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



Caring should extend to colleagues

Re: Meaningful mentorship breeds success, July/August 2013

I would like to take this opportunity to commend you on your article, *Meaningful Mentorship Breeds Success*, and to highlight an excellent example of mentorship from our organization, Extencicare.

Janice Dunn, RN and regional director for Extencicare's east region, is actively interested in mentorship. She familiarized herself with the concept through a course at her church. Since taking that course, she has advanced her career, moving through a number of positions and progressing from director of care to regional director. During her time as regional director, Janice employed a strategy of identifying those who demonstrate leadership abilities, informing them of the potential she sees in them, and inquiring to confirm a leadership position is in their interests. Once confirmed, Janice works with the candidate on a development plan to ensure they are prepared to step into their desired role. Through this method, she has "grown" numerous directors of care and administrators. I have been an RN for over 20 years and greatly attribute my success to the support of my mentor. Over the years, I have called her when in doubt and she has provided invaluable guidance,

reassuring comments and suggestions. I challenge all nurses to provide support and guidance to those less experienced. We are in the business of caring for others and that should extend to our peers. We should take pride in supporting one another and protecting the health-care sector we build for future generations.

Tracey Mulcahy
Markham, Ontario

after four years of university, these grads have not administered an intramuscular injection (among other things). Perhaps if more emphasis is placed on basic skills, and these are prerequisites to graduating, the "transition" will be smoother and safer for all concerned.

Lisa Kowalski
Kapusking, Ontario

educator was hired as a mentor/best practice facilitator, and visits the various community practices in the region to support clinicians or diabetes educators in the community.

A typical session involves the mentor sitting in on an appointment with the client and educator. The educator interacts with the client in the usual assessment or teaching session, with the assistance of



“PERHAPS IF MORE EMPHASIS IS PLACED ON BASIC SKILLS...THE TRANSITION WILL BE SMOOTHER AND SAFER FOR ALL CONCERNED.”

Practical experience is crucial for new grads

Re: Meaningful mentorship breeds success, July/August 2013

I am writing to applaud the innovative programs developed to assist new RNs who are transitioning into their careers. I'm sure we can all remember (and it has been many years for me) what it was like starting that "first job." Orientation time is often too brief, and is taken up reading policies and procedures. I am appalled by the lack of practical experience in our new RNs, and the failure of teaching facilities to acknowledge that

Mentors support clinicians, educators in community

Re: Meaningful mentorship breeds success, July/August 2013

I enjoyed reading about how *Meaningful mentorship breeds success*, and was thrilled to see the invitation for others to share successful mentorship stories. We have implemented a successful program in the Waterloo-Wellington region to support and build on the knowledge, skill and judgment of new diabetes educators and primary care staff to manage more complex diabetes patients in the community. An experienced certified diabetes

the mentor, if required. At the end of the session, the educator does a self-reflection and identifies areas they would like to improve, or topics they feel they need assistance with. The mentor critiques the counseling event, focusing on developing motivational counseling skills, increasing the educator's knowledge of diabetes-related topics, offering ideas of alternate teaching strategies, and most of all identifying the positive knowledge and skills the educator is already using in the session. The session is meant to promote confidence in the "art" of counseling. The program was evaluated using a self-administered questionnaire. Eighty-six

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per cent of respondents rate the program excellent. Successful clinical outcomes were also achieved. This program has had a positive impact on the quality of diabetes care provided to patients in the Waterloo-Wellington region.

Debbie Hollahan and
Wendy Graham
Cambridge, Ontario

Call for “re-visioned” voice for nurses

Re: President’s View, Making CNA membership a choice, May/June 2013

The RNAO board of directors (BOD) has decided it is in our collective best interest to change the way fees are collected for CNA. It would come as no surprise that, when faced with a \$62 reduction in the membership fee (for opting out of CNA), most nurses will take it without a second thought, and won’t check the box to opt in for CNA membership.

If “RNAO will remain a proud jurisdictional member of CNA,” how can optional membership be a reflection of that belief, given the argument for opting out is only about money? Rather than this abrupt, top-down approach, why did the BOD not see fit to bring this to the membership table? When this optional membership occurs, I believe we will see the weakening of the national voice for nursing. RNAO needs to focus attention on provincial issues

relevant to nursing, just as CNA is the support for national interest groups, national certification and the international voice for Canadian nurses.

Why can’t we, as creative, intelligent individuals, collectively engage to support the valuable work at CNA, tapping into the powerhouse of nursing voices across the country rather than making this about

“WE SHOULD TAKE PRIDE IN SUPPORTING ONE ANOTHER AND PROTECTING THE HEALTH-CARE SECTOR WE BUILD FOR FUTURE GENERATIONS.”

money? The decision should not be the BOD’s to make. This issue needs to be at the membership level, and needs to include CNA member groups as well. RNAO, CNA and other provincial professional nursing groups need to collectively develop a “re-visioned” dynamic and powerful voice for nurses in this country. That’s something I would support.

Rosemary Kohr
London, Ontario

“Strong sentiments” shape change

Re: President’s View, The breadth of a board and its fiduciary responsibility, July/August 2013

The debate over the decision to move away from universal

membership continues. While I do not support that decision, I am even more concerned about the response of RNAO’s leadership. After a number of attempts to silence dissent, there is now an effort to mock that dissent. The *President’s View* statement that “... BODs are not influenced by fancy words, strong sentiments or positional power”

attempts to diminish the legitimate concerns of members. “I do not agree” are not “fancy words,” and as for “positional power,” each of us holds the only positional power that matters – that of membership. Most concerning of all is the slap at “strong sentiments.” RNAO has built a proud history on our collective and individual courage in speaking truth to power on issues we feel strongly about. Our ‘sentiments’ on issues as diverse as Medicare, the environment, and full-time positions have all shaped change. How then can we attempt to diminish this same behaviour by members on other issues? It is our very “sentiments,” our deep passion for this profession and

the calling that we share, that the association’s leadership is accountable to protect, support and champion. To do any less, to marginalize in any way members who stand up in the same way that is asked of them in other situations, is to call into question just what RNAO really is, what it stands for, and what we want our association to reflect.

Wendy Fucile
Peterborough, Ontario

President’s response

RNAO is exemplary in speaking truth to power and in giving voice to individual nurses as well as our collective membership. When I spoke in my column of “fancy words and positional power,” I was referring to the fact that board members are thoughtful individuals who are influenced by facts and by deep reflection of the issues. It is critical to understand that RNAO’s board of directors, as leaders of our association, must listen to all voices and cannot take preference over some. That we need a strong national voice has never been a question. We have every intention to continue RNAO’s outstanding contribution towards a strong CNA.

Letters to the editor must not exceed 250 words. RNAO reserves the right to edit for length.