

Registered Nurse

JOURNAL

East
meets
West

Challenges abound
as RNs attempt to
tie the traditions of
complementary therapies
to conventional
nursing practice.



Count yourself in. Renew your membership.

Renewal for all RNAO members is due by October 31, 2004.

Don't miss a day with your professional association! Keep your membership current to continue receiving legal and liability protection, the Registered Nurse Journal, and the attention of government and decision-makers.

You will receive a renewal form in the mail in September. Return the form by mail or by fax, telephone with your renewal, or renew online at www.rnao.org.

Continuous members are renewed automatically and receive their membership cards in October. If you use preauthorized debit from your chequing account, payroll deduction, or a credit card, you can choose to become a continuous member — sign up by contacting RNAO or when you send in your renewal.

Have you retired, gone on parental leave, or are otherwise in transition? Unsure if you should renew? Staying involved is easier with reduced fees for retired and currently unemployed members.

Letting your membership lapse, even briefly, can have serious legal consequences. Renew early for peace of mind.



www.rnao.org

fax: 416-599-1926

phone: 1-800-268-7199

or 416-599-1925

Registered Nurse

JOURNAL

VOLUME 16, NO. 4, JULY/AUGUST 2004



THE LINEUP

EDITOR'S NOTE	4
PRESIDENT'S VIEW	5
MAILBAG	6
EXECUTIVE DIRECTOR'S DISPATCH	7
NURSING IN THE NEWS	8
NURSING WEEK 2004	23
POLICY AT WORK	26
CALENDAR	27



Registered Nurses
Association
of Ontario

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

FEATURES

- 10 EAST MEETS WEST**
By Anila Sunnak
Integrating the traditional healing arts of the East with conventions of nursing practice in the West has its challenges.
- 14 RNs REJECT CUTS**
By Anila Sunnak
In just one example of advocacy and political action, Ottawa nurses pull out all the stops to save public health nursing positions in our nation's capital.
- 16 ACCEPTANCE AND HOPE**
By Mitzi Grace Mitchell, RN, BScN, BA, MHS, MN(C), GNC(C)
In an original poem, Mitchell reveals just how delicate the pyramid of life can be.
- 18 LABOUR OF LOVE**
By Jill Shaw
Tilda Shalof tells *Registered Nurse Journal* how she hopes fellow nursing colleagues will be inspired by her book, *A Nurse's Story*.
- 20 JOURNEY OF CARING**
By Sylvia van der Weg, RN, MA(ED), and Lynn Hoath, RN, MScN
Nursing students visit the Dominican Republic for a first-hand look at the struggles of a population with limited access to health care.
- 21 THE ART OF NURSING**
By Anila Sunnak
One resourceful and passionate psychiatric RN harnesses her artistic interests to help mental health patients use their own creativity to build healthy lives.
- 22 RN PROFILE**
By Jill Shaw
Linda Campbell, winner of the third annual *Toronto Star Nightingale Award* shares her feelings of pride working with patients who are nearing the end of their lives.

**The journal of the
REGISTERED NURSES ASSOCIATION OF
ONTARIO**

438 University Avenue, Suite 1600,
Toronto ON M5G 2K8
Phone: 416-599-1925 Toll-Free: 1-800-268-7199
Fax: 416-599-1926
Web site: <http://www.rnao.org>
E-mail: info@rnao.org
Letters to the editor: letters@rnao.org

EDITORIAL STAFF

Lesley Frey, Acting Publisher
Kimberley Kearsley, Acting Managing Editor
Jill Shaw, Editorial Assistant

EDITORIAL ADVISORY COMMITTEE

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

DESIGN, ART DIRECTION, PRODUCTION

Tammy Hunter/Ireland+Associates

ADVERTISING

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

SUBSCRIPTIONS

The *Registered Nurse Journal* is a benefit to members of the Registered Nurses Association of Ontario. Paid subscriptions from others are welcome. Subscription rate (six issues): Canada \$36 per year. Outside Canada: \$42 per year. Publications Mail Registration No. 10239.

Agreement No. 4006768, ISSN 1484-0863. Printed with vegetable-based inks on recycled paper (50% recycled and 20% post-consumer fibre) on acid-free paper.

The *Registered Nurse Journal* is published six times a year by the Registered Nurses Association of Ontario. 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.

RNAO OFFICERS AND DIRECTORS

Joan Lesmond, RN, BScN, MSN
President ext. 204

Adeline Falk-Rafael, RN, PhD
Immediate Past President ext. 202

Doris Grinspun, RN, MSN, PhD (Candidate)
Executive Director ext. 206

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

Nancy Campbell
Director, Finance and Administration ext. 229

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

Lesley Frey
Acting Director, Communications ext. 209

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



www.rnao.org

Editor's Note

Shaping today with tradition old and new



Too often in our daily lives we forget that tradition is a part of everything we are, and everything we will become. It's invariably present in our professional and personal lives, yet it is something we rarely consider in the context of day-to-day living.

In this issue of *Registered Nurse Journal*, we explore traditions that take us back hundreds of years, traditions that date to the early part of this century, and yet others that are still very young, only just the seeds of what will soon become commonplace.

Our cover feature explores traditional healing arts and how Ontario's registered nurses can partner holistic Eastern theories with the conventions of Western nursing practice. Our case study about public health cutbacks in Ottawa conjures up images of nursing's long tradition of speaking out on behalf of patients, just as Florence Nightingale spoke up on behalf of the profession more than a century ago.

We also look at some newer traditions in nursing. For the fourth consecutive year we share with readers the highlights of RNAO's *Take Your MPP to Work* event. We recap the events of Nursing Week, a Canadian tradition launched in 1985, 14 years after ICN declared May 12 International Nurses Day. And we take a trip to the Dominican Republic with nursing students and their professors who have watched their annual pilgrimage to the south grow each year since its beginnings in 1996.

And then there are the traditions we don't realize we are creating. The ones that – with the right amount of perseverance and passion – will define who we are tomorrow. Initiative and inspiration as we see in Tilda Shalof, author of *A Nurse's Story* (pg. 18), and Lisa Brown, founder of the *Workman Theatre Project* (pg. 21), are just the ingredients we need to inspire new traditions we can all be proud of.

Kimberley Kearsley
Acting Managing Editor

Building knowledge, strength behind and beyond prison walls



Nursing Week 2004 presented many memorable opportunities to tour health-care facilities and to meet nurses across Ontario. One invitation came from the nurses at

the Kingston Penitentiary, inviting me for a first-hand look at one of Canada's oldest prisons. Since I was already fully booked for Nursing Week, the visit took place later, on June 24.

This visit marks my introduction to health care in a prison setting. It was a real eye-opener, emotional and particularly overwhelming.

As I entered the prison, the feeling I experienced as the doors closed behind me is one I'll never forget. It felt very final as the doors swung shut behind me. The first thing that came to my mind was 'how do we support nurses walking through these doors every day?' We know the need for care is there, but the need for support to colleagues providing the care is also vital.

This visit brought into sharp focus the work nurses do behind prison walls – an environment that few of us truly understand.

But corrections nurses are not all that different from you and me. In fact, like many of our colleagues, these nurses practice in specialty areas such as palliative care, dialysis and mental health. Some have been in the prison setting for 17 years or more. It takes a special group of nurses to do that job, and it takes a visit to the prison setting to truly understand what it means to work with this population.

They are a sector that is funded primarily by the federal government and one that feels it needs more support – financial and otherwise. Corrections nurses with whom I have spoken feel they are marginalized and

have been forgotten. With the federal election behind us, Prime Minister Paul Martin and the Liberal government must be held accountable for promises made to address health care as a priority over the coming years – and part of that is addressing the quality of worklife for RNs both behind and beyond prison walls.

RNAO will push to make sure corrections nurses get the support they need. We will also play a vital role in offering other

“Nursing Week is just one week out of the year to step back and recognize the profession as a whole. But it is certainly not the only opportunity we have to take the time to understand what our colleagues and fellow nurses do.”

forms of support to these nurses. My visit to Kingston in June reminded me just how much nursing has changed, and how important it is to equip nurses with the tools to deliver care regardless of the environment. RNAO's Best Practice Guidelines (BPG) do that very well.

When I visited Kingston I brought along the BPG on maintaining professional boundaries, vital if nurses are to function effectively yet professionally in any practice environment. Other BPGs that serve our colleagues in this setting focus on client centred care and therapeutic relationships. Indeed, these and other BPGs serve the

prison environment as well as they serve all other environments.

During Nursing Week 2004, I joined several MPPs for visits to nurses' workplaces across the province. My role was to act as a conduit for politicians to better understand what nurses do day-in and day-out. I recognize just how important it is not only to educate politicians about the role of nurses but to also educate our peers and ourselves about the work we do. Nursing Week provided the perfect opportunity for me as your new president to get to the frontlines and to learn as much about the various nursing roles as the politicians I was accompanying.

One of the most important lessons I took away from my visit to Kingston Penitentiary was that there are some prisoners who really want to get well. And there are nurses trying to make that happen. The nurses with whom I visited also helped me realize not everyone in the prison setting is a prisoner – many are fellow nurses who care for some very ill people in our society. Those nurses, like all nurses, need to be recognized for the hard work they do.

Nursing Week is just one week out of the year to step back and recognize the profession as a whole. But it is certainly not the only opportunity we have to take the time to understand what our colleagues and fellow nurses do.

I hope to have the opportunity year round to continue my exploration of the diverse and multifaceted workplaces that define nursing today, and to become a stronger and more understanding nurse for it. This experience surely will enhance my ability to represent registered nurses more effectively as your president.

JOAN LESMOND, RN, BScN, MSN IS
PRESIDENT OF RNAO



Mailbag

Nurses must protect themselves from hazards

Re: Nursing's History of Hazards, March/April 2004

I agree that we need to change the attitude of those nurses who accept hazards as "part of the job." It is difficult to do so when our society appears to have the same perception.

Nurses should be given the same protection against violence as any other profession that works with the public. We need stricter laws to make the public think twice before they decide to harm a nurse.

Protecting nurses from musculoskeletal and back injuries is also important, but it troubles me to know that "there will always be nurses who find that in the course of providing care they may be required to ignore these policies to get the job done." We have to stop undervaluing ourselves. Nurses understand that prevention is important regarding caring for other illnesses, but we neglect to take this information and instill it into our own practice.

We can change the public's perception of nursing when we value and protect ourselves from these hazards first. This will create a society that values its nurses and will help to protect future generations of nurses from the hazards we face today.

Sonia Perez, RN
Mississauga, Ontario

Reducing peer violence may curb violence from patients

Re: Nursing's History of Hazards, March/April 2004

I would like to thank RNAO for the article *Nursing's History of Hazards*. The statistics presented were startling and are important to consider at a time when recruitment and retention are a central focus within Ontario and Canada.

Workplace aggression contributes to the

loss of many experienced nurses. For this reason it is important that research and education identify the high level of occupational violence. It is also important to look at how the organizational culture can foster an environment that supports violence and protects the perpetrator of aggressive behaviour.

Horizontal (or peer/colleague) violence within the profession is another significant issue. A 2003 study found that horizontal violence is experienced by seasoned nursing staff and nursing students across all clinical settings. It has been noted in research that nurses found aggression from colleagues caused more stress than other sources of aggression.

To confront the problem, perhaps we need to adopt conservative U.S. criminologist James Wilson's broken window theory, which predicts that if a broken window is left unfixed, chances are the rest of the windows on the street will also end up smashed. If the window is mended, people's sense of civic responsibility is upheld and the rest of the street will remain undamaged. Similarly, if we reduce the violence we accept from each other, patients may perceive they have entered an environment where violence is neither acceptable nor tolerated.

Catharine Lowes, RN
Fonthill, Ontario

Expose students to complexity of elder care

Re: A career in geriatric nursing, May/June 2004

I applaud Jennifer Hammers' article endorsing quality care for the elderly. The majority of patients that nurses are going to encounter now, and in the future, are elderly. One of the sources for the negative view of geriatric care is nursing education programs. Many use gerontology as the first clinical placement when students do not

have any real depth of nursing knowledge. As a result, students tend to do bed baths and learn to "communicate" with patients. These clinical experiences paint a poor clinical picture of what gerontology truly has to offer. Opportunities ought to be presented later in the academic program when students can appreciate the complexity that geriatrics offers. All entry level, academic nursing programs must reassess the possibilities for introductory clinical rotations in an effort to promote care for the elderly.

Brian Ericson,
Graduating nursing student
Toronto, Ontario

Misplaced perceptions of geriatric care are slowly dissipating

Re: A career in geriatric nursing, May/June 2004

It was refreshing and reassuring to read Jennifer Hammers' perspective on gerontological nursing. As a relative newcomer to the Complex Continuing Care (CCC) environment, I am amazed how few new or recent grads choose CCC as a career starting point.

CCC is rapidly becoming an acute medical environment. Patients are younger, more complex, and cognitively intact. This is largely due to the advances in medical treatment for chronic illnesses.

Our clients deserve nurses, old or young, who are educated, well supported through mentorship and continuing education, and who have a genuine love and respect for our client population and their circle of support.

Maggie Bruneau, RN
Toronto, Ontario

WE WANT TO HEAR FROM YOU.

Please e-mail letters to letters@rnao.org
or fax 416-599-1926.

RNAO membership is your key to personal growth



In June, while flying back to Toronto from the Canadian Nurses Association's (CNA) biennial convention in St. John's, a nursing colleague seated next to me was talking

about the daunting task of tracking current events and asked how I keep up with trends and issues in the nursing and health-care sectors. Indeed, there is a plethora of news stories, research studies, legislation and practice changes to monitor and inform. And at times, it can be a colossal undertaking.

As your executive director, I take most seriously my responsibility to be an informed representative of the nursing profession. Another equally important responsibility in this role is to help RNAO members become socially aware and politically active ambassadors for our profession.

I've often been asked, 'how does a busy RN, balancing an already awesome and often overwhelming roster of responsibilities, keep up with this steady stream of information?' The answer is quite simple: maintain membership in your professional association and you are guaranteed to be in-the-loop.

At RNAO, August marks the beginning of our annual membership drive during which time we call on members to renew their membership as well as encourage nursing colleagues to join the association. During this time, members are reminded of the many tangible benefits of membership in RNAO: career counselling; Legal Assistance Program (LAP); employee relations; liability protection from the Canadian Nurses Protective Society; automatic membership in the Canadian Nurses Association (CNA); and *Registered Nurse Journal* just to name a few.

What may not be so explicit in these reminders are the intangible yet equally

important benefits of RNAO membership such as personal growth, social awareness and political activity. Simply checking your e-mail or reading the latest issue of *Registered Nurse Journal* will provide you with insight into provincial nursing and health-care issues and introduce you to the wealth of resources available to members. When you join RNAO, you join a diverse group of more than 20,000 RNs as eager as you are to improve health care in Ontario. Just as nurs-

**“As an RNAO member,
the potential for
mentorship and learning
new skills is boundless
and will contribute to
your personal and profes-
sional well-being.”**

es go to school to acquire clinical knowledge to provide exquisite care, **all** RNs should join RNAO to broaden their knowledge of current issues and events in nursing and health policy.

Membership affords you the opportunity to network and participate in educational and leadership activities. Involvement in your local chapter, region or interest group hones your leadership skills, advances your career and connects you with many influential nursing colleagues.

In exchange for your support, RNAO endeavours to influence government, employers and other decision-makers as well as represent the issues, concerns, ideas and aspirations of RNs in all sectors and roles. We also promise to keep you abreast of trends and issues from across the province to ensure you are an engaged and informed

ambassador for the profession and for healthy public policy.

As a member of RNAO you are better prepared to engage your family and friends in discussions about nursing, health and social issues. By reading the journal or RNAO's monthly e-newsletter, *In the Loop*, you can inform the debate about primary health-care reform in your community or convince your MP or MPP that Medicare is the best deal for Canadians.

I want to thank my colleague on flight 635 from St. John's to Toronto for bringing this important question to the forefront. As the pace of nursing and health-care reform continues at breakneck speed it is more critical than ever for RNs to be informed ambassadors of the profession and the best interests of Ontarians. And RNAO can – and will – be with you every step of the way.

I would also like to thank RNAO's more than 20,000 members for their ongoing support, and ask that you renew your membership before Oct. 31 and invite colleagues to join the RNAO family. RNAO works tirelessly to ensure the public, politicians, employers, and health-care stakeholders hear the nursing community's voice – whether it be in the media, in front of standing committees of the provincial legislature, or at the Council of the Federation's strategic planning meeting.

As an RNAO member, the potential for mentorship and learning new skills is boundless and will undoubtedly contribute to your personal and professional well-being. At the collective level, the stronger and more influential your professional association, the stronger you become as a professional nurse.

Renew your RNAO membership today to reap the personal and professional rewards of membership in your professional association.

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

Nursing in the news

RNAO & RNs weigh in on . . .

The need for more nurses

- In the *Toronto Star* Nursing Week special section, RNAO president **Joan Lesmond** pointed out that more full-time nurses mean better patient care. "If a nurse is working full time in one area, there are definite benefits such as enhanced quality of care." (*Toronto Star*, May 8)
- RNAO executive director **Doris Grinspun** said there are plenty of nurses in Ontario, but they are under utilized (*St. Catharines Standard*, May 15).
- RNAO member, **Wendy Nicklin**, told *The Globe and Mail* that a high nurse-to-patient ratio is crucial to keep patients safe. "The fact is, hospitals are nursing institutions . . . Patients are admitted because they require nursing care. The doctors can come and go but the nurses have to be there." (May 10)

Easing the nursing shortage

- RNAO members across Ontario reacted to the Ministry of Health's announcement of \$50 million to keep experienced nurses working, and recruit and retain new nurses. Executive director **Doris Grinspun** said she believes the Liberals are committed to ensuring 70 per cent of RNs have full-time jobs. (*Richmond Hill Liberal*, June 10).
- RNAO's reaction was also covered by the *Kenora Daily Miner & News*,

Brockville Recorder and Times, and *Kitchener-Waterloo Record* (June 4).

- **Karen Fleming** welcomed the money Royal Victoria Hospital will receive. "It's a win-win situation for new nurses, the public and our more experienced nurses." (*Barrie Examiner*, June 4)

Educating politicians

Throughout Nursing Week, RNAO chapters showed local MPPs a day-in-the-life of an RN during the fourth annual *Take Your MPP to Work* initiative.

- RNAO president **Joan Lesmond's** visit to a Kenora nursing home with provincial NDP leader **Howard Hampton** and local RNAO members received local coverage (*Kenora Daily Miner & News*, May 17).

- RNAO member, **Kimberly Peterson**, told the *Cornwall Standard-Freeholder* that events like *Take Your MPP to Work* are good learning experiences for politicians and the public. "We want people to recognize the wide range of responsibilities for which nurses are accountable, and to recognize the important, often sensitive, interactions nurses have with people in need of care." (May 15)

Celebrating Nursing Week

Several major papers celebrated the diversity of the profession during Nursing

"It's a win-win situation for new nurses, the public and our more experienced nurses."

– Karen Fleming,
The Barrie Examiner

Week. This year's Nursing Week poster campaign emphasizing the need for a strong elder health and elder care strategy was covered by the *Toronto Star* and *CKTB AM - St. Catharines* (May 8).

- RNAO member, **Daniel Bois**, told the *Toronto Star* more men in nursing will make the profession more diverse (May 8).

- **Lois Scott** and **Connie Kuc** shared the promise of telehealth services for rural areas with *The Globe and Mail* (May 10).

- RNAO student member, **Maureen Colledge**, authored a column celebrating the work nursing students do on a daily basis (*Lakeshore Herald News*, April 16).

- RNAO members, **Lorna McLeod**, **Alana Halfpenny** and **Nora Boyd**, participated in a panel discussion about nursing and the health-care system on *CHOK AM - Sarnia* (May 11).

- **Lynda Monik** discussed the nursing shortage and local Nursing Week celebrations in an interview with *CKLW AM - Windsor* (May 10).

- RNAO members, **Beverley Simpson**, **Judith Skelton Green** and **Julia Scott**, explained that cultivating leadership skills among nurses helps them climb the career ladder (*Toronto Star*, May 8).

- RNAO member, **Chris Jones**, explained the role of an ER nurse to the *Scarborough Mirror*, "We are the jack of all trades and the master of nothing." (May 14)

- RNAO member, **Pat Somers**, said awards presented at Windsor's Hotel-Dei Grace Hospital during Nursing Week acknowledge the tremendous efforts of nurses all year long (*Windsor Star*, May 12).

"The results of this report should give pause to policy-makers and administrators who rely on casual, part-time and agency nurses, which inevitably reduces continuity of care."

– Joan Lesmond,
Toronto Sun

First Liberal provincial budget

- RNAO reaction to the Liberal government's first budget was covered by the *Kenora Daily Miner & News*, *Brockville Recorder and Times*, *Toronto Star*, *St. Catharines Standard*, *Welland Tribune*, *Canadian Press*, and *Toronto Sun* (May 19).
- RNAO member, **Eleanor Maslin**, was pleased the budget included more money for long-term care facilities (*Brantford Expositor*, May 20).
- RNAO member, **Cheryl Forchuk**, told the *Brantford Expositor* the budget's aim to create 8,000 nursing positions is long overdue (May 19).
- **Pat Doyle-Pettypiece** said money set aside for bed lifts will prevent injuries in nurses and ensure patients get appropriate care (*Globe and Mail*, May 19).
- In a letter to the editor, RNAO member, **Saverina Sanchez**, said she doesn't mind paying more to preserve health care, but the health premiums place a greater financial burden on the poor than the rich (*Toronto Star*, May 19).

More money for long-term care

- RNAO president **Joan Lesmond** was pleased the provincial government will spend \$191 million to hire new staff, including at least 600 new nurses, to ensure residents can access an RN 24-hours-a-day (*Toronto Sun*, May 12).
- RNAO member, **Paul-André Gauthier**, responded to the announcement on *CJBC AM - Toronto* (May 11).

Bill 8

RNAO's criticism of Bill 8, *Commitment to the Future of Medicare Act*, for failing to address the expansion of home care, pharmacare and primary health care or to stop the creeping privatization of health care was covered by *The Daily Press* (Timmins), *Peterborough Examiner*, *London*

Free Press, *Orillia Packet & Times* and *Kenora Daily Miner & News* (May 4).

2004 federal election

As June's federal election progressed,

RNAO members offered their expert opinions on health issues:

- RNAO executive director **Doris Grinspun** wrote a letter to the editor calling on the Prime Minister to make a firm commitment to medicare (*Toronto Star*, June 1).
- **Cathy Crowe** offered her perspective to *The Globe and Mail* on the number of homeless who have died since 1996 after the issue became a political minefield early in the campaign (May 28).
- **Kathy Hardill** authored a piece in the *Toronto Star* pointing out that a lack of affordable housing is the main challenge facing Canada during the election campaign (May 24).

Patient safety

RNAO members responded to Dr. Ross

Baker's study that found over 23,000 patients have died as a result of preventable medical errors:

- In the *Toronto Sun*, RNAO president **Joan Lesmond** and executive director **Doris Grinspun** pointed out that the lack of full-time nurses directly affects patient safety. "The results of this report should give pause to policymakers and administrators who rely on casual, part-time and agency nurses,

which inevitably reduces continuity of care," Lesmond said (May 27).

- **Wendy Nicklin** told the *Globe and Mail* that patient safety can be improved through simple steps like providing

patients with rubber-soled socks, or using a computerized system to order drug doses (May 25). Nicklin also told the *Toronto Star* the culture of blame must stop for safety to improve.

"The fact is, hospitals are nursing institutions ... Patients are admitted because they require nursing care. The doctors can come and go but the nurses have to be there."

– Wendy Nicklin,
The Globe and Mail

"Individuals aren't going to report if they think there's going to be finger-pointing." (May 23)

Implementing best practice guidelines

- Orillia's Soldiers' Memorial Hospital's participation in the implementation of a guideline for the care of children with asthma was covered by *The Packet & Times* (Orillia), and *Orillia Today* (May 11, 14).
- RNAO members, **Janice Elliott**, **Lorena Harvey**, **Pat Patterson**, **Cheryl Forchuk** and **Jennifer Scarfe-**

Brideau, received coverage from the *Fanshawe News* upon their receipt of funding to integrate BPGs into nursing education curricula by developing online modules for students (May 21).

Defending medicare

- RNAO member, **Ross Sutherland**, advocated for public health care in a Q&A with the *Kingston Whig-Standard*. "Wherever private health care is involved, it costs more, provides less care and doesn't improve access." (May 22)
- **Sutherland** also told the *Kingston Whig-Standard* Canadians should be concerned about the case before the Supreme Court of Canada challenging the constitutionality of the *Canada Health Act*. "I just assume we're going to win it ... Certainly if we lost it, it would be a shattering of the (health) system." (May 28)

For complete versions of any of these stories contact Jill Shaw at jshaw@rnao.org.

"Wherever private health care is involved, it costs more, provides less care and doesn't improve access."

– Ross Sutherland,
Kingston Whig-Standard

East meets West

Integrating
complementary
therapies into
nursing practice.

Increasingly, many Canadians are choosing therapies once considered on the fringe of our health-care system; among them, massage, homeopathy and acupuncture. A 1999 study cited by Health Canada shows 40 to 50 per cent of the population uses some type of complementary or alternative therapy. And a 2001 study indicates 75 per cent of us turn to one or more natural health products.

With this increasing interest in complementary and alternative care, where do nurses fit into the mix?

The use of complementary therapies (CT) by nurses raises some complex issues, primarily because many CT practices are not embraced by conventional medicine. Despite the public's interest in swinging towards a more holistic approach to care, the melding of the traditional healing arts of the East and the modern conventions of the West still has a way to go.

According to an August 1999 York University study entitled *Complementary and Alternative Health Practices and Therapies, A Canadian Overview*: "The crux of the debate surrounding these therapies centres on the issue of evidence regarding their efficacy. This debate is complex

and goes to the roots of our assumptions about the scientific process and what counts as knowledge."

If knowledge can be defined as a long history of safe use, therapies such as acupuncture, massage and homeopathy have already been well tested in other countries. In fact, the World Health Organization

(WHO) has found 80 per cent of the world uses CT and alternative therapies as traditional or mainstream medicine. There has been, however, very little comprehensive Canadian research.

Despite the lack of modern scientific evidence, Canadians continue to use these less conventional methods of care and healing. The same York University study noted

"CAHC (complementary and alternative health care) is a consumer-driven phenomenon and in reality, it will likely continue to increase exponentially."

Some theorize that interest in these practices is growing because conventional medicine fails to meet the needs of health consumers, particularly in the treatment of chronic illness, in proactive health and wellness health care, and in addressing the changing consciousness among patients wishing to take charge of their own health.

According to Health Canada's Health Care Network Web site (www.hc-sc.gc.ca), Canadians are willing to spend big, to the collective tune of roughly \$3.8 billion, mostly out-of-pocket, for what they see as

kinder, gentler health and wellness aids. The

most common types of complementary practices in use today are chiropractic (36 per cent), relaxation techniques (23 per cent), massage (23 per cent), prayer (21 per cent), herbal therapies (17 per cent), special diet (12 per cent), folk remedies (12 per cent), acupuncture (12 per cent), yoga (10 per cent),

Nowhere are the walls falling faster than in the field of human health, for it is becoming abundantly obvious that the traditional healing arts of the East and modern medical technology of the West are complementary branches of the same tree...

The Complete Book of Chinese Health and Healing
Daniel Reid, 1994

Illustration: Jennifer Downey



self- help group (eight per cent), lifestyle diet (eight per cent), and homeopathy (eight per cent).

Against this backdrop of increasing patient demand, RNAO's Complementary Therapies Nurses Interest Group (CTNIG) formed almost two years ago. Its 162 members, mostly practitioners and students of varying CT practices, are devoted to raising nurses' awareness and acceptance of complementary therapies for professional and personal use.

CTNIG chair Darka Neill emphasizes the group's support of CT within the context of holistic nursing practice and the College of Nurses of Ontario's (CNO) scope of practice for nurses. It also supports the use of complementary over alternative approaches. Although the terms 'complementary' and 'alternative' are often used interchangeably or together, there are significant differences between their meanings.

In very basic terms, 'complementary' refers to those practices or interventions that are used in conjunction with conventional western health-care practices (often in hospital settings), whereas 'alternative' refers to those therapies used alone or instead of conventional medical treatments (in private clinics by specialized CT practitioners). According to Neill, these definitions are constantly evolving as popularity and attention to complementary and alternative practices grows. 'Alternative' and 'complementary' therapies can move into the mainstream as they become more widely researched and accepted by conventional medicine.

'Integrative health care' is a term often used to describe the melding of these two worlds.

"Holistic or integrative nursing helps nurses fulfill health promotion and prevention goals," says Neill. "Holistic nursing addresses the mind-body-spirit to promote a sense of well-being, control and quality of life that empowers the individual."

Neill is both an RN and a therapeutic touch practitioner recognized by the Therapeutic Touch Network of Ontario. Therapeutic Touch (TT) is one of the more institutionally accepted and researched CT practices in Canada, recognized in nursing policies and procedures in major Canadian hospitals and some nursing school curriculum. According to Evelyn Smith MacKay, president of the Therapeutic Touch Network of Ontario, TT is used in hospitals in Toronto, Guelph, London and Hamilton. She cautions, however, that it's hard to get a documented sense of the overall acceptance and use of TT in Ontario or Canada as hospitals don't generally make internal policy guidelines open for public scrutiny. Based on anecdotal

"Holistic nursing addresses the mind-body-spirit to promote a sense of well-being, control and quality of life that empowers the individual."

feedback from members, she says: "My sense is that TT is widely used across Ontario, especially in bigger centres."

In TT the practitioner moves her/his hands over the patient's body (not necessarily touching) to balance out the individual's energy field to promote self-healing. According to the Therapeutic Touch Network of Ontario, it has been proven useful in helping with a range of chronic and acute conditions, including stress and anxiety, cancer, MS, arthritis, mental illness, cardiovascular disease, palliative care, and AIDS. "I have observed firsthand the profoundly positive effects of TT on many patients, increasing relaxation and wellness," reports RN Jodi Cole, clinical facilitator and therapeutic touch liaison at Toronto East General Hospital.

Sheila Lewis is a nurse, Healing Touch Practitioner (HTPA), CT advocate, and assistant lecturer at York University's School of Nursing. She emphasizes that CTs are not just individual techniques but "a way of being" with a patient. "A centred, authentic, caring nurse is better able to facilitate a patient's own self-healing," she explains. "All complementary or integrative therapies must be ethically and morally grounded, and it goes without saying that nurses have to work within CNO's scope of practice for nurses. As the most trusted health-care

CTNIG resolution defeated at 2004 AGM: A response

Complementary Therapies Nursing Interest Group (CTNIG) chair Darka Neill says that since the group's inception in September 2002, CTNIG has focused on raising awareness among nurses and the public about holistic nursing and CT practices. The recent defeat of a CTNIG resolution (at the 2004 AGM) asking RNAO to lobby colleges and universities to include content on complementary therapies (CT) as part of core nursing school curriculum, indicates more work has to be done. "We have been given a clear message about the direction of our work. We need to connect with other RNAO interest groups to understand their concerns. We

need to connect with all nurses to educate them about the obvious shift in health care from a mechanistic, medical model to a more holistic healing model."

Neill strongly believes that CT must be featured prominently in core nursing curriculum because it crosses all specialties and is key to the future direction of health care. "As knowledge workers and health-care stakeholders, we have an important voice to add and a role to play in the education of our clients about CT and its provision in integrative health care."

RNAO board member, Paul-André Gauthier, who teaches nursing in Sudbury, spoke against the CTNIG resolution at the AGM in April. "Given all we have to cover in nursing curriculum today, especially with major public health needs and threats, and

the limited number of (teaching) hours, I just don't think it's realistic to add complementary therapies to the mix," he says.

While Gauthier supports elective courses to raise the general level of nursing knowledge about CT, he emphasized the need for more research or evidence on the effectiveness of complementary and alternative health practice.

"I've seen dying cancer clients spending their last hope and dollars on CT and alternative therapies that don't work," he states. "We just need to be clear as nurses that we are using and recommending credible alternatives that have strong evidence and research behind them." —A.S.

profession, we have to be clear that we know what the limits and possibilities are in this area.”

Angela Peters is certified in holistic nursing, healing and therapeutic touch, and hypnotherapy. Working with associate Linda Barkhouse to chart new “integrative” pathways in pain management, she uses a combination of complementary therapies (i.e. TT, hypnosis, guided imagery, visualization, and deep breathing) to treat patients usually referred by a consulting psychologist. Much of this CT is covered through insurance plans or OHIP. Patients participate in a 12-session schedule, with part of this treatment devoted to CT therapies depending on their needs.

According to Peters, a Windsor RN, the lack of communication and coordination between CT and conventional health-care practices/experts is concerning to nurses working in CT. She believes it should also concern the profession in general, not only because poor communication creates workplace confusion, but also because it may end up hurting patients. The 1999 York University study noted above found that many Canadians are using alternative and complementary health practices without informing their doctors. Greater acceptance within the conventional system would lead to more openness, and better research on how both sides can work together to avoid side effects and ultimately build on the effectiveness of both approaches.

Lewis believes, “It’s important that nurses know about CT for possible referral and treatment for patients, but also as a way to renew themselves.” If nurses take better care of their inner lives, she says, they have more care and nurturing to give out.

According to Neill, CTNIG couldn’t agree more with Lewis. “Given the high pressure and workload in nursing today, it’s important for nurses to use some of these therapies to prevent burn-out and promote relaxation in their own lives.” RN

ANILA SUNNAK IS A
FREELANCE WRITER
IN TORONTO.

For more information on complementary and alternative medicine

- www.rnao.org (link to CTNIG)
- Health Canada, Health Care Network www.hc-sc.gc.ca
- Therapeutic Touch Network of Ontario
www.therapeutictouchnetwork.com
- Complementary and Alternative Health Practices and Therapies, A Canadian Overview, August 1999
www.yorku.ca/research/ychs/html/publications.html
- Canadian Nurses Association, Nursing Now (July '99)
www.cna-aicc.ca
- Canadian Holistic Nurses Association
www.can-nurses.ca
- College of Nurses of Ontario (CNO), Practice Guideline, Complementary Therapies, 2004
www.cno.org



What are complementary and alternative therapies?

Complementary and alternative therapies refer to complete systems of medicine, such as Aboriginal healing and traditional Chinese medicine, or individual interventions – physical/spiritual/pharmacological. As many as 4,000 different practice or discipline areas have been catalogued including: reflexology, chiropractic, therapeutic massage, homeopathy and herbalism. (Health Canada)



College of Nurses of Ontario (CNO) on CT

CNO provides this advice to nurses using complementary therapies: “Before providing a particular intervention, it is important to determine that the intervention falls within the scope of nursing practice, and that it is an accepted intervention, within the nurse’s role, at the agency where the nurse is employed. In deciding to provide a complementary therapy, nurses must understand they are accountable for determining the appropriateness of the therapy, given the client’s status, and for competently providing that therapy. Nurses function within recognized standards of practice, and the public expects that nurses will provide safe and ethical care.” (College of Nurses of Ontario, Practice Guideline, Complementary Therapies, 2004)

Common beliefs/values of complementary and alternative therapies

- work in conjunction with the body’s own self-healing mechanisms
- are “holistic”- i.e., treat the whole person
- involve the patient as an active participant
 - focus on disease prevention and well-being (Health Canada)



In just one example of advocacy and political action at the local level, a group of Ottawa nurses joined forces with other health-care stakeholders, organizations and concerned citizens to save public health nursing positions in our nation's capital, and to ensure much-needed public health services were not lost.



RNs reject cuts

A case study

IN March, the federal government announced its plan to create Canada's first Public Health Agency, signalling a new era of proactive planning and funding for this critical area. Although the mandate and leadership of this agency is in development, an active search is on for a new federal Chief Public Health Officer (CPHO). "This national and coordinated approach will help improve the health of Canadians by dealing with the epidemics of chronic disease, as well as ensuring we are ready in the event another serious infectious disease hits our shores," said then Minister of State (Public Health) Carolyn Bennett.

Meanwhile, in an ironic display of just how far apart federal and municipal politicians may stand on certain issues, the municipal government in Ottawa was in the midst of a much less optimistic public health tale, unfolding to the dismay of nurses in the nation's capital and beyond. As part of a plan to prevent tax increases in its 2004 budget, Ottawa council and Mayor Bob Chiarelli were looking to cut

\$109 million from the annual budget, which meant more than 100 core programs were up for review – everything from road and sidewalk operations to police and emergency services. In terms of nursing cutbacks, council was reviewing a proposal to cut 30 full-time public health nursing positions, or 20 per cent of the workforce.

The proposal left nurses reeling. "We could not believe what was being proposed – a devastating cut to public health nurses that meant a huge impact on our local promotion and prevention efforts as well as our capacity to respond to both emerging and urgent health issues. Worse still, there seemed to be no understanding on the part of key city managers of how these cuts would impact quality of life in the area," says Maureen Murphy, manager of the city's Family and Community Health Division, Public Health.

Ottawa nurses knew they had to let colleagues and concerned citizens know what was being proposed so they could speak out during public consultations about the budget. Lisa Ashley, a clinical nurse specialist for Ottawa Public Health, was a key link for information essential to get a successful grassroots awareness campaign off the ground. With the combined efforts of a number of individual nurses and established health-care stakeholder groups, a telephone and e-mail campaign was launched to inform fellow nurses and nursing groups across Ontario, and to mobilize support and resources for political action.

"It was scary to speak up as an employee of the city for fear of job consequences, but I knew it was imperative to let people know what was going on. Nurses have to speak up when nursing jobs are on the line to ultimately preserve the quality of our health care," says Ashley.

The Ontario Public Health Association (OPHA)

Illustration: Steve Adams/Illusion

agreed to support Ottawa nurses and sponsored a local satellite group, which would become known as the Ottawa Coalition for Public Health in the 21st Century (OCPH). The group issued its first press release in early January 2004.

Other nursing groups jumped on board by early January to offer their influence and expertise in the hopes of saving as many public health nursing positions as possible. Among them, RNAO and the Community Health Nurses Initiatives Group (CHNIG), Chief Nursing Executive Officers of Eastern Ontario, nurse-researchers and the Canadian Nurses Association, the University of Ottawa School of Nursing, local school boards, community coalitions, community networks and private citizens.

Nurses from all sectors took advantage of a full spectrum of political action tools: disseminating information to their organizations, contacting local and provincial politicians, writing letters to the media, speaking up at public consultations and attending budget deliberations.

RNAO, working in close partnership with OCPH, offered its resources and lobbying expertise with its own letters to the editor and joint press releases. RNAO's region 10 communications officer Riek van den Berg helped local nursing groups define a simple and strategic message: "It was important for us not to be seen to be decrying the cuts because we were losing our jobs but because it would hurt the public," van den Berg says.

When the final cuts were announced March 24, 4.5 nursing positions were lost – significantly down from the original 30 proposed in early December. However, according to local nurses, the city was playing a public numbers game. In addition to the 4.5 in the official announcement, nine other nursing positions were lost to "administrative efficiencies," bringing the true total to 13.5, or eight per cent of Ottawa public health nurses. In total, six per cent of the public health budget was cut, including four other non-nursing positions. The Ottawa Public Health Unit is now the second lowest funded unit in the province.

"The health and safety of Ottawa citizens is at increased risk. Public health nurses keep people healthy and out of the hospital. We also play an essential role in the health of the community at all stages of life," says Ashley.

"Many families at risk use these critical public health services; the cuts especially affect the poor and marginalized who can't pay for other supports. The city's mandate to provide public health services under the provincial Health Protection and Promotion Act has been compromised," Ashley says.

"Nurses feel their work is not valued or respected," says Murphy. In fact, she believes government feels it would be easy to hire contract or agency nurs-

es in an emergency. "A public health nurse is one of the best deals in health care," she says of the invaluable contribution they offer to the people of Ottawa.

Some nurses fear the city's ongoing financial struggles and the low priority placed on public health may lead to more cuts next year. "When prevention efforts are successful, the consequences are unseen and our work becomes invisible and easier to cut. The benefits of public health services on life expectancy and reduced morbidity are long term, so the immediate benefits are harder to measure when you compare us to fixing a pot hole," says Ashley. She points out that budgets for policing, fire fighting and paramedic services rose during the 2004 budget process, a testament to the fact that Ottawa's municipal government may not see the value that public health and public health nurses bring to the health-care system.

RNAO president Joan Lesmond promises to be especially vigilant on the public health situation in Ottawa and in the province generally. "While we didn't save all the positions we wanted to in Ottawa – because even one nurse lost is too much – we did make a substantial difference. It's a good case study on how nurses can stand up to be counted. We have to continue to use all the lobbying tools at our disposal to make sure everyone understands how public health ultimately creates efficiencies in our health-care system."

Ashley, Murphy, CHNIG past-chair Yvette LaForêt-Fliesser, and others emphasize that public health nurses must promote their role to decision makers and the public. "People need to have a clear sense of how public health enhances the quality of life for families," LaForêt-Fliesser says, "by preventing children from getting diabetes; by educating Ontarians about diet and physical activity; by preventing injuries to children through public education and creating safe environments; by telling politicians how many mothers now know the importance of breastfeeding... Whatever it is, it has to be put in tangible terms."

Many public health nurses are gratified that efforts are underway at the national level to address pressing public health concerns. "I'm optimistic the creation of (Canada's) new agency signals new recognition of the importance of a national plan to deal with public health issues. I'd also like to see an equal focus on health promotion and disease prevention across the lifespan," says LaForêt-Fliesser.

For nurses in Ottawa and across the province, this case study offers one important message moving forward: never underestimate the capacity of nurses to mobilize and ensure their voices are heard. **RN**

ANILA SUNNAK IS A FREELANCE WRITER IN TORONTO.

THE FOLLOWING LETTER-TO-THE-EDITOR APPEARED IN THE OTTAWA CITIZEN, (Feb. 18, 2004)

Re: Budget blueprint cuts to be quick: Proposals worse than a "bomb" on city (Feb. 12)

The proposed cuts to public health services in Ottawa are simply unacceptable. And to get an entire community and its health-care providers outraged is completely irresponsible. Are we cutting programs to keep people healthy, in the face of all the governments' talks about moving to health promotion and disease prevention? When will the double-talk stop and the building of a strong and well-resourced public health sector begin? The Naylor report states that we have a shortage of public health nurses and other health-care professionals. Public health nurses are central to health promotion and illness prevention services. Yet, we will let go of many in Ottawa. We say enough is enough.

— Adeline Falk-Rafael, RN, PhD, past-president, RNAO

Acceptance



& Hope



Illustration: Rosemary Anne Mitchell

Nursing is a demanding profession. We must juggle the often conflicting demands of home, family, children, husbands and partners, patients, managers and doctors. Most nurses are compassionate, giving people who leave little time for self. This poem suggests that balancing act cannot go on indefinitely; if it does, some event precipitates the collapse of the pyramid of life. The first reaction is dismay and despondence, but there is often relief that something has stopped, that rest is possible.

As nurses, we must accept that we cannot be all things to all people. Once we have this acceptance, hope follows and a balanced life is possible. Acceptance and hope provide a stable foundation from which we can move forward. Once they are established, it doesn't matter what comes after; they will always be there, steady and dependable.

I balance at the top of the pyramid of my life,
And the blocks of life fit together – almost.
A slight shudder and they shift beneath me:
I strain and tense, balancing on my tiptoes.
Swaying like a ballerina, to hold on,
To hold the shifting blocks together a moment more.
Another jarring movement below me and
Again I balance and adjust to hold it together.
How long can I keep this balancing up?
I am getting so tired and my body aches,
Holding on to my mind and emotions – almost.
A major shudder and I tumble from my perch,
Sliding down the smooth slope to the bottom.
I sit on the solid ground and rest at last,
Watching all the blocks tumble and roll around me.
They lie scattered and toppled on end,
The pyramid of my life lies before me,
And I feel lost and forlorn – almost.

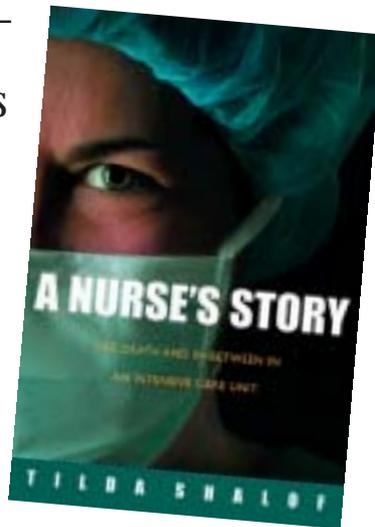
But wait, it feels good to rest at last
On the firm rock bottom of the earth –
It feels good to stop that continuous
Weaving and balancing – exhausting me.
I can take a deep breath now and rest – almost.
There the blocks lie, scattered and dark:
I see a little glimmer of light coming
Faintly from a new block near me:
I reach for it and clasp it to my throbbing heart.
It is so warm and comforting – acceptance.
I place it at my feet beside another block,
One that shines with a bright flame – hope.
With new strength I climb up now,
Sitting on these two steady bright blocks.
They are welded together and firm beneath me:
I do not have to balance: I can rest on them,
As contentment flows through me.
Other new blocks appear one by one,
And gradually I build another pyramid.
This pyramid may topple again, I know,
But now I have acceptance and hope in my heart:
I know I can rebuild my pyramid again
And yet again, when things fall apart – almost.

RNAO MEMBER MITZI GRACE MITCHELL, RN, BScN, BA (SOCIOLOGY), MHSc, MN (C), GNC (C), IS AN EDUCATOR AND PROFESSIONAL PRACTICE LEADER WITH THE LONG-TERM CARE AND VETERAN CARE DIRECTORATE AT SUNNYBROOK AND WOMEN'S COLLEGE HEALTH SCIENCES CENTRE IN TORONTO.

Labour of LOVE



Writing her bestseller, *A Nurse's Story: Life, Death and In-Between in an Intensive Care Unit*, was a labour of love for Tilda Shalof. In an interview with *Registered Nurse Journal*, Shalof describes how she hopes fellow nursing colleagues will be inspired by the book. She also hopes that by sharing nurses' work and experiences with the public, people will make better choices about their own care.



What inspired you to write *A Nurse's Story*?

A deep love for my profession inspired me to share my own personal experience in the hope that it might be part of a larger, collective truth. I set out to tell my own story, but quickly realized that I wanted to write about some of the colleagues and mentors that I have been blessed to work with. For the past 16 years, I have been working in the Medical-Surgical Intensive Care Unit (ICU) at Toronto General Hospital and while this book is not meant to be a portrait of that particular hospital, many of the experiences I have written about were drawn from these years.

Describe the writing process.

How did you transform so many of your personal anecdotes and experiences into a book?

Even though I've edited a nursing newsletter and I wrote a booklet for patients' families and visitors entitled *A Critical Time: Your Guide to the Intensive Care Unit*, this is my first, published book. The writing went smoothly over the two years that it took to complete the manuscript. My recollections were very strong. Entire scenes came up easily for me, perhaps because I have witnessed so much human drama and my responses have always been very strong. It has never washed over me, nor have I ever wanted to distance myself from it. *A Nurse's Story* is mostly organized along a timeline, interspersed with a few thematic chapters.

What is *A Nurse's Story* about?

The book is a personal chronicle of my journey from novice nurse to expert. It shows the professional lives of nurses, our working days and nights, the challenges and satisfactions in our work and, as well, its frustrations and stresses. It spans my career against the backdrop of changes in nursing theories, organizational shakedowns in Ontario hospitals, and the political upheavals that have affected health care. For example, I wrote about the

experience of being unable to find full-time employment upon graduation from the University of Toronto in 1983 and how in 1997, I was laid off. The book is also a very intimate story of my journey of choosing nursing, becoming a critical care nurse, and having the good fortune to work with a tight group of colleagues who have become very close friends. It shows how the nature of the work – and the hours that we keep – helped forge those bonds of friendship.

What is unique about this book?

It's a narrative told completely from the perspective of nurses. Journalists have written articles and books about nurses. Doctors have written about their careers and interesting patient cases. In my opinion, what is lacking on bookshelves is the voice and opinion directly from nurses. This book is my response to the challenge set out by Buresh and Gordon's book, captured right in the title: *From Silence to Voice: What Nurses Know and Must Communicate to the Public*.

Tell us about the key nursing and patient-care issues addressed in your book.

The responsibilities that nurses shoulder, the knowledge and skills we possess that help determine whether and how patients get better, and the way we as nurses use our inner resources and personalities as a therapeutic presence. Specifically related to my specialty of critical care, this book explores the use of technology to prolong life, caring for patients with infectious diseases such as SARS, caregiver burnout, and ethical issues such as quality end-of-life care, organ donation and transplantation, and allocation of precious resources.

You describe your book as honest. Why?

I set out to tell some difficult truths and confront issues that were not easy to confront. Some had never appeared in the mainstream press before, and certainly not from a nurse's

point of view. At times I felt I was revealing secrets about the profession, for example, what it feels like when you discover you've made an error, how you try to correct it, and make full disclosure to everyone involved. I've written about situations when I was not as empathetic or non-judgemental to patients as I wish I could have been. I wrote openly about some of our struggles and about the problems in our profession, such as the way we put ourselves down and perpetuate the role of the victim. I've also written about nurses' humour and how we often need that emotional release from the tensions of our work.

What was hardest about turning your experiences into a best-selling book?

For me, writing is an absolute joy. What's hard is editing, where one has to make lots of choices. When I write, I give myself a lot of freedom. When I sit down to sort it all out in the editing process, that's hard. An even greater challenge for me was facing the media. My publisher sent me on a book tour across Canada where I had to speak to reporters and appear on radio and TV interviews. My initial apprehension quickly fell away when I focussed on my mission, which was to be a good ambassador for nursing. I couldn't let my nervousness stand in the way.

Why would you say it's important for your nursing colleagues – not just the general public – to read this book?

It is affirming and validating for nurses to read about their work, and to see it receive the kind of public interest, commercial success, and media coverage that it's been getting. I hope when nurses see *A Nurse's Story* on a bestseller list, they will feel it is their triumph. I am someone who works at the bedside and who loves being a nurse and feels a great deal of pride for my profession. I hope this book will inspire other nurses who may be feeling disenchanted or dis-

couraged to reconnect with the reasons they went into the profession.

What kind of response have you received?

Nurses across the country have told me they are proud to see their work in print, written by one of their own. Nurses from all specialties and in a variety of roles have told me how it echoes their own experiences. Some nurses have expressed that they are impressed with the risks I have taken to be so honest. Many non-nurses have expressed to me that this book was eye opening; they had no idea nurses had such responsibilities, possessed such extensive knowledge and specialized skills, nor what it is really like, on a daily and nightly basis, to be a nurse.

What is your favourite section of the book?

I am most proud of the dedication, which is "to nurses everywhere." By that I mean all of us – RNs, RPNs, and nurses with degrees or diplomas.

Are you planning any promotional or speaking engagements over the coming months?

I make myself available to speak about the book or participate in any opportunity to address nurses or the public about these topics. I've been invited to speak at the upcoming RNAO Healthy Workplaces in Action conference in Toronto in November, and I'm looking forward to that.

Do you have any plans to write another book?

Absolutely. I'm also interested in collaborating with other nurses and assisting them to write their stories. I'm hoping that *A Nurse's Story* will start a trend toward the publication of many nurses' stories. Most nurses I know have at least a book's worth of material in them. RN

JILL SHAW IS EDITORIAL ASSISTANT FOR RNAO.

Journey of caring

Nursing students experience health care in the Dominican Republic.



Nursing student, Vashali Desai, assesses a baby at a one-day clinic on a sugarcane plantation near Bani. The clinic, the only opportunity this year for residents of this small community to receive assessment, treatment and medication, was set up April 25 and saw 120 people in less than 10 hours.

In 1996, while teaching at Lambton College in Sarnia, nursing professors Sylvia van der Weg and Marilyn Couture developed a course for second- and third-year students called *A Nursing Cultural Experience*. Thanks to a partnership with Rayjon Share Care Inc., a non-profit organization involved in development projects in the Dominican Republic, the college, over the past eight years, has offered approximately 80 students the opportunity to participate in annual, seven-day, hands-on trips to Bani, a small village on the Caribbean Sea.

Since van der Weg's move to Georgian College in 2000, a new group of nursing students in Barrie have participated in four trips south, the latest in April 2004.

"Poverty seems so distant and unreal," nursing student Regina Hernandez wrote in her reflective journal. "I take my education, my health and my (happiness) for granted. I had heard that this cultural experience would be life-changing, but I never knew to what degree..."

Prior to the group's 2004 departure on April 23, 15 nursing students organized themselves into self-selected groups to prepare. They generated publicity, gathered medical supplies, did fundraising, and educated one another about the Dominican culture and conditions within which they would soon find themselves nurs-

ing. Lessons in Spanish and team-building exercises kept students and four involved faculty busy for six months. And a poverty luncheon helped to build awareness of the experience of hunger.

All trip participants were responsible for paying for their flight, accommodation, meals and transportation. Each was responsible for filling two hockey bags with needed medications and supplies.

"This trip has enabled me to experience tremendous personal growth; it has allowed me to accept where I have been, appreciate where I am and envision where I am going in my life and my career," nursing student Catherine Hayhoe said.

While in the Dominican, students experience caring connections with local people in a variety of settings: clinics in sugarcane plantations; home visits; a malnutrition centre; a leprosy hospital; schools; and rural clinics.

Alexis Aubé, one of this year's students, shares her most profound experience: "The incident that really hit home for me was visiting with the man who had his leg amputated due to diabetes. He was screaming with excruciating pain because there were no painkillers available. His dressing was caked with dried up blood and pus...it was held on by masking tape. I think this resonated so strongly with me because I have been a diabetic for fourteen years. There I was with the most up-to-date technology for controlling this disease such as an insulin pump and blood glucose monitor, and there he was with an amputation that was not healing; alone, frightened, and in unbelievable pain."

During the week, students assess up to 800 people, ranging in age from four days to 93 years. Common medical conditions include: parasites, respiratory disorders, skin problems (scabies, large open wounds, fungal infections), joint and muscle pain, gastrointestinal problems, dehydration, malnutrition, anemia, hypertension, ear, nose and throat infections, and gynecological problems. A local physician prescribes medications brought by the group for people who cannot afford to buy them. During community visits, students encounter patients with mental health disorders and often advocate with local psychiatrists for treatment.

Students are met with open, friendly, smiling faces. "Each smile we received would go directly into your circulation and touch your heart, mind and spirit," Freda Poirier said of this year's experience. "These were the treasures we were able to bring home and will remain with us always."

Although the schedule is busy and there is little "down" time, trip organizers recognize the emotional impact of these interactions on students, and offer large group, small group and one-on-one opportunities to share, debrief and vent after each long day.

Next year Georgian College plans to extend the trip by one week. This will allow other nursing program faculty and local hospital nurses the opportunity to practice in a developing country.

For more information about the program, contact Georgian College at (705) 728-1968 ext. 1457. RN

SYLVIA VAN DER WEG, RN, MA(ED), AND LYNN HOATH, RN, MScN, ARE PROFESSORS OF NURSING AT GEORGIAN COLLEGE'S BARRIE, ORILLIA AND OWEN SOUND CAMPUSES.

The art of nursing

How one resourceful and passionate RN uses theatre, film and graphic arts to help people with mental health issues harness their creativity and build healthy lives.

“**I** focus on ability, not disability. I want to know where people want to go, not what mental illness or obstacle holds them back,” explains psychiatric RN Lisa Brown. As the artistic director and founder of Toronto’s *Workman Theatre Project* (WTP), Brown has found a rare calling that allows her to meld her nursing practice with her artistic interests.

Since its inception over a decade ago, the WTP has been a safe, creative space for artists to play, work and grow while coping with, or recovering from, mental illness. Many of its 200-plus artists who work in theatre, film, visual arts and music suffer from schizophrenia, bipolar disorder, depression, anxiety disorders or other forms of mental illness. The project got its name from Dr. Joseph Workman, the superintendent of the Provincial Lunatic Asylum (now the Centre for Addiction and Mental Health or CAMH) in the late 19th century.

With its distinctively progressive mission, WTP has attracted both national and international attention. In June, Brown was awarded the Meritorious Service Medal by Governor General Adrienne Clarkson. In the same month, Lieutenant Governor James Bartleman, an honorary patron of the Canadian Mental Health Association (CMHA), opened the Jean Simpson Studio at the Queen Street site that WTP calls home.

It’s clear Brown’s creative spirit is behind WTP’s success and survival. The dream started small with what you might call “institutional” theatre. In 1982, Brown, who trained as an RN at Ottawa’s Algonquin College, was working as a psychiatric nurse in Toronto’s then Queen Street Mental Health facility. Her artistic interests led her to start a regular Friday drama and poetry night for patients. “When I saw the power of the arts to transform my patients, I was hooked. Their unbelievable creative energy and enthusiasm, despite sometimes debilitating mental illness, was amazing and moving.”

The Friday night plays evolved into two public theatre productions, after which Brown formed a board of directors and incorporated a company. WTP was born, and in 1991, CAMH granted Brown a permanent on-site facility to develop more creative projects.

“We are very much aware that providing care and treatment for mental illness is not enough... We play a critical role in... social support, education, housing and income,” says Dr. Paul Garfinkel, president and CEO of CAMH. “Lisa’s success is largely due to her passion, commitment,



Ann Davidson, Rideau Lakes: *The Turning Point*, Acrylic on board, 16" x 12"

creativity and ability to see endless possibilities. Not only did her inspiration come from her work as a psychiatric nurse, but the skills she honed in that role have made the WTP thrive. The nurturing approach – central to the nursing profession – underlies everything she does.”

Today, the WTP is an internationally recognized not-for-profit professional arts company with five full-time staff (three of them with a diagnosis of mental illness). The theatre integrates artists who have experienced mental health and addiction issues with arts professionals. WTP members do everything from write, produce, direct, act and stage manage. They also serve on the board of directors, work in the office and lead programs.

The WTP has produced 15 original Canadian plays, touring over 30 theatres across Ontario and Manitoba. It has produced 13 festivals, including the annual *Rendezvous with Madness Film Festival* and the *Being Scene Art Exhibition*. WTP recently produced the first ever *Madness and Arts 2003 World Festival* at Toronto’s Harbourfront Centre, and opened the Jean Simpson studio in June, a self-managed artist space at CAMH.

The WTP has offered an indispensable helping hand for many artists with mental illness. WTP membership co-ordinator, Anita Aenishaenslin, first dropped by WTP in 1998 to try out some improvisation classes – and has never left. “I found people at WTP like me... I found an environment where I felt safe... WTP became the playground for my spirit.”

Aenishaenslin’s expressive paintings were accepted this year into WTP’s *Being Scene Exhibition*. This success gave her the confidence to stage her first solo show at a nearby gallery. “It really legitimizes my years of incredible struggle to be able to participate and benefit from WTP... some good has come out of my difficult life experiences,” she says with hard-won pride. “With Lisa and WTP, I’ve come a very long way.” RN

For more information about WTP, visit:

- www.madnessandarts.com
- www.workmantheatre.com
- www.rendezvouswithmadness.com

ANILA SUNNAK IS A FREELANCE WRITER IN TORONTO.

Small gestures, simple things win RN recognition

Why Nursing?

Nursing is the perfect job for Linda Campbell. She fell into the profession after high school when careers for women were more restricted than they are today, but she has no doubt she was meant to be a nurse.

“For me, it’s not about money or anything else,” she says. “I really feel it’s a calling.”

Campbell graduated from the nursing program at Centennial College in 1976, and then worked with oncology patients at Women’s College Hospital. After taking time off to raise her family, she nursed in the community, caring for patients with chronic illnesses who required home care.

For the past two years, Campbell has been a staff nurse in the palliative complex care unit (PCCU) at Markham Stouffville Hospital. She chose palliative care after her father’s battle with cancer. While caring for him, she realized the smallest gestures and simplest things make the biggest difference. She chose to work specifically at Markham Stouffville when her son’s friend was hospitalized in the PCCU after a car accident; she wanted to care for him and relieve the stress on her son, who was frequently travelling home from university in upstate New York to visit his friend.

Responsibilities:

Campbell’s primary goal is to ensure patients are comfortable, but she also goes that extra mile, having a cup of tea with patients and visitors, and bringing them newspapers.

“It is such an honour to work with people who are at the end of their roads, the end of their lives,” she says. “They’re just so appreciative of everything you do.”

Those personal touches earned her the third annual *Toronto Star Nightingale Award*, recognizing excellence among Ontario’s nurses.

Campbell was shocked to learn she had won the prestigious award; she remembers the woman who nominated her, the daughter of a patient she treated during SARS. The man didn’t have SARS, but precautions were still being taken in the PCCU. Campbell remembers laughing with the woman because both were so covered in protective gear that Campbell mistook the woman for another nurse. In an

excerpt from the nomination letter published in the *Toronto Star*, Campbell’s nominator wrote: “restrictions were understandably tough, but she arranged for Mom to be allowed in...Dad passed away the next day in peace, with dignity, thanks to the loving and compassionate care from the best nurse anyone could ever have.”

Challenges:

Campbell says working during SARS was agonizing because nurses were unable to spend time with patients to provide personal, compassionate care. Visitors were also restricted from spending time with their loved ones.

“For people who were dying and ultimately died during that time, some of them never had a family member with them, and that was very frustrating.”

SARS was also challenging for Campbell because, in addition to her responsibilities at Markham Stouffville, she was working at a SARS assessment clinic. While the work was tough (Campbell worked 29 days straight between the clinic and the hospital), she says the outcomes have been positive because practices and policies around the hospital have changed.

Memories of a job well done:

Receiving the *Nightingale Award* at RNAO’s Nursing Week career fair was the highlight of Campbell’s career.

“I couldn’t get the grin off my face,” she says.

Campbell’s award now holds a place of honour in the most frequented room in her home, the kitchen. She was overwhelmed by the reaction to it, receiving congratulations from family overseas, acquaintances she hadn’t seen in years and nursing colleagues she doesn’t know.

Campbell says receiving the award is a result of her approach to nursing.

“I really do try to be very careful about the little things,” she says. “I always try to make sure people’s nails are cut...or they have their make-up on, or make sure the gentlemen are shaved. The things that maybe are not necessarily nursing duties, but things that I think make a difference.”

Future plans:

Campbell plans to stay in the PCCU, where she feels she has the greatest impact on patients and their families. She hopes the attention her award has received will raise awareness of the work palliative nurses do, but she also wants the public to know about the work of all nurses.

“I’d like to see more nurses get more awards for the incredible things they do.” **RN**



Name: Linda Campbell

Occupation: Staff nurse, Markham Stouffville Hospital

Home Town: Markham, Ontario

JILL SHAW IS EDITORIAL ASSISTANT FOR RNAO.

LESSONS IN NURSING

MPPs from across the province participated in RNAO's fourth annual *Take Your MPP to Work* event during Nursing Week in May. The workplace and community visits, organized by individual chapter liaisons and regional reps, offer politicians an inside look at what it means to be a nurse, and give nurses an opportunity to share first-hand accounts of the challenges in our health-care system.

(top to bottom)

Jeff Leal, Liberal MPP for Peterborough, gets ready to go into the OR at Peterborough Regional Health Centre during his visit to the facility on May 12. Mike Gravelle, Liberal MPP for Thunder Bay-Superior North, accompanied Saint Elizabeth Health Care visiting nurse, Janet Wheeler, on a home visit on May 14. He also joined RNs at the Saint Elizabeth Health Care offices for a meeting to discuss community health challenges and the government initiatives needed to address those challenges. Liz Sandals, Liberal MPP for Guelph-Wellington (right), visited with acute care nurse practitioner, Lesley Robertson-Laxton, on May 14 at Guelph General Hospital. She toured several hospital units to better understand the role of the nurse practitioner within the acute care setting.





Windsor West Liberal MPP and Minister of Community and Social Services Sandra Pupatello visited Hotel Dieu Grace Hospital on May 28. Pictured (left to right) are Marie Boose, unit /booking clerk, Pupatello, Eleanor Groh, program director, perioperative services, and Michelle Fratarcangeli, patient care resource leader.



Ted McMeekin, Liberal MPP for Ancaster-Dundas-Flamborough-Aldershot, joined Christine Roberts (left), manager of Saint Elizabeth Health Care, Hamilton Branch, and RN Lori Strickland on May 14 for a tour of the West Mountain Wound Care Clinic at St. Joseph's Hospital.

PC Deputy Leader and Critic, Health and Long-Term Care Elizabeth Witmer joined RNAO executive director Doris Grinspun for a tour of various units within Toronto's Mt. Sinai Hospital on May 10.



MP Paddy Torsney (left) was the first and only MP to participate in Nursing Week visits across the province. She was at Joseph Brant Memorial Hospital in Burlington on May 17 to visit the ER. Pictured with Torsney (beginning second from left) are RNs Priscilla Bowler and Catherine Ball, along with ER volunteer, Bob Dafoe.



On May 14, Carol Mitchell, Liberal MPP for Huron-Bruce (left), accompanied Saint Elizabeth Health Care visiting nurse, Alice Carter (kneeling) and JoAnn Todd (right), manager of Saint Elizabeth Health Care's Huron Branch, on an early-morning visit with Stewart Broadfoot near Clinton, Ontario.



NDP Leader Howard Hampton (seated) and RNAO president Joan Lesmond were in Kenora on May 14 to visit District of Kenora Home for the Aged. After meeting with the facility's assistant director of nursing, Theo Torrie (standing left), Hampton and Lesmond met with Kenora chapter president Kathy Dawe (centre), and Anne Sweeney, policy and political action officer, to discuss local nurses' health-care issues and concerns.

☞ PC MPPs Jerry Ouelette (Oshawa), and John O'Toole (Durham), visited Lakeridge Health Oshawa on May 7. Anne Wright, chair, Lakeridge Health Board of Trustees (second from left) speaks to Ouelette (left) while Brenda Cameron, clinical leader of rehab services (right), speaks to O'Toole.



☞ On May 14, Jim Brownell, Liberal MPP for Stormont-Dundas-Charlottenburgh, visited the Cornwall Community Hospital, McConnell Site, for a lesson on using an emergency room crash cart by RNs Judy Poirier (centre) and Judy Flath. He also toured Bayshore Health Care Centre with RNAO Seaway chapter past-president Ruth Pollock, president Kim Peterson and communications officer Colleen MacDonald.

☞ Prime Minister Paul Martin was in Sault Ste. Marie for a "surprise" visit during his pre-election campaigning. He toured the Group Health Centre on June 5 with (clockwise to his left) Dr. Lewis O'Brien, Dr. Patricia Avery, dietician and coordinator of the Algoma Diabetic Education Centre, Cynthia McKay, RN(EC) Wendy Payne, and his wife Sheila.



☞ David Oraziotti, Liberal MPP for Sault Ste. Marie, visited Algoma's Great Northern Nursing Centre on May 14. Pictured with Oraziotti are Patti Greve, director of care (left), and Algoma chapter president Pierrette Brown.



☞ Minister of Health and Long-Term Care George Smitherman (top right) accompanied RNAO executive director Doris Grinspun on a tour of Toronto's Shout Clinic on May 10. Behind the counter (speaking to the Minister, with glasses) is Sandra Pettey, RN(EC), surrounded by clinic staff.



Policy at Work

New policy statement addresses homelessness

On April 23, RNAO's board of directors approved a resolution calling for RNAO's continued collaboration with the Toronto Disaster Relief Committee and the Housing and Homeless Network in Ontario to "lobby all levels of government to: increase the per diem rates to municipalities for homeless shelters to cover the actual cost of operating shelter beds and services; increase funding for affordable housing, implementing an interim plan to shelter the increasing number of homeless until the promised housing is available; and adopt the recommendation of the coroner's jury at the Kimberly Rogers inquest to increase social assistance to realistic levels." This resolution was the catalyst for a policy statement to be discussed by the board when it comes together for its next meeting in September.

Homelessness is an ongoing issue, and is one that has been raised consistently in resolutions to the annual general meeting for the past two years. Nurses, regardless of where they practice, must understand homelessness and its health implications. For instance: rates of emphysema/chronic bronchitis among the homeless are five times that of the general population; asthma rates are three times that of the general population; epilepsy rates are over six times that of the general population; and the average homeless person uses \$4,714 a year in health care compared to the average Canadian citizen at \$2,633.

Watch RNAO's Web site this fall (www.rnao.org) for the full statement in the Health and Nursing Policy section. For more information, contact Audrey Danaher, 416-599-1925/1-800-268-7199, ext. 238 or adanaher@rnao.org.

Promoting patient safety through political activity

According to research (Baker et al) published in the *Canadian Medical Association*

Journal in May, 36.9 per cent of adverse events in this country are preventable. In response to this pressing issue, RNAO is developing a patient safety position statement, expected for release in early 2005.

Patient safety, defined by the Canadian Council on Health Services Accreditation as the prevention and mitigation of unsafe acts within the health-care system, is essential to nursing practice and its accountability to the public. Nurses have a responsibility to strive for excellence in their practice, and by doing so patient safety is the ultimate result.

Some items to be discussed by RNAO's board as it develops the association's position statement include:

- **QUALITY CARE:** To prevent a minimalist approach, patient safety should be viewed within the context of excellence in nursing care.

- **ACCOUNTABILITY:** Error reduction and system improvement entails a collaborative approach involving the public, nurses and other professions, employers, and governments at all levels of the health system.

- **NURSING CARE:** As principal health-care providers who oversee, coordinate and provide patient care 24 hours-a-day, 7 days-a-week, nurses' contribution to improving patient safety is vital. Nurses play a critical role in the assessment of patients, inclusive of decision-making and critical thinking based on data obtained via assessments (Affonso et al, 2003).

- **WORK ENVIRONMENTS:** Quality outcomes are the result of quality work environments. Practice environments enable or disable nurses and other health-care professionals in their ability to provide safe care. Developing and supporting quality professional practice environments is a responsibility shared by practitioners, employers, governments, regulatory bodies, professional associations, educational institutions, unions and the public (RNAO backgrounder on patient safety, 2004).

For more information, contact Audrey Danaher, adanaher@rnao.org or 416-599-1925/1-800-268-7199, ext. 238.

Public health to get attention it deserves

At the end of June, Minister of Health George Smitherman announced the launch of *Operation Health Protection*, a three-year action plan that promises comprehensive changes to Ontario's public health system after decades of neglect.

RNAO, in partnership with the Association of Nursing Directors and Supervisors of Official Health Associations in Ontario (ANDSOOHA) and the Community Health Nurses' Initiatives Group (CHNIG), responded to the announcement with gratification, offering one cautionary note: government must ensure investments in health promotion and disease prevention programs are a top priority.

Indeed, public health encompasses so many different but equally vital components that lead to optimum health. As Ontario moves forward with *Operation Health Protection*, the Minister is being advised that investments in public health should not only encompass investments in disease control and emergencies, they must also address promotion and prevention programs focused on determinants of health.

For a copy of RNAO's response, entitled *Creating a Balanced Public Health System in Ontario*, contact Tanya Santo, tsanto@rnao.org or 416-599-1925/1-800-268-7199, ext. 207.

Updated tobacco kit online

RNAO's *Tobacco Control Lobby Kit for RNs*, first released in the summer of 2002, is being revised to reflect the most up-to-date statistics and facts that support the need for more comprehensive action by nurses against tobacco use. Watch the Web site this summer (www.rnao.org) for the updated kit.

Calendar

Date	Event	Details
September 1	Proposals and Publishing: Strategies for Success	RNAO head office, Toronto
September 20	Computer Basics for Nurses Regional Workshop	Michener Institute, Toronto
September 22-23	3rd Annual International Elder Care Conference	Westin Prince Hotel, Toronto
September 30	Postpartum Depression: Recognizing the Signs, Community Support and Resolution Regional Workshop	Metro Hall, Toronto
September 30, October 1, 4, 5 & 6	How to Design Effective Training Programs RNAO/OHA Joint Program	RNAO Head Office, Toronto
October 7	RNAO Recruitment and Retention Fair	Ottawa Congress Centre
October 19	Ethics for Nurses Regional Workshop	Capone's Catering, Ottawa
October 22	Rehab Nursing: Facing Life Fearlessly Ontario Association of Rehabilitation Nurses, 2004 conference	Westin Prince Hotel, Toronto
October 27-28	2nd International Nurse Educator Conference	Hilton Toronto
November 1	RNAO Recruitment and Retention Fair	Toronto Board of Trade
November 4-5	Gerontological Nurses Association Annual General Meeting and Conference	Holiday Inn, Point Edward, Ontario
November 12-13	National Nurse Practitioner Conference	Marriott Eaton Centre, Toronto
November 17-18	4th Annual International Healthy Workplaces in Action Conference	Hilton Suites, Markham
November 25	Working Effectively in Organizations Regional Workshop	Metro Hall, Toronto
December 3	International Nurses Interest Group Biannual Conference	Crown Plaza Hotel, Toronto

Unless otherwise noted, please contact Vanessa Mooney at the RNAO Centre for Professional Nursing Excellence at vmooney@rnao.org or 416-599-1925/ 1-800-268-7199, ext. 227 for further information.

CLASSIFIEDS

CAET NATIONAL NURSING CONFERENCE.

"Okanagan Vintage – A taste of success," Oct 13-17, 2004, The Grand Okanagan Hotel, Kelowna, British Columbia.

Objectives: To teach attendants how to succeed in practical aspects of ostomy, wound and continent care. To motivate, inspire and update your practice. To learn, share experiences, and enjoy the Okanagan Hospitality. **Highlights:** Pre-Conference interactive workshops, Continence Day, Wound Care Day, Professional Day, keynote speakers that teach, inspire, and motivate. More info at www.caet.ca or call Pam at 250-862-4203.

PHARMACOLOGY FOR ADVANCED PRACTICE CLINICIANS

Toronto, Ontario, Canada, November 2-7, 2004. 30 and 45 hour courses designed to help you obtain or renew your prescriptive authority and update your pharmacology knowledge. Each course will cover therapeutic principles for many common medications used in ambulatory care, and will include case illustrations for clinical application. Instructor: Alan Agins, PhD. Special session on herbal pharmacology. For details contact Contemporary Forums

at (800) 377-7707, info@cfforums.com or online at www.contemporaryforums.com.

MARTIN'S MEDICAL AESTHETICS TRAINING

Would you like to enhance your current skills? We offer professional training to help you in your new career path. Certified and trained professionals will give you the skills you need to succeed. Sclerotherapy, laser hair removal and safety, microdermabrasion and skin care, advanced facials, electrolysis, business start-up, marketing and sales. www.martinveinclinic.on.ca

1-800-627-3309.
Call today to get started.

THE HOSPITAL FOR SICK CHILDREN

in Toronto is pleased to announce the following conferences: First Annual Paediatric Emergency Medicine Conference, Oct 1-2, 2004, APLS and ENPC courses on Sept 29-30, 2004. Contact: Nicole Winters at nicole.winters@sickkids.ca. Child Development Update, Nov 18-19, 2004. Contact: Brenda Rau at Brenda.rau@sickkids.ca

Do you care for individuals with angina?

Angina is a major debilitating health problem in Canada, having a major negative impact on health-related quality of life. If your client has had angina in the last six months, and has not had a heart attack in the last six months, he/she may be eligible for treatment in a new education nursing research study at the University of Toronto. No medication is involved.



For more information, please call the Chronic Angina Self-Management Program Study at 416 946 5799 or visit www.casmp.ca

The Professional Excellence in Nursing Conference 2005 - Call for Abstracts

Novotel Mississauga, Ontario • Friday April 8th, 2005



The Nursing Division at The Credit Valley Hospital is pleased to host its first provincial professional practice conference entitled "The Essence of Caring." We have developed and implemented a model to support nursing practice which is grounded in values and core beliefs. This model has 3 conceptual pillars: **Mentorship, Partnership, and Empowerment.** The focus of the conference will be to share knowledge, experience and research related to creating professional practice environments with colleagues throughout the province.

You are invited to submit an abstract on one of the following themes:

- Putting nursing practice models into action
- Establishing professional partnerships
- Facilitating and fostering empowerment for nurses
- Building mentoring relationships

Key Note Speaker

Diann B. Uustal RN, BS, Ed. D is an internationally known consultant, educator and clinical ethicist. This dynamic woman is the author of *Clinical Ethics and Values: Issues and insights in a challenging health care environment* and *Caring for Yourself – Caring for others: the ultimate balance.*

For more details on the conference and abstract submission, please email us at: PEN2005@cvh.on.ca or contact: Cathy Kiteley 905-813-1100 ext. 5949 or Elva Waldron 905-813-1100 ext. 6019

Deadline

Please have all submissions for abstracts (poster or podium) in by October 1st, 2004 at 4:00 p.m.



CREDIT VALLEY
THE CREDIT VALLEY HOSPITAL

Parish Nurse Program



“The Parish Nurse is a professional registered nurse who combines nursing with Christian ministry.”

- Open to licensed Registered Nurses
- **A total of 3 distance courses**
 - Parish Nursing 485 (September start)
 - Religious Studies 375 (September start)
 - Parish Nursing 302 (January start)
- Receive a Certificate of Parish Nursing

Apply now for September start!

phone: (780) **413-7808**
e-mail: parishnursing@concordia.ab.ca
website: www.parishnursing.concordia.ab.ca



CALL FOR NOMINATIONS 2005-2007 RNAO BOARD OF DIRECTORS

As your professional association, RNAO is committed to speaking out for health, speaking out for nursing. To be even more effective in this regard, we need your involvement and your voice. RNAO is seeking nominees for

- president-elect,
- regional representatives,
- provincial resolutions and provincial nominations committees.

By becoming a member of RNAO, you have the opportunity to influence provincial and national nursing health-care policy, discuss and share common challenges related to nursing, nurses and health care, and network with numerous health professionals dedicated to improving the health and well-being of all Ontarians.

Being an RNAO board member is an extremely rewarding and energizing experience. You will broaden your knowledge of nursing and health policy, improve your advocacy skills, participate in the long-term planning for the association, act as a professional resource to members and staff, and improve your leadership skills.

The nominations form will be available on RNAO's Web site in September 2004. If you require further information, please contact David McChesney, 416-599-1925/1-800-268-7199, ext 208 or dmcchesney@rnao.org

Deadline for nominations: January 24, 2005 by 5:00 p.m.

Earn Money Giving Flu Shots In Your Spare Time

R.N.'s required to administer influenza vaccine between October and January. Immunization is administered in offices and retail settings including pharmacies. Weekdays, evenings and weekend shifts to coincide with your availability. Supplies, training and support will be provided.

Seiden Health Management Inc. provides occupational health and consulting services to manufacturing, retail, educational, and professional clients. Flu prevention clinics are a part of our preventive health and wellness initiative.

If you are an R.N in good standing with the College of Nurses of Ontario and a member of RNAO, and are interested in this program or in providing services for us in other initiatives, send your contact information and CV to:



flu.shot@seidenhealth.com

Or via fax to 416.362.2295 Attn: Flu Clinic Coordinator



Nursing and Health Care Leadership/ Management Distance Education Program



GRANTING UNIVERSITY
CREDIT AND CERTIFICATE

Endorsed by the CNA.

All courses individually facilitated
by an Educational Consultant

Courses Offered:

Leadership/Management (6 units)

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

NEW

Conflict Management (3 units)

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

Leading Effective Teams (3 units)

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

Decentralized Budgeting (1 unit credit)

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

Total Quality Management/ Quality Assurance (1 unit credit)

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

For further information please contact:

Leadership/Management Distance Education Program

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

Email mgtprog@mcmaster.ca
Internet www.fhs.mcmaster.ca/nursing/distance/distance.htm

Programs starting every January,
April & September

CNPS

Jonathan

please place this ad
from last issue.

Thank you!



Registered Nurses
Association
of Ontario

Association des infirmières
et infirmiers
de l'Ontario

Centre for Professional
Nursing Excellence

Orientation Program for Nurses in Long-Term Care

The Orientation Program for Nurses in Long-Term Care, offered by the RNAO Centre for Professional Nursing Excellence with funding from the Ministry of Health & Long-Term Care, is meant to address lack of resources for orientation, education and specialty knowledge in care of seniors and elderly persons. This program is available in both workbook and online versions. The orientation program is priced affordably for organizational purchase as well as individual purchase.

Details about the programs, prices, and ordering information are available on the RNAO Web site (www.rnao.org) by clicking on "Projects" on the left vertical menu, or by contacting Christie Tait at (416) 599-1925 or 1-800-268-7199 ext. 228; ctait@rnao.org.



NURSING EDUCATION INITIATIVE

A new funding cycle has been approved by the MOHLTC! For pertinent deadline information or to obtain a copy of the application form please **visit the RNAO Web site at (www.rnao.org).**

For the most current information about the Nursing Education Initiative please contact:

RNAO's Frequently Asked Questions line **1-866-464-4405**

OR

e-mail Meagan Wright and Iris McCormack at **educationfunding@rnao.org.**



Nurses are our #1 Customers!

Ask us about our **professional discount** for Nurses and Doctors?

BioPed has received over 100,000 referrals from Ontario Doctors helping their Patients with:

Foot Pain! Knee Pain! Back Pain!

You're on your feet all day. When we talk to Nurses we teach them what to wear, to help them get through their shift in comfort and in style. Visit us today and let us show you, how you too can benefit from wearing custom orthotics and fashionable orthotic-friendly footwear.

Fashionable Orthotic Footwear from:

Finn Comfort BIRKENSTOCK Etonic

24 Centres Across Ontario

Visit our Mississauga location

1-866-4-BIOPED

1170 Burnhamthorpe Rd W.

www.bioped.com

(905) 896-4825



Honda



MISSISSAUGA (905) 896-3500



"Tune-in When You Are in Our Area"

Located in the Heart of Downtown Mississauga

I ♥ MY READY Honda



Come and See Our Wide Selection of New & Used Vehicles

or Visit us at our Website: www.readyhonda.com

230 DUNDAS ST. E., MISSISSAUGA (905) 896-3500

HONDA PLUS
EXTENDED OWNER COMFORT PLANS AVAILABLE

TOLL FREE

1-877-523-3500



HONDA



You care for others.

Now, let us take care of you.

HOME & AUTO INSURANCE
for RNAO members

The HUB Group (Ontario) Inc.
Proud to be the broker of choice for RNAO members since 1995.

Call us today for a no-obligation quote

1-877-466-6390

www.hubontario.com





What Toronto's Best Nurses Are Wearing

RANKED

#1*

IN TORONTO



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

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

e-mail: admin@srtmedstaff.com

FACILITY STAFFING • VISITING NURSING • PRIVATE DUTY