JULY/AUGUST 2011

REGISTERED NURSE JOURNAL

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

2010 Kenneth R. Wilson Awards
Finalist
Best in Canadian Business Publishing
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158 Pearl Street
Toronto ON, M5H 1L3
Phone: 416-599-1925 Toll-Free: 1-800-268-7199
Fax: 416-599-1926
Website: www.rnao.org E-mail: info@rnao.org
Letters to the editor: letters@rnao.org

EDITORIAL STAFF
Marion Zych, Publisher
Kimberley Kearsey, Managing Editor
Jill-Marie Burke, Acting Writer
Stacey Hale, Editorial Assistant

EDITORIAL ADVISORY COMMITTEE
Ruth Schofield (Chair), Chris Aagaard, Sheryl Bernard, Natasha Datt, Sandra Oliver, Vanessa Petrilli, Cheryl Yost

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Phone: 416-599-1925,
Fax: 416-599-1926

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EDITOR'S NOTE KIMBERLEY KEARSEY

With death comes life

Anne Sherwood, one of two nurses featured in our story about organ donation (pg. 24), was my age when her life changed forever. She was a mom who "never in a million years" thought she would need an organ transplant. That sense of immortality isn't surprising. Many people fortunate enough to live relatively healthy lives—Sherwood included—don't plan for the moment they'll be on death's door. But anyone who knows a transplant recipient, or has a family member on the waiting list, has done some thinking about death, and is well aware of Ontario's organ donation registry and the impact it can have on so many vulnerable lives.

With the June launch of its online registry, Trillium Gift of Life Network, Ontario's central organ and tissue donation agency, was thrilled that 4,000 people registered in the first week. That far exceeded the goal of 1,500 and speaks volumes about the value of easy access when it comes to registering consent. Trillium's goal is to help more people recognize the impact a single donor can have. I certainly didn't realize it until I started my research for this feature. And I didn't know how suddenly one could depend on it until I met Anne Sherwood.

Enlightened, I decided to register. But it wasn't as easy as you might think. For my first attempt (before the online registry), I printed the appropriate forms from the website with plans to mail them shortly thereafter. I pulled the papers off the printer, placed them on my desk, and promptly forgot they were there. It seems this is not uncommon, and perhaps one of the reasons only 18 per cent of eligible donors bothered to register before the new system was put in place.

My second attempt was online. Open the website and click away. Easy. Or maybe not. As I went through the steps, I began to reconsider. Do I really want to do this? Do I really want to commit? Why am I holding back? For me, it's accepting the notion that we all die one day, and the visual that when I do, my organs may end up in someone else's body. It all seems so final.

Fortunately, my uncertainty was short-lived. I gave my head a shake and remembered that I'm not going to need organs and tissue when it's my time to go. I am now officially on the list, and it took me less than a minute. Now it's your turn. I challenge you to face your mortality and visit www.beadonor.ca. **RN**

Correction: A small news item in the *Nursing in the News* section of our May-June issue stated that breast reconstructive surgery is not covered by OHIP. Breast reconstructive surgery is, in fact, covered by OHIP for individuals diagnosed with cancer. A surgical oncologist can provide a referral. We apologize for the error.

Paddling together to win the race

As I write this summertime column, I am on the shores of Ontario's Welland Recreational Waterway, watching the Canadian National Dragon Boat Championships. It is a perfect setting to write because dragon boat racing is symbolic of my focus for this *President's View*. This sport is dependent on the strength and skill of individual athletes. However, teams that use their collective skill, paddling together in perfect synchronicity, win the race.

At its June meeting, the RNAO board of directors made two critical decisions. First, the association will undertake a comprehensive and strategic exercise to articulate how nursing should be aligned as a profession to meet the future health needs of both the population and the health system as it goes through a period of transformation. The goal of this work is to provide the vision that RNAO will use to guide its nursing policy work over the next five years. There is a critical need for this vision given staff mix changes that have occurred in organizations across the province, and the continued challenges these changes present in relation to access to care, especially primary care and elder care.

For the past year, members have consistently raised concerns about staff mix changes. While some changes are based on evidence, those that are not are generating serious concern from nurses on the ability of organizations to deliver the quality of patient care required. RNAO has been actively engaged in this issue nationally, provincially and locally. The association has published evidence-based position statements for strengthening client centred care in the community, long-term care and hospitals. We have reached out to the Registered Practical Nurses Association of Ontario (RPNAO) and hope to develop joint solutions and strategies.

> "Nurses of all stripes need to work together so we can transform our profession to meet the future needs of the population and the health system."

The board feels that although the association has made significant efforts and progress on this issue, there is more work to do. That's why we decided to embark on this strategic exercise using available evidence and building on the concurrent work of others.

We will engage our membership in this significant work, and will align our efforts to complement the work of the Canadian Nurses Association's National Expert Commission on health system improvement. Launched in late May, the commission will examine the need to realign health services to make better use of existing resources, reduce duplication and maximize access by making our health system smarter and more effective. We will also draw on the important work being led by the Academy of Canadian Nurse Executives and the Canadian Federation of Nurses Unions to inform our discussions.

Recently, the Ontario Hospital Association and the Ontario Association of Community Care Access Centres put out a call for research to determine which staff mixes and models of care work best in different health-care settings. Nurses support this thirst for evidence, and understand the need for further research to really get at the impact of staff mix and nursing models of care delivery on patient care.

As a first step, we need to raise awareness of existing evidence, which is substantive. From there, we can determine the areas that need further inquiry. There is a clear need for nursing leadership, and an opportunity to provide a well-articulated vision for the future of nursing that demonstrates the value our profession provides.

The second, equally vital decision made at the June Board meeting relates to the engagement of the association in a strategic planning exercise. This exercise will focus on a review of our strategic goals to ensure they remain relevant for today, and to make refinements where required. The other objective is to identify the key strategic directions that will carry the organization over the next five years. The board plans to have much of this work completed by the next annual general meeting. The engagement of membership in this process is crucial. And to this end, a survey will be distributed to members later this summer or early fall.

We are at a critical time for nurses and the profession. And like the team of dragon boaters, we need to ensure we are paddling together as we strengthen our health system and enhance our profession to best serve the public. **RN**

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

For RNAO's mission statement and details on its strategic direction, visit www.rnao.org/missionstatement.

The lights in our lives

I AM THRILLED TO READ THIS summer's collection of stories from members honouring their role models (pg. 12). People influence our lives every day. They may emerge as strong individuals with passion, commitment, courage, intellect, compassion or other traits we value. Or they may emerge as a result of a larger event that shapes who we are.

One of the early influences in my career was a supervisor at Hadasaah Hospital in Jerusalem who helped shape the nurse I am today. It was 1973, my second year of studies there, and we were in the middle of a war. Sleeping in my dorm, I was startled awake by this supervisor. She wanted me to get up and dressed immediately to open a unit for soldiers with minor injuries. At first I thought she had mistaken me for someone else. "I'm just a student," I told her. When she responded in no uncertain terms that I was not only doing it, but was perfectly capable of doing it, I was in tears. Nonetheless, I thought: if she thinks I can do it, I guess I can. Never again, throughout my entire career and life, have I asked myself if I can do something. This nurse—whose name I don't even remember—will never know the influence she had on me.

Over my 37-year career, I have actively worked as a nurse in Israel, the U.S. and Canada, and have served as a consultant in at least a dozen other countries. In each, I have met people who have generously taught me about nursing, about life and about myself. From time to time, they have also learned a thing or two from me. I consider so many of these individuals to be role models for different reasons that are as varied as the individuals themselves.

Kay Arpin is someone who inspires me with her intellect. Her conceptual capacity and rigour motivate and encourage me. Ricardo, my spouse, amazes me again and again with the breadth and depth of knowledge he has for the most pressing issues confronting the world, his fervour for social justice and his selfless caring. And I will never forget the invaluable influence of my father who expected his four girls to know what was going on by reading the newspaper, a habit I hold to this day. As kids, we only had to know one or two headlines. As teenagers, we had to be prepared for in-depth conversations.

My nursing colleague and friend, Judith Shamian, has also influenced my life in many ways. During our first meeting over the phone, when I was still living and working in Ann Arbor, Michigan, she offered me work and then a piece of advice that remains with me: "you must work where action happens!" Another close friend, Sara Leiserson, who lives with multiple sclerosis, has taught me about courage and positive thinking. The staff at RNAO—and members— inspire me every day with their expertise, humanity and unwavering commitment. And my children Eitan and Yuval, children-in-law Carita and Brandon, and grandchildren Noah and Joshua, inspire me through their authenticity, generosity and capacity to live to the fullest.

> "I ENCOURAGE EVERYONE TO THINK ABOUT WHO—AND WHAT—HAS INFLUENCED YOUR LIFE, AND WHO YOU MAY HAVE INSPIRED, SOMETIMES WITHOUT EVEN REALIZING IT."

There are also people I admire and look up to for their vision and genius. Florence Nightingale and Tommy Douglas are two role models in this regard.

Colleagues, teachers, friends and family influence the people we become, but so too do our life experiences. Living and nursing in different countries has offered me the opportunity to "live more" because of the rich learning and growing I've done in different societal and nursing contexts. Moving from a life of privilege in Chile to a war zone in Israel taught me the value of life amidst the ravages of conflict. My experiences in these two countries, more than any others, have instilled in me the yearning for social justice and peace.

Growing up in Chile and working in the U.S. also opened my eyes to what a health-care system looks like when it is not publicly funded. Would I be as passionate about Medicare today if I hadn't witnessed what health care was like without it all those years ago? Absolutely not.

It's sometimes hard to differentiate between life events that define us, and the many strong individuals who permeate our memories. For me, both have equally shaped the person I am and I am indebted to all. I encourage everyone to take a moment and think about who— and what—has influenced your life, and who you may have inspired, sometimes without even realizing it. **RN**

DORIS GRINSPUN, RN, MSN, PhD, LLD(hon), O.ONT, IS EXECUTIVE DIRECTOR AT RNAO.

To read more member stories, visit www.nursingweek.rnao.ca and click on "Your Stories".

MAILBAG

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

Time for nursing to become gender inclusive

Re: Men in nursing, May/June 2011

While I do agree that men entering the profession are hindered by a lack of role models, misconceptions of men in nursing, and confusion about the value of the work, I think we also need to add a fourth and fifth barrier: the language of nursing and the nursing education system. Language can be used to exclude individuals from a profession, making it seem like the gender is unusual. Your use of the term "male nurse" is one such example. The term "female doctor" or "female engineer" is no longer used because gender is not an issue. I am not a "male nurse" but a "nurse." The fifth challenge is the education of nurses. Nursing curricula is geared towards women. It needs to be adapted to remove all gendered nuances. The challenges might seem insurmountable, but other professions have become more gender inclusive, and I think it is time nursing did the same.

Jonathan Wolfenden
Ottawa, Ontario

Can a man with larger hands, stronger physical frame and deeper voice nurture as well as a woman? Of course he can. Recently, my nephew graduated from nursing school. He is over six feet tall with a muscular build and wonderful smile. What a great career choice for him. For too long we have imposed restrictions on who should follow certain vocational paths according to gender, nationality and socio-economic status. Some of my fondest childhood memories are of my burly father tucking me in at night with soft words for sweet dreams to carry me through until dawn. If I awoke with leg cramps, as I so often did due to growing pains, I would call for my father to rub liniment on my aching muscles, and the pain would subside. Men definitely care differently than some women, but I probably care differently than many of my female peers. We all have different personalities and characteristics, thankfully.

Dorothy L. Nagy
Welland, Ontario

David Keselman and Daniel Ball say there are three reasons more men don't enter nursing: false stereotypes about male nurses, misconceptions about the value of nurses' work, and a lack of visible role models. They did not state the most obvious reason more men are not nurses: nursing demands more nurturing than most men are able to give. Most of the men mentioned in the article have moved away from bedside nursing. I would bet a study of male nurses' careers would show they tend to get away from direct patient care quicker on average than their female colleagues. The difference between the way male and female nurses interact with patients is acknowledged in the sidebar. But then it is discounted as being due to the socialization of men. I believe this is inaccurate. Men are not genetically programmed to be as nurturing as nursing demands. That is the difficult reality behind the low numbers of male nurses. The other reasons cited by Keselman and Ball are secondary.

David Reeve
Toronto, Ontario

> "While we are making advancements in reducing the negative stigma ... there sadly remains an assumption of who a nurse 'is.'"

While we are making advancements in reducing the negative stigma attached to men in the profession, there sadly remains an assumption of who a nurse "is." This image is held not only by many individuals within our society, but also by our very own nursing colleagues. Recently the latter became more apparent to me when I came across a job posting. The posting was discriminatory and offensive. With the following excerpt, I will let you decide who the "ideal" RN is: "Her comprehensive knowledge of nursing and health-care practices and techniques, as they relate to long-term care, facilitate this role."

Travis Amell
Williamstown, Ontario

Recognizing the health hazards of latex

Re: Nursing Week 2011, May/June 2011

In the Nursing Week supplement, there is a photo of two staff members from Muskoka Landing Long-Term Care Home. I looked at the photo in near disbelief. This is a health-care facility using latex balloons as part of a display. Health-care facilities should be the leaders in ensuring a healthy and safe workplace for employees. Using latex balloons has the potential to cause a serious reaction for those with latex allergies. I have a severe latex allergy. I expect a health-care environment to be a safe work environment. I can only voice my heartfelt disappointment. I fail to see how any health-care professional cannot be aware of this serious allergy and the health hazards that go with it.

Lyn Garnett
Waterloo, Ontario

NURSING IN TH

Jennifer Lapum stands proudly by her exhibit, which is visible from a wider angle at right

PHOTO: (LEFT) VINCE TALOTTA/GETSTOCK.COM

Open-heart surgery inspires poetry

Toronto nurse **Jennifer Lapum** embraced her inner artist in June when her poetry was displayed for public eyes at Toronto General Hospital. The RNAO member was inspired to write about her work in the cardiovascular intensive care unit, and about her findings after interviewing 16 patients who had awoken from open-heart surgery. "I'm still marked with patients' stories. They're staining my inner core," she told the *Toronto Star* (June 16).

As part of her PhD thesis, Lapum wrote an article based on the experiences of her 16 interview subjects. She had it published in scholarly journals, but says the emotions fell flat. That's why she turned her patients' words into poetry and organized an exhibit. Lapum, a nursing professor at Ryerson University, hopes her poetry serves as a reminder for all health-care professionals to slow down and listen to their patients.

Following is an excerpt from one of Lapum's poems...

What's my warranty?
am I still raw
inside
am I still, healing

when I almost forget—
my body reminds me

how did they get inside?
pry it open?
patch me up?

will I ever come back?
to what I was before—

On June 19, RNAO President-Elect ***Rhonda Seidman-Carlson*** *wrote a letter to the* Toronto Star *thanking Lapum for her reminder that quality care can't always be measured on a scorecard.*

For those of us in health care, our work, while always meaningful and important, becomes our "everyday" and sometimes we do not appreciate that for the patient this is their "only" day experience and therefore profound. I think Lapum's work should remind all of us that for our patients and their families every experience with the health-care world is unique and brings with it unique and personal emotions. All of us are concerned about quality, outcomes and patient satisfaction. We all have indicators and scorecards that we report on to various agencies. But sometimes in our thrust to report on quality, we may forget that the highest "quality" comes from understanding the patient and family experience. We should always find out what this experience means to them; we should always take a moment to ask, to really listen and to share the unique experience with each and every patient.

E NEWS

BY STACEY HALE

Mayor rejects offer of two public health nurses

RNAO President **David McNeil** spoke on behalf of the thousands of nurses across Ontario who opposed Toronto Mayor Rob Ford's decision to decline the province's offer to fund two public health nurses. In June, Ford rejected the Ministry of Health's offer to pay $170,000 to hire one nurse to work on disease prevention with recent immigrants and a second to work in health promotion in one of the city's poorest neighbourhoods. "Every day, public health nurses are at the forefront of health protection and promotion, disease and injury prevention, reducing health inequities, and reducing the costs to taxpayers..." he told the *Examiner.com* (July 8). More than 3,000 nurses wrote letters to Ford and city councillors asking them to reconsider their decision. A vote was held in an effort to reopen the issue for further debate, but the vote was split with 21 councillors in favour and 21 councillors who did not support the motion. A two-thirds majority is required to successfully carry the motion and the vote was defeated. For more on this initiative, see *Policy at Work* (pg. 26).

Nurse braves bariatric bypass for a second chance at health

Diane Eley spoke publicly in June about her struggle with obesity and her journey to lose weight by undergoing bariatric bypass surgery. Her story was one of several in a *Toronto Star* series about obesity. The surgery, which reduces the stomach to the size of an egg, is part of a $75 million provincial program created to give the morbidly obese a second chance at health.

Diane Eley

For Eley, an RN at St. Michael's Hospital, the breast cancer she suffered five years ago was related to her obesity. "I was waking up at night, holding my pads of fat, crying that it is going to bring my cancer back," she said.

To qualify for the government-funded surgery, patients must have a body mass index (a measurement that uses weight and height to measure fat) of 40 or above, or suffer from a deadly health condition. Eley underwent an intense screening program intended to weed out those who are not committed to changing their eating and exercising patterns after surgery. After being accepted for the procedure, the 55-year-old RNAO member dropped six dress sizes. (*Toronto Star*, June 18)

Preventing falls in the home

RNAO member **Wendy Nicklin**, president and chief executive officer of Accreditation Canada, says Canada's home-care agencies face tough measures to prevent falls under new accreditation rules. Since January, Accreditation Canada has required organizations providing home care to do 'fall proofing,' which includes assessing the inside and outside of a private home to identify fall hazards, such as poor lighting, slippery floors and the absence of grab bars near a toilet or shower. "The risks in the home are very significant," Nicklin told the *Globe and Mail* (June 1). According to figures from the Canadian Institute for Health Information, 54,694 seniors were admitted to hospital for falls in 2007–2008; the figures do not include Quebec. Since 2009, hospitals and long-term care homes across the country have been required to adopt fall prevention strategies to minimize injuries.

Nursing professor hopes to better educate swingers on safe sex

University of Ottawa nursing professor **Patrick O'Byrne**'s research on the lifestyle and sex practices of swingers caught the attention of the *National Post* in June. The RNAO member spent two nights observing affluent, 40-something couples as they mingled and exchanged sexual favours in a local swingers' club. He published his findings in the *Canadian Journal of Nursing Research* in March 2011.

Many of the individuals O'Byrne observed practised unprotected sex, had multiple partners and failed to undergo regular testing for sexually transmitted diseases. He says simply condemning the activity will not work, and he's advocating for more research to

PHOTO: CHRIS SO/GETSTOCK.COM

NURSING IN THE NEWS

devise better ways of educating swingers about safe sex practices. "What is the role of the health professional? Is it to deal with health issues ... or is it to lecture somebody on how they should be behaving?" (June 24)

Promoting continence awareness

On June 16, RNAO member **Melissa Northwood** *wrote a letter thanking the* Hamilton Spectator *for facilitating an open discussion about bladder and bowel health.*

Only about 25 per cent of people with loss of bowel control ever seek help because of embarrassment and a lack of open public discussion on the topic. Thank you to the *Spectator* for getting the word out that problems with the bowel are not normal at any age and that conservative treatments —such as the dietary changes mentioned in the article—can work to improve matters. As a registered nurse working in this area, I must caution that a one-size-fits-all approach does not work for everyone as we all have personal habits, routines, medication use and other health issues to factor in when developing a plan to improve bowel function.

Melissa Northwood, Project Manager, Continence Care Clinics, St. Joseph's Healthcare, Hamilton

RN shines a spotlight on growing problem of elder abuse

Pamela Rowe is leading an Oshawa long-term care home in the fight against elder abuse. In June, the RNAO member and manager of nursing practice at Hillsdale Estates discussed her home's designation as one of 10 Prevention of Elder Abuse Centres of Excellence (PEACE) sites in Canada. "We want to be champions for elder abuse prevention and knowledge," she told *Oshawa This Week and Durham Business Times* (June 15). The two-year PEACE project is funded by the federal government and co-organized by RNAO and the Canadian Nurses Association. Its goal is to teach health-care workers—and the community—what elder abuse is, how to spot it, intervention strategies, and the rights of long-term care residents. Watch for a full-length feature article on this initiative in the next issue of *Registered Nurse Journal.*

Pamela Rowe

PHOTO COURTESY OF OSHAWA THIS WEEK

Action pass keeps kids active

In an effort to keep kids active this summer, public health nurse **Stefanie Antony** reminded students in Durham to pick up their Grade 5 Action Pass. The pass gives students who are in Grade 5/6 (9–11 years old) unlimited, free access to public recreation centres for activities such as swimming, skating and some drop-in programs. "Children and youth need to participate in at least 60 minutes of moderate to vigorous physical activity each day," the RNAO member and Durham Region Health Department RN says. "(The) pass is a great opportunity for youth to get active and gain interest in fun physical activities that may carry over into their future years." (*Durham Business Times,* June 20)

Stolen hospital drugs

London nurse practitioner **Sue Tobin** said it isn't surprising drugs are being stolen from hospitals. "It is a real money-maker and there are so many people addicted to opiates," the RNAO member and London InterCommunity Health Centre NP told the *London Free Press* (June 3). According to Health Canada records obtained through a federal access-to-information request, drugs are stolen nearly every day from hospitals across Canada. In 2010, more than 300 incidents were reported by hospitals to the federal government. The drugs were either stolen, lost in transit, or just simply disappeared with no explanation. **RN**

Are you planning an event in your community? Do you have a digital camera?

Don't forget to take lots of photos of local RNAO members and send them to us for possible publication in the Journal's *Out and About* section. **Send your images and photo caption information to editor@rnao.org.**

NURSING NOTES

Almost three decades of Red Cross service results in high honour for RN

Sarnia RN Bonnie Kearns wonders what she's done to deserve all the attention and praise she's getting from the Canadian Red Cross. The humble, 64-year-old retired nurse and RNAO member recently received the *Order of the Red Cross*, the organization's most prestigious tribute to volunteers. "Imagine being honoured by your peers for doing something that you love to do…it doesn't get any better than that," she said. For 28 years, Kearns has volunteered for the organization. She recently returned from Manitoba where she was assisting with flood relief. She has also been deployed to the U.S., Afghanistan, Pakistan, Puerto Rico and Haiti. Kearns accepted her award, which consists of two medals (one to be worn during the day, the other in the evening) and a ribbon (to be worn anywhere), last spring in Woodstock at a Red Cross general meeting.

PHOTO: QMI AGENCY

U of T celebrates the work, influence of HHR researcher

In the world of nursing research, particularly as it relates to workload, staffing, planning and efficiency, the name Linda O'Brien-Pallas is celebrated. Twenty years ago, she was one of the first academics to answer the call for more knowledge of nursing human resources. "Linda truly led the way in this field, opening doors for the next generation of health human resource scholars," says fellow RNAO member Sioban Nelson, professor and dean of the Lawrence S. Bloomberg Faculty of Nursing. "It is a privilege to work with such an extraordinary academic and researcher, and a pleasure to join Linda's friends and colleagues in acknowledging her notable accomplishments in the faculty's first festschrift (a collection of work that honours significant influence on a field of study)." *Mapping the field: Nursing scholarship in health human resources* is a review of O'Brien-Pallas' scholarly contributions. It was published in the spring of 2010, and is an edited collection of papers, with contributions from doctoral students, colleagues, mentors and admirers. For a copy, visit http://uoft.me/nurseresearch.

New guidelines for beating the heat

Some may say that August marks the beginning of the end of summer. That may be true, but extreme heat is as much a probability in late summer as it is earlier in the season. Nurses and other health-care professionals need to know how to adapt to and plan for extreme heat events. To help them do that, the Climate Change and Health Office at Health Canada has released *Extreme Heat Events Guidelines: Technical Guide for Health Care Workers*. Nurses can refer to three fact sheets for information on managing extreme heat events in facilities, in the community, and in acute care. A more detailed technical guide also provides current national and international research regarding evidence-based adaptations for preventing adverse health outcomes from extreme heat. For a copy of the guide and fact sheets, visit www.healthcanada.gc.ca/cc or email Climatinfo@hc-sc.gc.ca.

Drivers use car seats, booster seats…but not correctly

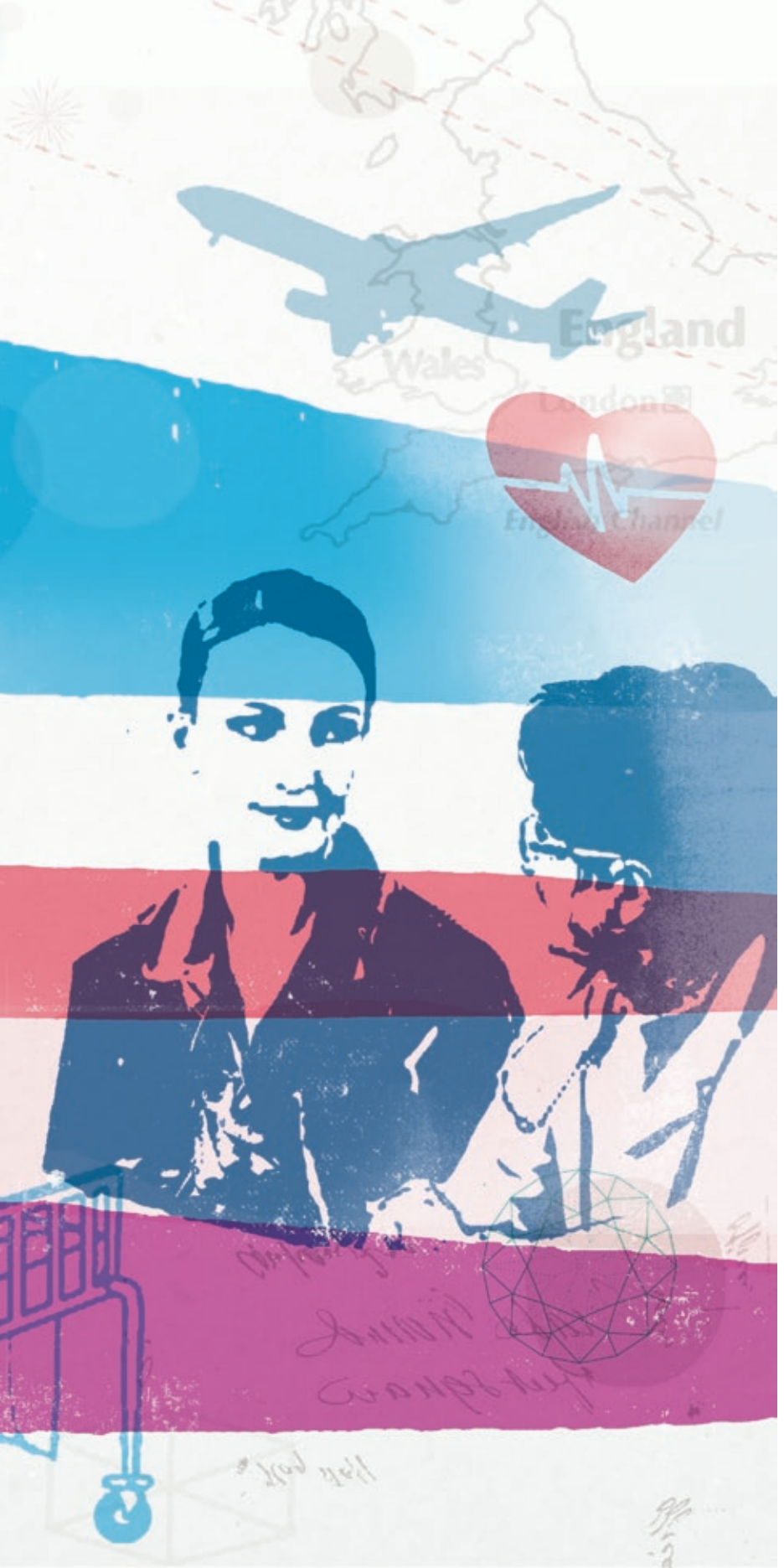
More than 90 per cent of the population is using some type of car seat or booster seat in a moving vehicle. However, child safety seats are used correctly only 64 per cent of the time. That's one of the key findings of the *2010 Canadian National Survey on Child Restraint Use*, released in early June. "Vehicle accidents are a leading cause of injury and death to Canadian children," says Anne Snowdon, coordinator for health, safety and injury prevention at AUTO21, Canada's automotive research program. "It is vital that we work with families to ensure they use the right seat at the right time." Two years ago, RNAO, in response to an AGM resolution that sought to raise the age criterion (from eight to nine) in the booster seat provisions of the *Highway Traffic Act*, urged then Transport Minister Jim Bradley to follow the lead of other provinces that have raised the minimum age to nine. Ontario's age requirement remains at eight, however, Transport Canada urges people to consider weight, height and physical development (not just age) when deciding which type of car seat to use. For information, visit www.tc.gc.ca/roadsafety/kids.

Honourary doctorate to RNAO ED

At its convocation ceremonies in June, the University of Ontario Institute of Technology (UOIT) conferred RNAO Executive Director Doris Grinspun with an honourary Doctor of Laws (honoris causa) in recognition of her "…eminent and internationally recognized career as a visionary, advocate and (her) tireless work to champion the development of a sustainable health-care system and for the health of Ontarians more broadly." In its announcement of the recognition, UOIT credited Grinspun with transforming nursing and health-care policy and practice within the province and beyond, and with transforming nursing and health-care practice at the bedside with the introduction of best practice guidelines. **RN**

A life inspired

ILLUSTRATION BY KELLY SCHYKULSKI



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

A life inspired

A nurse's nurse

BY ELIZABETH EDWARDS

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

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

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

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

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

Calm comes with a whisper

BY SYLVIA ARSENAULT

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

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

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

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

Grace under pressure

BY SHAWN DOOKIE

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

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

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

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

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

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

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

A life inspired

A family affair

BY KATHY HOLDSWORTH

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

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

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

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

In memory of Margaret Patricia (Aunty Pat) Dunk

The 'politics' of nursing

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

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

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

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

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

The ties that bind

BY CHRISTA DAVIDSON

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

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

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

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

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

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

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

A life inspired

In the trenches

BY ANNE EGGER

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

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

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

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

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

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

Seeing the potential

BY MOLLIE WINGER

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

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

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

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

A kindred spirit far from home

BY SUSAN L. SHIPLEY

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

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

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

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

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

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

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

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

With involvement comes influence

Michelle Stockwell, flanked by supporters and then Liberal Leader Michael Ignatieff (centre), campaigns during the spring federal election.

Nurses urge fellow nurses to get involved in the electoral process.

BY JILL-MARIE BURKE

Michelle Stockwell has been a nurse for 30 years. In the spring of 2010, she decided to run for the Liberal Party in the riding of Hamilton East-Stoney Creek. The first-time candidate, who works in mental health with the Hamilton Family Health Team, placed third in May's federal election. She received 6,500 votes. During her campaign, RNAO's Hamilton chapter invited her to speak at one of the group's meetings. Nursing colleagues sent her notes of support. Stockwell says she was grateful for the encouragement, but is now urging nurses to work more closely together to help colleagues get elected provincially and federally. She says nurses underestimate how powerful they can be as a group.

"The more nurses we are able to elect and have as part of the government's overall strategy and policy-making, the better," she says. "Nurses are in touch with Canadians. They know what's happening in people's lives and in their families and their health and with the economy."

With a provincial election less than two months away, how can nurses harness that influence and get involved? Voting on Oct. 6 is the very least you can do, but there are many other ways to engage in the political process. Stockwell has a few suggestions: join the local riding association; pick a candidate (it doesn't have to be one in your riding) and offer to hand out flyers, help with fundraising, volunteer at election headquarters, or assist on election day; attend a fundraising event; write a candidate a note of support; or visit the government's election website (www.elections.on.ca) to volunteer in an Elections Ontario office or polling station.

"If we don't step forward, knowing as much as we know about what Canada (or the province) needs, we'll miss a huge opportunity," Stockwell says, adding that the earlier nurses sign on and offer support, the more powerful their voices.

RNAO has been preparing for the provincial election since January 2010. That's when the association released *Creating Vibrant Communities: RNAO's Challenge to Ontario's Political Parties* (www.creatingvibrantcommunities.ca). The association hopes nurses will continue to use this as a resource, and will continue to give out the election bookmarks RNAO unveiled in February. These highlight the key policy recommendations RNAO is urging the parties to adopt. Among the recommendations: strengthen Ontario's social system by continuing with annual increases to the minimum wage and with a $100/month healthy food supplement; advance

PHOTO: (OPPOSITE) ROBERT WELLS STUDIO OF PHOTOGRAPHY.

MPP candidate Cathy Crowe, second from left, speaks to Toronto media with NDP leader Andrea Horwarth (left).

Support is just a phone call, email away

For RNAO's Health and Nursing Policy department, the lead-up to the provincial election is a busy and exciting time. In addition to helping members organize all-candidates meetings in their communities and prepare for one-on-one meetings with politicians, staff will maintain the association's new election website www.creatingvibrantcommunities.ca. They will update the site with resources to help nurses compare the ideas of the parties and candidates. As always, members of the department will answer questions from members about *Creating Vibrant Communities: RNAO's Challenge to Ontario's Political Parties*, or any other aspects of the election. Remember, they are just a phone call or email away, and are happy to assist.

All-candidates meetings

- RNAO's regions 6 and 7, in partnership with home office, will host an all-candidates meeting on Thursday, Sept. 22 at St. Michael's Hospital in Toronto. The meeting, which will run from 6:30–8:30 p.m., will be moderated by *Toronto Star* columnist Carol Goar, with RNAO Executive Director Doris Grinspun acting as master of ceremonies.
- The Hamilton chapter will host an all-candidates meeting on Wednesday, Sept. 14 at the *Hamilton Spectator Auditorium.* The meeting, which will run from 6:00–9:00 p.m., will be moderated by social planner Deidra Pike.

Questions for candidates

To help nurses find out where politicians stand on key issues, the policy department has prepared a list of questions. Here are a few examples…

- What would you and your party do to address the needs of Ontarians who are going hungry each day?
- Will you commit to sustainable green communities by closing dirty coal plants by 2012?
- Will your party commit to investing in home-care services?
- Not having enough nurses erodes patient safety in many health-care settings. Will you commit to improving access to nursing services by supporting the hiring of an additional 9,000 RNs by 2015?

For a more complete list of questions, visit **www.creatingvibrantcommunities.ca** And while you're there, find out more about:

- **The Liberal party report card:** Which promises did the Liberals keep?
- **RNAO's comparison of party platforms:** Where do the parties stand on the policy recommendations in *Creating Vibrant Communities?*
- **What people are saying:** Follow lively political discussions on Twitter and Facebook.

How to get involved

RNAO has produced a guide, *Taking Action*, for members who would like to get involved in the provincial election, but not as candidates. You can download the document at **www.creating-vibrantcommunities.ca**. Here are a few suggestions:

- Meet with your chapter, region, interest group or student group to identify which RNAO priority issues are most relevant to your community
- Distribute questions for members to ask when candidates knock on the door
- Invite candidates to a panel discussion or forum on health-related issues at a chapter or interest group meeting
- Arrange to have members of your chapter attend all-candidates' meetings in your riding
- Organize your own all-candidates' meeting on health issues
- Contact candidates to discuss issues in the context of stories covered in the media or newly released research findings
- Write a letter to the editor or op-ed about the issue(s) in your community. RNAO's online media relations guide (www.rnao.org/mediarelationsguide) provides writing tips.

For nurses interested in running for public office in the future, RNAO has a kit for potential candidates. Visit www.creating-vibrantcommunities.ca for suggestions on getting started.

Pickering-Scarborough East Independent MPP candidate Caril Phang campaigns with one of her biggest supporters, nine-month-old son Walter.

green communities by focusing on renewable energy and saying no to coal and nuclear energy; strengthen Medicare by investing in publicly-funded, not-for-profit home care and opening 50 additional nurse practitioner-led clinics; improve system access and effectiveness by adding 9,000 RN positions by 2015 and reaching 70 per cent full-time employment for all nurses.

"For the past year, RNAO members have been using our platform as a springboard to strategic and productive discussions with politicians of all parties," says Rob Milling, Director of Health and Nursing Policy at RNAO. "We are encouraging members to organize more meetings with their candidates over the next few months."

Unlike Stockwell, street nurse Cathy Crowe has considerable experience in the political arena. She says she has always been pleased with the support she receives from nurses. Crowe ran for the NDP in a provincial by-election in the riding of Toronto Centre in February 2010. She didn't win, but is running again as the NDP candidate for Toronto Centre in this October's election. York University nursing students were encouraged by their professors to participate in her February campaign "not in a partisan way, but just to see first-hand what it's like," remembers Crowe. "I had nurses and nursing students work in all aspects of the campaign," she remembers. One day, a large group of volunteer nurses hit the streets with Crowe to highlight health-related issues at peoples' front doors. "I tell (them) to just walk into a campaign office, say who you are, where you're from and what you'd like to do. There is always work...Nurses don't have a history of donating to political parties, but once they do, they realize what it allows a candidate to do. Plus, I remind them they get a huge percentage rebate on their donation."

Also running for a seat in this fall's provincial election is Pickering-Scarborough East RN Caril Phang, an acute care nurse who is currently on maternity leave with her two children. Phang is an Independent candidate*, and as such her campaign is significantly different from that of a candidate affiliated with one of the larger parties. She refers to it as "totally online, totally no funds." Large political parties require a minimum amount of fundraising money to run a campaign. As an independent, Phang isn't required to fundraise. She hasn't placed advertisements in local newspapers, erected lawn signs or created bumper stickers. But she's passionate about health-care issues and is raising her profile by going door-to-door, blogging and tweeting regularly.

While she would love to win, Phang is realistic about her odds. There are currently no independent MPPs in the legislative assembly. For this mother of two, contributing to a dialogue about health-care issues is what's most important. She believes if more nurses were in politics they would be able to play a key role in reducing the inefficient use of financial resources in the health-care sector, and would advocate more forcefully for healthy public policy.

"I would love to see more nurses at all levels of government," says Phang. "However, the collective voice of nursing is difficult to establish since we have not yet assembled our numbers into any meaningful political influence." A challenge, perhaps, but not impossible believe Stockwell, Crowe and Phang. They hope their involvement in politics will inspire other nurses to consider similar paths. **RN**

JILL-MARIE BURKE IS MEDIA RELATIONS COORDINATOR AT RNAO.

* At press time, Caril Phang announced her decision to withdraw from the race and formally endorse Pickering-Scarborough East Conservative candidate Kevin Gaudet.

RN PROFILE

BY JILL-MARIE BURKE

"Adventures" in nursing

TORONTO RN THRILLED TO DISCOVER NURSING WASN'T THE SCARY AND MYSTERIOUS PROFESSION SHE ONCE THOUGHT IT WAS.

The first time Saverina Sanchez entered a hospital, she had to sneak in. She was seven years old and her father was inside dying of leukemia. Children weren't allowed in the hospital, but a kind nurse found a way to help Sanchez and her two younger siblings visit. Back then, she believed hospitals were scary, mysterious and forbidden places. But she didn't let her fear blur her vision to someday work in health care so she could help sick people feel better.

Sanchez was 18 when she entered the nursing diploma program at George Brown College. She worked with AIDS patients for the first three years of her career, and then moved to emergency nursing, where she stayed for almost a decade. She shifted her focus to dialysis in 1998 when she needed a change from the ever-increasing demands in a busy emergency department. It was challenging to go from being an expert in emergency nursing to being a novice in dialysis, she says. In addition to learning how to operate the various machines, she had to gain the trust of colleagues who knew she was proficient in emergency nursing, but wondered how quickly she would acquire the skills in dialysis.

Three things you don't know about Saverina Sanchez:

1. She would love to be a stand-up comedian because she loves to make people laugh.
2. She revels in her quality time with her 18-month-old grandchild, Andres.
3. She has three beagles and a Siamese cat, and jokes that when her four daughters moved out of the house, she replaced them with pets.

Sanchez has since achieved her certification in nephrology from the Canadian Nurses Association, and has completed her BScN at Ryerson University and master's degree at York University. Today, she is the manager of the nephrology program at Humber River Regional Hospital. She supervises a team of 12 nurses, and works with a multi-disciplinary team that includes pharmacists, dietitians and social workers. The group educates patients in an effort to slow the progression of their kidney disease and avoid dialysis.

Patients who need dialysis are encouraged to participate in the hospital's home dialysis program, the first nocturnal program in Canada. This program enables them to clean their blood at home while they sleep. Sanchez says people of all ages and at all stages of kidney disease can learn to do dialysis at home. Clients complete a six-week, nurse-led training program in the hospital and plumbers and electricians make sure their homes are properly equipped for the treatments. Home dialysis is more effective than traditional dialysis because the blood is cleaned every night instead of just a few times a week.

Home dialysis is also easier on the body. Sanchez says the positive impact on health can be dramatic. She remembers a woman whose kidney disease was so advanced that she was in and out of the ICU and hadn't walked in over a year. Her daughter learned to do home dialysis and within six months her mother was walking again, cooking her own food and enjoying the simple pleasures in life. She lived for another year in the comfort of her own home.

Patients on home dialysis are followed by a nurse clinician for years, so Sanchez and her staff develop bonds with many of them. When dialysis is no longer working and their health begins to deteriorate, the nurses know their client has reached end of life. Sanchez helps staff cope with the stress, anxiety, grief and loss. "The nurses sometimes feel like they're ultimately responsible for the patient. It's my job to say 'You're doing a great job. The disease process is taking its course,'" she says.

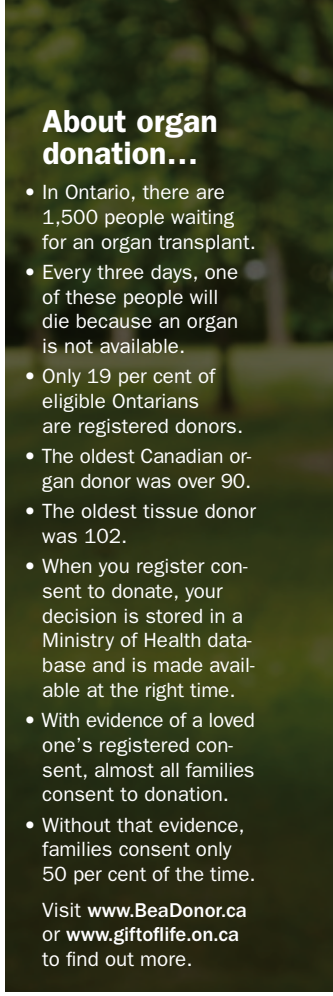
While Sanchez loves her work, her team and her clients, she knows that in nursing there is always another new and exciting challenge on the horizon. "If anyone says they're bored with their career," she says, "they haven't opened their eyes to see that the next adventure is just outside their door." **RN**

JILL-MARIE BURKE IS MEDIA RELATIONS COORDINATOR AT RNAO.

the ultimate gift

By consenting to organ donation, nurses and other health-care professionals can lead by example.

BY KIMBERLEY KEARSEY



About organ donation...

- In Ontario, there are 1,500 people waiting for an organ transplant.
- Every three days, one of these people will die because an organ is not available.
- Only 19 per cent of eligible Ontarians are registered donors.
- The oldest Canadian organ donor was over 90.
- The oldest tissue donor was 102.
- When you register consent to donate, your decision is stored in a Ministry of Health database and is made available at the right time.
- With evidence of a loved one's registered consent, almost all families consent to donation.
- Without that evidence, families consent only 50 per cent of the time.

Visit **www.BeaDonor.ca** or **www.giftoflife.on.ca** to find out more.

Anne Sherwood's life changed forever in April 2007. Over a six-week period that spring, the part-time oncology nurse went from being a busy working mom with a focus on her two toddlers to a liver transplant recipient facing the fight of her life. The experience left her with a unique perspective she now shares with fellow RNs as a spokesperson for Trillium Gift of Life Network (TGLN), Ontario's central organ and tissue donation agency.

"I try to explain to them how important their work is, and how integral they are to getting an organ where it needs to be so a person can live," she says of her discussions with health professionals in the operating room who are charged with retrieving donor organs. "I acknowledge how difficult it is, but I say to them 'Look at me now... this is probably something you had a part in.'"

Four years ago, Sherwood thought she had a simple flu that she couldn't shake. She visited her doctor for some blood tests. Within five days of having those tests, she was admitted to hospital and told her liver had stopped functioning. Without a transplant, she would likely die within 72 hours. Her brother offered to become a living donor. With only a 20 per cent chance the siblings would be a match, Sherwood and her family were thrilled to find out his gift was possible, but fortunately not necessary. Just hours before he was due for surgery, they were informed another liver was available, and that Sherwood was at the top of the list.

The first time she shared her experience with fellow nurses, it was on the one-year anniversary of that experience. The emotion was still so fresh that she could barely get the words out. She remembers being mortified afterwards, but realizes now the raw emotion she showed, and the glimpse it gave nurses into the personal trauma of organ transplantation, was exactly what her colleagues needed to see.

PHOTO: JEFF KIRK

Sherwood's story is one that TGLN CEO Frank Markel hopes will prompt nurses to register as donors, a process that has become more convenient with the June launch of online donor registration (BeaDonor.ca). For the first time, Ontarians can register their consent from their computer. By making it easy and accessible, Markel says people who haven't registered—because it wasn't convenient, or they didn't know how—can take that step and make it official. And he wants nurses and other health professionals to lead by example.

"Nurses are a very influential professional group, arguably the most...and people turn to nurses for comfort and advice," he says. They are in a unique position to raise awareness that organ donation can save up to eight lives, and can transform up to 75 more through tissue donation, he adds.

RN Janice Beitel, professional practice leader at TGLN, explains how nurses can provide the context for what happens in health care. If people are considering donation, they look to professionals in the field to assure them it's the right thing to do, and that their consent will make a difference. Nurses can also provide timely referrals to organ and tissue donor coordinators who have specialized training.

"We do not expect staff nurses in critical care and the ER to play these specialist roles," Markel says. "What we do hope for is that the nursing staff will be supportive of organ and tissue donation, they will be alert to the possibility that a patient may proceed to brain death, and they will refer cases to us."

Twenty-five years ago, Hilda Gatchell-Finnigan was working as an OR supervisor in Oshawa. Her first experience with organ donation came when the family of a young boy, in critical condition after being hit while riding his bicycle, asked about donating his organs.

RNs Anne Sherwood (right) and Hilda Gatchell-Finnigan have both been touched by organ donation on a personal level.

It was the mid-80s and Gatchell-Finnigan says organ donation wasn't what it is today. She didn't know if it was even possible. "We're the first person there at the bedside, caring for that patient who may not be saved but may be able to save others," she says. "We become the trusted person."

Since that day almost two decades ago, Gatchell-Finnigan has become an active Trillium volunteer, speaking to the public and to nurses, raising awareness of the value of donation. She knows from personal experience that it is not always easy. Her brother-in-law needed a heart transplant in 1986 and it was difficult for Gatchell-Finnigan and her sister, also a nurse, to acknowledge someone had to die in order for her brother-in-law to live. "As nurses...that's not what we're all about," she says.

Over time, and with some spiritual reflection, Gatchell-Finnigan now says she truly understands what donation means. "You had people coming to you who were—but for the machine keeping them breathing—dead," she explains of her work retrieving donor organs in the OR. "What you realize is that they are helping so many others. You do what you are doing for that person and for their sake. You are helping them to fulfill their last wish."

It's sometimes more difficult to help families realize the same thing. "They're dealing with a tragedy...they're not thinking in those terms," she says, adding that nurses can help them realize the chance they might have to save a life. The decision to donate is not hard, she adds. Families struggle more to accept their loved one is not going to survive. "Once they realize that, and they get that information from the people they've come to trust, they say making the decision to donate is one of the easier decisions they've made." Helping families through that emotional turmoil is difficult, and that's why TGLN organ and tissue donor coordinators are so important.

A telling study published in 2010 by the American Journal of Critical Care found one-third of people who decided not to donate their loved one's organs reported being unsure a few months later if they made the right decision. "We don't want someone...wondering if they made the right decision," Beitel says. "Our coordinators are able to help them understand if it's the right decision in any situation, and not just the current situation when they're tired and grief-stricken."

Sherwood remembers her mother's struggle in that regard. After the transplant, the two were talking about everything that had happened. "She told me that if they had asked for my organs, she didn't know if she could have given them," Sherwood recalls. She was shocked because although her liver was not an option, other organs and tissue could be used to save a life. Her mother also recognized the irony, saying: 'Here I am, praying for an organ, and yet I didn't know if I wanted them to do that to you.'

Sherwood hopes people will register their consent knowing "the essence of a person is in their soul and spirit." She admits that although she always signed her driver's licence with consent to donate, a process that pre-dates the online registry, it never occurred to her that she would ever need an organ. "I never thought about it...not in a million years." The online registry didn't exist when she needed her transplant, but now that it does, she's thrilled. "Something like this is going to mean the difference between life and death for many people," she says. And who better to make that point than someone whose life was saved by a complete stranger. **RN**

KIMBERLEY KEARSEY IS MANAGING EDITOR AT RNAO.

POLICY AT WORK

Province's plan targets mental health issues early

A strategy on mental health was unveiled by the province at a June media conference attended by RNAO board member Sheryl Bernard. The three-year plan will allocate $257 million to initiatives focused on children and youth. Mental health workers and nurses will be placed in schools across Ontario, reaching an estimated 9,000 children.

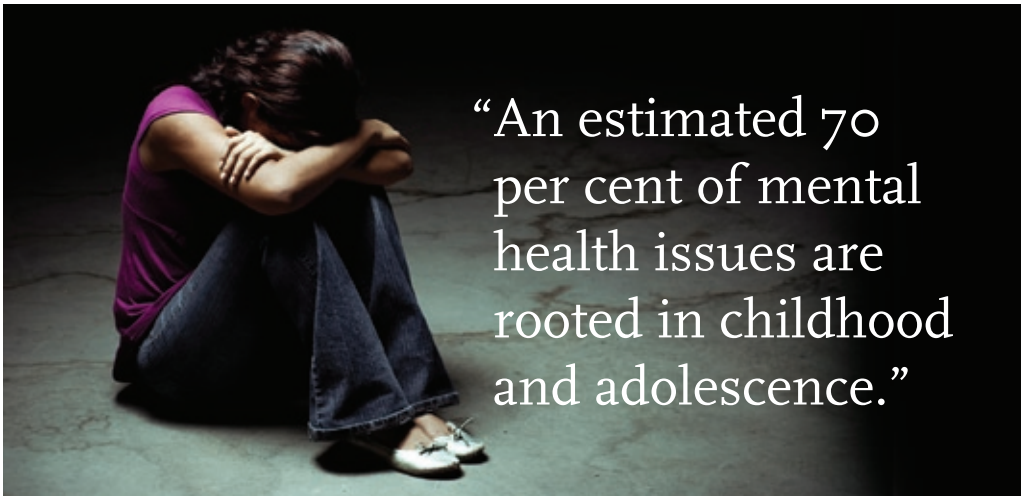
Other aspects of the strategy include:

- providing more short-term therapy and crisis intervention services in community agencies
- expanding video counselling services to rural, remote and underserviced communities
- hiring Aboriginal mental health workers to provide culturally appropriate services for 4,000 Aboriginal kids struggling with issues such as suicide and substance abuse

It's estimated one in five Ontario children deal with mental health issues ranging from anxiety, attention deficit hyperactivity disorder, as well as depression and eating disorders.

Bernard, who works at Ontario Shores Centre for Mental Health Sciences, says the plan is a "great start" and RNAO is looking forward to seeing more funding down the line for adults. Given an estimated 70 per cent of mental health issues are rooted in childhood and adolescence, the government says targeting children and youth in the first phase makes sense. A second phase geared to adults is in the works, but won't be unveiled until after the provincial election this October.

A number of the measures contained in the strategy were adopted from an all-party committee on mental health and addiction. RNAO was one of several groups to make recommendations to that committee. During its presentation, the association implored the government to ensure dedicated funding to address the issue.



Toronto mayor turns down offer of two free nurses for public health

An offer by the province to fund two additional nurses to work for Toronto Public Health was rejected by Mayor Rob Ford, prompting 3,113 members to respond to action alerts from RNAO.

During a June meeting of the city's executive committee, Ford insisted "we have enough people in public health right now" and deferred indefinitely the decision to accept the province's offer to hire the nurses at no cost to the city.

According to the Toronto health board, one of the nurses would have worked on disease prevention with recent immigrants while the second would have worked in health promotion in one of the city's poorest neighbourhoods.

In letters addressed to Mayor Ford and Toronto councillors, members pointed to the evidence that links nursing care with better patient outcomes and reductions in health-care costs. The letters, in part, led to a motion brought forward by city councillor John Filion on July 13 to reopen the issue and accept the two public health nurses conditional on 100 per cent funding from the province. That motion was rejected.

Regardless of the outcome, councillors made it clear that nurses' voices were heard loud and clear, and some speculated that it will be difficult for any councillor to vote against public health in the future.

Private health clinics come under fire

Complaints about the practices of private health clinics delivering two-tier health care in Ontario were answered in June when the McGuinty government announced it was taking action.

The province is stepping up efforts to investigate potentially illegal fees for services covered by OHIP. A toll-free number (1-888-662-6613) and email address (protectpublichealthcare.ca) have been set up to receive reports of illegal charges.

The government is also sending reminders to all health-care providers to ensure they understand their legal obligations to provide equal access to all Ontarians regardless of who they are, where they live, or their ability to pay.

RNAO called the government's action a "bold and necessary step." President David McNeil applauded Health Minister Deb Matthews for acting on recommendations that date back to the fall of 2008 when RNAO, the Ontario Health Coalition (OHC) and Doctors for Medicare unveiled an OHC report detailing almost 90 violations of the *Canada Health Act* across the country, including examples at 11 private clinics in Ontario.

RNAO Executive Director Doris Grinspun called the government's clamp down on illegal and unfair practices proof of the province's commitment to safeguard Medicare. **RN**

NOTICE OF 2012 AGM

HILTON TORONTO
FRIDAY, APRIL 27, 2012

Take notice that an annual general meeting of the Registered Nurses' Association of Ontario (hereinafter referred to as 'association') will be held at the Hilton Toronto hotel commencing the evening of Thursday, April 26 for the following purposes:

- To hold such elections as provided for in the bylaws of the association.
- To appoint auditors.
- To present and consider the financial statements of the association (including the balance sheet as of October 31, 2011, a statement of income and expenditures for the period ending October 31, 2011, and the report of the auditors of the association thereon) for the fiscal year of the association ended October 31, 2011.
- To consider such further and other business as may properly come before annual and general meetings or any adjournment or adjournments thereof.

By order of RNAO Board of Directors

David McNeil
RN, BScN, MHA, CHE
President

Call for Resolutions

Deadline: Monday, December 20, 2011 at 1700 hours (5:00 p.m.)

Do you want to shape nursing and health care? As a member of your professional association, you can put forward resolutions for ratification at RNAO's annual general meeting, which takes place on Friday, April 27, 2012. By submitting resolutions, you are giving RNAO a mandate to speak on behalf of all its members. It is important to bring forward the many pressing nursing, health and social issues that affect nurses' daily lives and the public we serve. RNAO members represent the many facets of nursing within the health system. You play a vital role in ensuring nurses' voices are heard, and in advancing healthy public policy across the province and elsewhere. RNAO encourages chapters, regions without chapters, interest groups and individual members to submit resolutions for ratification at the 2012 Annual General Meeting. Please send materials to Penny Lamanna, RNAO Board Affairs Coordinator, at plamanna@rnao.org.

Important to note:

- the resolution must bear the signature(s) of an RNAO member(s) in good standing for 2012.
- a *maximum* one-page backgrounder must accompany each resolution. This one page is to INCLUDE references, and the font used must be no smaller than Arial 10 or Times New Roman 11. Margins on this one page must also be reasonable, e.g. an absolute minimum of 0.7" all around.
- all resolutions will be reviewed by the Provincial Resolutions Committee.

For clarity of purpose and precision in the wording of your resolution, we recommend that each resolution include no more than three 'Whereas'; and preferably only one, but never more than two, 'Therefore Be It Resolved.' Please refer to the following successful 2011 resolution for guidance: **WHEREAS** one in four people who become institutionalized in the health-care system develop pressure ulcers resulting in longer treatment times, higher system costs, increased length of hospital stay and decreased quality of life; and **WHEREAS** sector and geographical disparities exist in access to preventive and curative resources; and **WHEREAS** there is a current lack of consistency, accuracy and standardization in the staging of pressure ulcers that impacts the ability to communicate efficiently between members of the interdisciplinary team as well as across sectors and regions; **THEREFORE BE IT RESOLVED** that the RNAO advocate to the Ministry of Health and Long-Term Care for a comprehensive cross-sector interdisciplinary provincial wound care strategy, inclusive of sector-wide accountability for pressure ulcer prevention.

Call for Nominations 2012–2014 RNAO Board of Directors (BOD)

Deadline: Monday, December 20, 2011 at 1700 hours (5:00 p.m.)

As your professional association, RNAO is committed to speaking out for health, speaking out for nursing. **YOUR** talent, expertise and activism are vital to our success. For the 2012 year, RNAO is seeking nominees for:

- 5 Members-At-Large (Nursing Administration / Nursing Education / Nursing Practice / Nursing Research / Socio-Political Affairs)
- Interest Groups Representative*

***Interest Groups Representative (IG Rep)**
Important to note: In accordance with RNAO Bylaws, this individual will be elected at the AGM by a vote of **Provincial IG Chairs only**: Bylaw 4.18(1) states, "The chairs of each Provincial Interest Group shall elect to the Board of Directors, in even numbered years, an Interest Groups Representative who shall be a current or immediate past Provincial Interest Group Chair."

RNAO BOD Committee vacancies:

- Bylaws Committee (4 vacancies): 2 General Members / 1 Assembly member / 1 NSO Representative
- Provincial Nominations Committee (1 vacancy)
- Provincial Resolutions Committee (1 vacancy)

Being a member of RNAO has provided you with opportunities to influence provincial, national and international nursing and health-care policy, to discuss and share common challenges related to nursing, nurses, health care, social and environmental issues, and to network with numerous health professionals dedicated to improving the health and well-being of all Ontarians. Joining as **a member of the RNAO Board of Directors** will provide you with an extremely rewarding and energizing experience. Over the course of two years, you will contribute to shaping the present and future of RNAO. You will also act as a professional resource to your constituency. Joining as a member of n RNAO BOD Committee affords you an opportunity to become more involved and engaged in the work of RNAO. Please access the nomination form at www.RNAO.org. If you require further information, please contact Penny Lamanna, RNAO Board Affairs Coordinator, at plamanna@rnao.org **RN**

CALENDAR

2011

AUGUST

August 29
SMOKING CESSATION CHAMPIONS — WEBINAR SERIES
Connect with other smoking cessation champions in your region and across Canada by attending a FREE webinar this summer.
FINAL SESSION in the summer series
Registration is required by emailing tobaccofree@rnao.org

September 18–23
CHRONIC DISEASE MANAGEMENT FALL INSTITUTE
Hockley Valley Resort
Orangeville, Ontario

September 22–23
RNAO BOARD OF DIRECTORS' MEETING
RNAO home office
Toronto, Ontario

September 24
RNAO ASSEMBLY MEETING
Hyatt Regency
Toronto, Ontario

SEPTEMBER

September 15
WORKLOAD AND STAFFING WORKSHOP
Lamplighter Inn & Conference Centre
London, Ontario

OCTOBER

October 3
LEADERSHIP FOR NEW GRADS WORKSHOP
Location TBC
Toronto, Ontario

October 18–19
EXCELLENT CARE FOR ALL: EVIDENCE-BASED PRACTICE AND QUALITY IMPROVEMENT CONFERENCE
Intercontinental Toronto Centre
Toronto, Ontario

October 28
HEALTH INEQUITIES: THE STORIES UNCAPPED
8:30 a.m. – 4:00 p.m.
Metro Hall, 55 John Street
Toronto, Ontario
For information:
416-426-7029,
1-866-433-9695 or
info.inig@gmail.com

Unless otherwise noted, please contact events@rnao.org or call 1-800-268-7199 for more information.

NOVEMBER

November 2–4
RNAO LEAGUE OF EXCELLENCE FOR LONG-TERM CARE
Crowne Plaza
Hamilton, Ontario

November 10–12
NURSE PRACTITIONERS' ASSOCIATION OF ONTARIO CONFERENCE 2011
Hamilton Convention Centre
Hamilton, Ontario

INTERESTED IN PROMOTING YOUR EVENT?
RNAO members receive a 15 per cent discount on classified advertising. To find out more, or to book your space in an upcoming issue, email editor@rnao.org or call 416-599-1925/ 1-800-268-7199, ext. 233.

CALENDAR (continued)

PLAN AHEAD FOR 2012

March 1, 2012

13TH ANNUAL QUEEN'S PARK DAY

Queen's Park Legislative Bldg
Toronto, Ontario

June 4–7, 2012

INTERNATIONAL NURSING CONFERENCE

NURSING: CARING TO KNOW, KNOWING TO CARE

A joint effort of the Hadassah Hebrew University Medical Center and RNAO.
The Inbal Jerusalem Hotel
For information: www.israel.rnao.ca

CLASSIFIEDS

BECOME A CERTIFIED PROFESSIONAL CANCER COACH

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

FOOT CARE NURSE PROGRAM

Distance/online courses. Learn nursing foot care through self-directed learning and network with mentors from your community. Includes basic, advanced and diabetic foot care. Coordinator Cindy Lazenby, RN, has 18 years of foot care clinical and teaching experience. A comprehensive course package includes a workbook, DVDs, CD and manuals including the *Nursing Foot Care Management, 3rd Edition, 2008 by Lazenby.* Foot care nurse educator programs also available. Visit www.footcarekingston.com.

PARISH NURSING INTEREST GROUP: 10TH AGM AND EDUCATION EVENT

All parish nurses and nurses interested in parish nursing are invited to join us at St. Joseph the Worker R.C. Church, 1100 Mary Street N., Oshawa, on Oct. 1, 2011 08:30–1600. PNIG members, no charge. Non-members, $25 (includes lunch). Keynote speaker, Dr. William Sullivan, MD PhD, Toronto, will discuss *Ethical and Loving Care of Persons Living with Cognitive Impairments.* For more information or to register, contact Mary Shaw, 613-733-4600 or mbshaw@rogers.com. Registration deadline: Sept. 15.

IN THE END

BY CONNIE SCHULZ

ILLUSTRATION: MIKI SATO

What nursing means to me…

I still remember the assignment my classmates and I were given in our Grade 7 social studies class. We had to research the profession that we would be interested in pursuing after high school. For some, it was a difficult decision to make. But I had no problem because I already knew I wanted to be a nurse. I researched the profession very carefully, spending hours in the library reading everything I could. I still have that project and had quite the chuckle reading through it after so many years. The title page has a nurse dressed in a white uniform, which was carefully cut out of an Eaton's catalogue.

DROP US A LINE OR TWO
We'd love to hear about what nursing means to you. Your story could appear in *RN Journal*. Email editor@rnao.org.

One point stood out more than the rest while I was reading this project. In the section about future jobs, I wrote: "I don't think the job will be there when I'm educated because hospitals have enough nurses as it is. It seems like everybody is or wants to be a nurse these days." When I graduated in 1983, this statement was nearly a reality. Of the 72 graduating nurses in my class, most started in on-call positions (working anywhere the hospital needed you). Very few were able to get full-time jobs. Many of those who did found them in Alberta or the U.S. I stayed in Kingston and worked on call at the Kingston General Hospital for nine months before finally getting a part-time position on a surgical unit.

Fast forward almost three decades and things have changed. Nursing recruitment fairs are held all over the country trying to entice new graduates to experienced nurses to fill needed positions. Nursing magazines have unending advertisements listing vacant positions throughout North America. There are also opportunities to travel and work in many different countries around the world.

We've moved beyond the days of servitude and have become autonomous, independent decision-makers with unlimited opportunity. RNs can be found in every aspect of health care, including hospitals, community clinics, home care, research, outpost nursing and administration. Specialization is rapidly growing, with pediatrics, oncology and critical care as just a few examples. Nurses can strive for a doctorate or master's level education, working as an advanced practice nurse or nurse practitioner. As with evolving technology, there are always new skills to acquire.

Looking back to my first essay, it is hard to believe we have come so far. **RN**

Connie Schulz works at a tertiary care hospital in Ottawa as an enterostomal therapy nurse.

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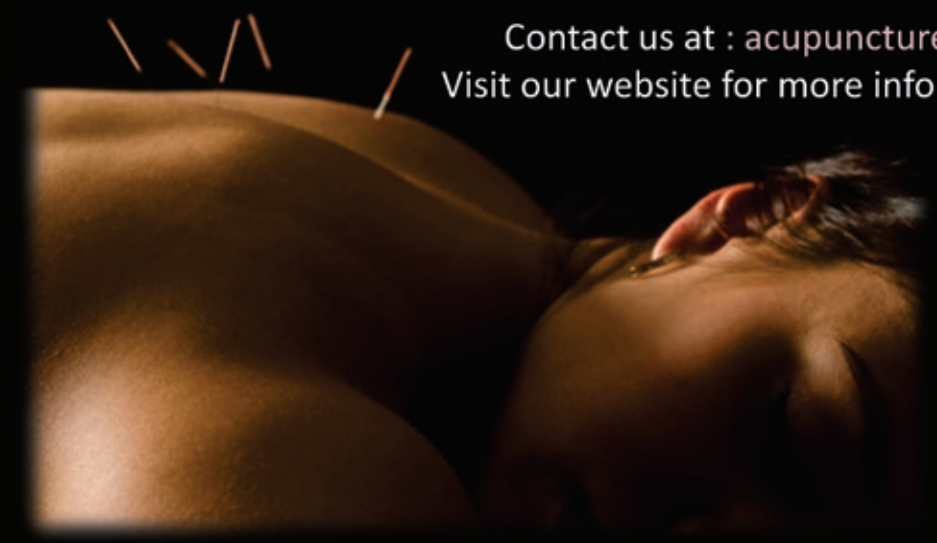

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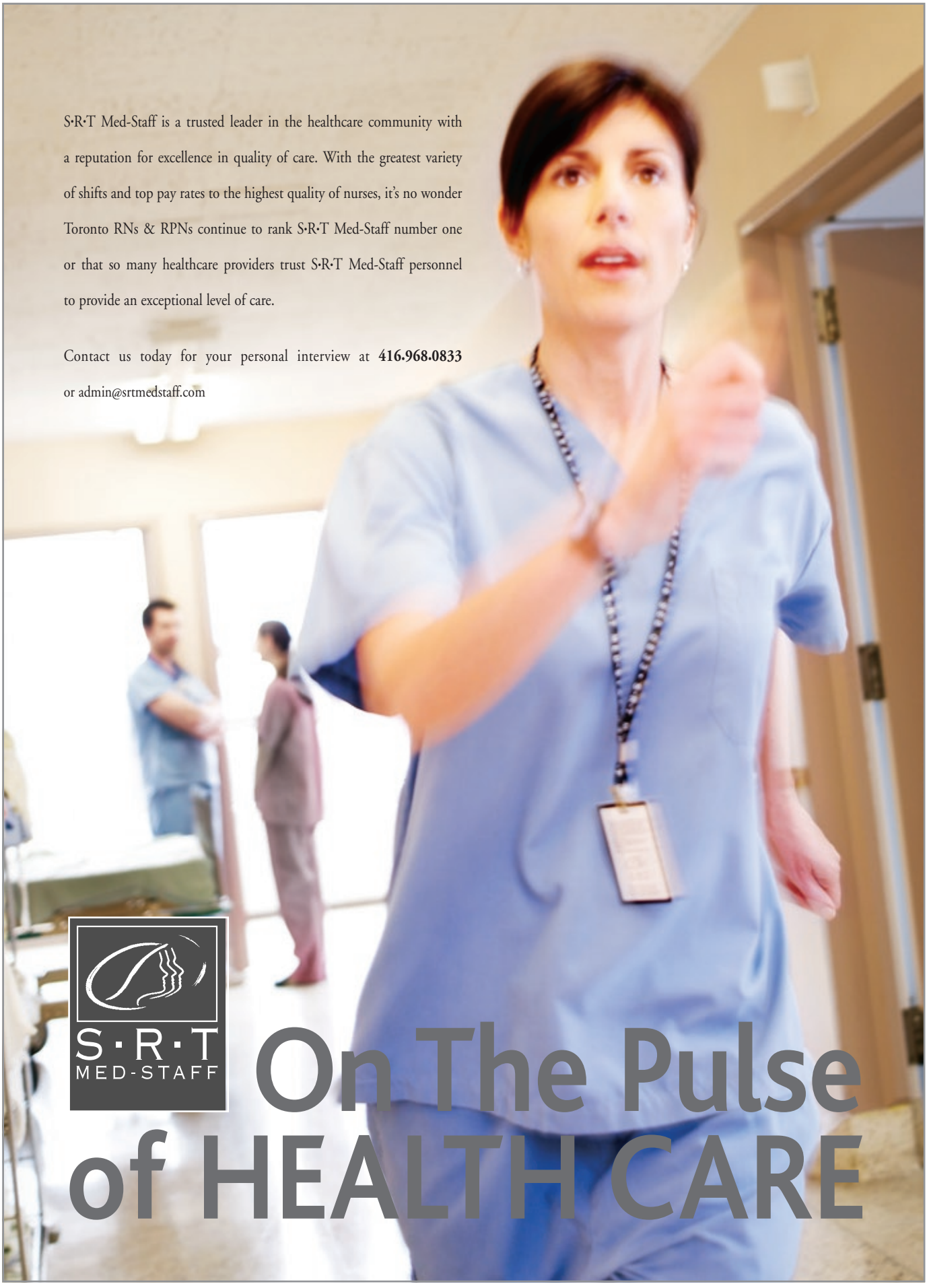
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