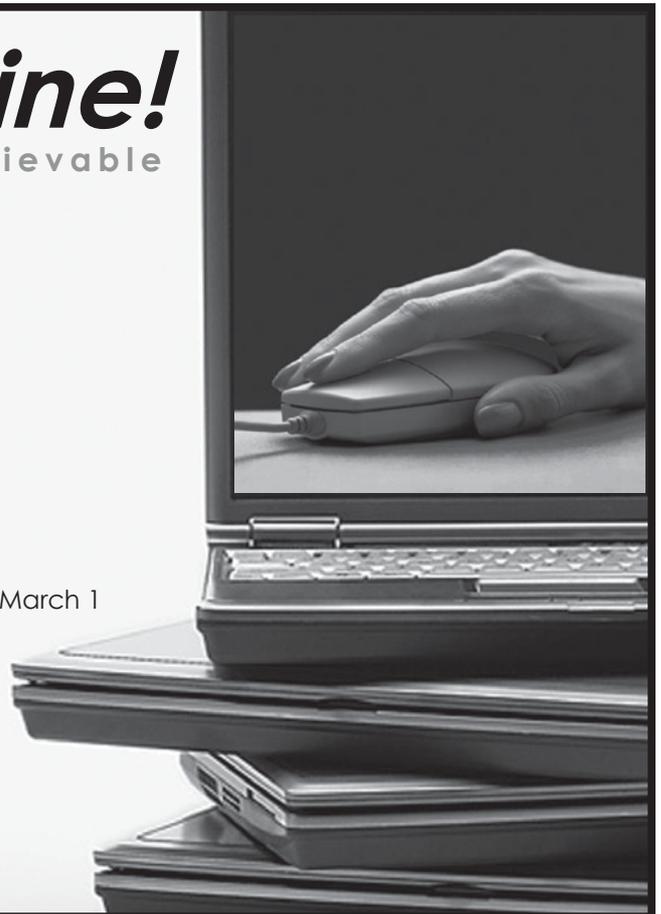
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