

# REGISTERED NURSE JOURNAL

Meet RNAO's  
new president

Creating  
Vibrant  
Communities

On the ground  
in Haiti



PM 40006768

## What's next?

Mid-career RNs like Suman Iqbal reveal what will keep them in the profession.



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EDITOR'S NOTE JILL SCARROW

## Welcoming a new season with a new look

I WAIT FOR SPRING THE WAY A small child counts down the days until her birthday. By March, snowbanks and frigid wind gusts have lost their novelty, and I eagerly watch for the first flowers to peek from their icy cocoons. Here at RNAO, we're celebrating the season's rejuvenation with a refreshing of *Registered Nurse Journal*. It's been eight years since we last updated the magazine's look. In that time, much has changed in nursing,

**“NURSING IS A DYNAMIC PROFESSION THAT THIS MAGAZINE NEEDS TO REFLECT IN ITS CONTENT, PHOTOGRAPHY AND DESIGN.”**

and at RNAO. The advent of nurse practitioner-led clinics, new roles for RNs and an RNAO membership that is nearing 30,000 all signal a dynamic profession and association that the magazine needs to reflect in its content, photography and design.

The stories in this issue also celebrate that spirit of renewal. In our cover feature, you'll meet RNs who are halfway into their nursing careers and looking to re-awaken their

passion for the profession. We also take a look at the work RNs are doing to inject some fresh ideas into the way this province is run. At this year's Day at Queen's Park, members talked to politicians about how they can use RNAO's new platform document, *Creating Vibrant Communities*, to formulate their own policies ahead of next year's election. Some members, of course, are already doing plenty of advocacy work to make sure their neighbours have access to health care, an adequate income, and clean water to drink. Finally, since this issue brings us into the annual general meeting, our 85<sup>th</sup> anniversary page takes a look back at the AGMs of the past, and we get a perspective on where the association is heading in an interview with David McNeil, who will become RNAO's 51<sup>st</sup> president on April 16.

As you'll see in each article, our look may have changed, but our commitment to bringing you the latest on nursing, health care and RNAO hasn't. I hope you'll enjoy reading the new *Registered Nurse Journal* as much as we've liked putting it together here at home office. **RN**

#### CORRECTION

*Navigating colon health*, an article in the January/February issue, incorrectly stated that a colonoscopy examines the left side of the colon. According to ColonCancerCheck.ca, the procedure examines the entire colon. *Registered Nurse Journal* regrets the error.



## Reflections on two years of infectious action

IT HARDLY SEEMS POSSIBLE THAT TWO years have passed since I wrote my very first president's column. I have come to value this opportunity to share my thoughts on the issues that face us as an association and as individual nurses. I have also appreciated your feedback – both positive and negative. Your honest reflections are a powerful learning tool, and I thank you for them.

For this final column, I want to look back on RNAO's work during my presidency. When I first assumed the role, there were several goals I expressed as my own commitment to action. First of those was to strengthen even further the recognition of RNAO as a voice for nursing and for the people living in our communities, our province, and our country. Many of the challenges we have tackled – from the environment to poverty – are issues that affect us all. Nurses have special expertise in the effects of some of these issues, but the healthy changes we seek are outcomes for all people, not just for nurses. During the past two years, our collective advocacy has resulted in the introduction of the strongest anti-pesticide legislation in all of North America and the unveiling of a poverty reduction strategy.

But perhaps the best example of the degree to which the association's voice is being heard lies in a question I was asked repeatedly when we released *Creating Vibrant*

*Communities: RNAO's Challenge to Ontario's Political Parties* in advance of next year's provincial election. In that document, we urged present and future governments to resist the urge to sell off Crown corporations. That led journalists to ask me: "why do nurses care about Crown corporations?" The answer is simple. Citizens, not governments, own these organizations and we recognize the critical value of a long-term, proven resource over a short-sighted windfall. But there's also a profound truth behind that question and my response. People care about what nurses think because we are trusted and respected for our actions on behalf of others.

As RNs, we also have a duty to protect, on behalf of all Canadians, our universal, not-for-profit health care system. Doing so was an important goal for me, and, if one measures success by the degree of negative reaction our efforts elicited from the for-profit sector, then we have surely scored successes there! The public has heard the voice of RNAO defending this precious national treasure – and people recognize very clearly the egocentric self-interest of those who would destroy the single-payer system.

During the past two years, RNAO has continued to advance clear successes on the nursing front as well. We're getting closer to our goal of 70 per cent full-time employment for RNs.

Today, 65.6 per cent of nurses work full-time, compared with 59.2 in 2004. And the government has committed to open 25 additional nurse practitioner-led clinics, following the success of the first one in Sudbury. During my term, I also wanted to see a stronger connection between practice and education. I am proud, both as your President and in my role as the Acting Director of the school of nursing at Trent University, to say that RNAO has, for the first time, a Best Practice Spotlight Organization candidate that is an

has also been involved in strategic planning and we should hear the result in the near future. I will share more about this at RNAO's AGM.

Jesse Jackson once said "time is neutral and does not change things. With courage and initiative, leaders change things." It's easy to see this at RNAO! Two years would pass without a ripple unless there was action. RNAO is a call to action and a responder to such calls. Your President, whoever he or she may be, your Board Members, your Executive

**"RNAO IS A VOICE FOR NURSING AND FOR PEOPLE IN OUR COMMUNITIES. THE ISSUES WE HAVE TACKLED AFFECT US ALL."**

Ontario nursing school. But perhaps the most critical piece for me, in terms of the profession, was the desire to see every nurse, everywhere practising at his or her full scope. While that goal is not yet fully achieved, we have moved towards it with Bill 179, legislation that regulates health professionals in Ontario.

Finally, at the national level, the RNAO-CNA relationship is strong and vital. We have more national activity on issues that RNAO is passionate about – such as the environment – more shared work on nurse fatigue, and we continue to press CNA for serious and sustained action on social determinants of health and protecting Medicare. CNA

Director, your Chapter and Interest Group executives, and every member of this organization are all leaders. We have the courage to create the change to move our communities and our profession forward. That is our very reason for being.

Finally, if there is one, enduring lesson I have learned, it is that RNAO is like a virus – once infected, it cannot be easily eradicated. When challenged, it has the strength to protect its core, shift its shape and emerge even stronger for the test. I am (happily!) infected for life. And there isn't an antidote – nor should there be! **RN**

WENDY FUCILE, RN, BSCN, MPA, CHE, IS PRESIDENT OF RNAO.



## RNAO lays out plan to create vibrant communities and a healthy future

DURING THE 11<sup>TH</sup> ANNUAL DAY AT Queen's Park in January, it was a pleasure for President Wendy Fucile and me to unveil a political document that lays the foundation for a strong, vibrant, healthy province for all.

RNAO's platform, *Creating Vibrant Communities: RNAO's Challenge to Ontario's Political Parties*, sets out the priorities all political parties must adopt as they create their own platforms ahead of the next provincial vote on Thursday, Oct. 6, 2011.

RNAO was the first to issue a comprehensive call for action ahead of the upcoming election. We did so 20 months beforehand because we want to influence political parties and other stakeholders, including the public. The document contains evidence-based policies on six key elements: strengthening social determinants of health, equity and healthy communities; building sustainable, green communities; enhancing Medicare; improving access to nursing services; providing ways for nurses to build their careers in Ontario; and strengthening our public services. These areas are essential to create a strong, equitable province. They're also pillars that our members' advocacy can strengthen.

*Creating Vibrant Communities* is an important tool members can use to speak out for an Ontario that leaves no one behind. Time and again, you have shown your passion and

commitment to that vision through your well informed advocacy. In the 1980s, you lobbied for the Canada Health Act. In the 1990s, for 70 per cent full-time employment. In the last decade, you have spoken out for a full-time job guarantee for new grads, an increased minimum wage and a ban on cosmetic pesticides. Today, we continue our fight for permanent, full funding for registered nurse first assistants, the opening of all 25 additional nurse practitioner (NP)-led clinics, open prescribing for NPs and their right to admit, treat, transfer and discharge on inpatient units. The fuel behind all our work is RNAO's membership, and our ability to marry solid, evidence-based policy work on social, environmental, health and health-care issues with clinical and healthy work environment best practice guidelines, vigorous political advocacy and publicly accessible messages. It's work that is moving the association, and nurses' voices, from strength to higher strength.

In the 2007 election, all three major parties captured our policy ideas in some way. The McGuinty government promised 25 additional NP-led clinics. Eleven have already been announced and are expected to serve the public this year. We are also closer to having 70 per cent of all nurses working full time, with 65.6 per cent of RNs and NPs now holding that employment

status. We also called for an additional 9,000 nurses to be added to the workforce. The government is on track to deliver, so long as it doesn't balance budgets by cutting nursing positions.

Our voices are also being heard on determinants of health. In 2007, we asked MPPs to ban the use, sale and display of non-essential pesticides. One year later, legislation to do just that was announced. In 2008, we also welcomed the introduction of the province's poverty reduction strategy as a first step toward ensuring everyone in our communities lives in dignity and in health.

**“CREATING VIBRANT COMMUNITIES IS AN IMPORTANT TOOL MEMBERS CAN USE TO SPEAK OUT FOR AN ONTARIO THAT LEAVES NO ONE BEHIND.”**

These steps must now go further. That's why *Creating Vibrant Communities* points out the need for comprehensive measures to address poverty, including affordable housing, and sustainable funding for the poverty reduction strategy. We're also calling for measures to rectify poverty and environmental concerns in First Nation's communities.

We're also speaking out on the need to continue to make our health-care system more accessible and sustainable. That

includes an additional 50 NP-clinics opening by 2015, and adhering to the letter and the spirit of the Canada Health Act by eliminating privately financed, for-profit alternative financing and procurement (AFP) projects in the hospital sector and strengthening not-for-profit delivery.

To bring *Creating Vibrant Communities* to life, we need you to choose one or two areas you are most passionate about. Then, meet with your local MPP and share your views. Write letters to the editor and talk to local media. Be a change agent in your workplaces and communities. When the election campaign finally begins

next year, we know you'll all continue to organize all-candidates debates and speak out in public forums. Creating vibrant communities requires a healthy dose of democratic debate. Together, we have the values to drive our vision, the knowledge to anchor our discourse and the courage to lead and build truly vibrant communities for all Ontarians. **RN**

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

# MAILBAG

RNAO WANTS TO HEAR YOUR COMMENTS,  
OPINIONS, SUGGESTIONS



## RNs weigh in on self care

Re: Making time for me,  
January/February 2010

I am an RN working on a very busy acute cardiac floor and on sick leave. Lately, I was working stressful shifts, and I started to develop chest pain and frequent palpitations. I was also crying all day long. I went to my family doctor who stated I have to stay home, in bed, for at least one month. I was shocked by her reaction and felt miserable. I am thinking about how to take better care of myself. (In the article), Janet Andrews said that she wanted to be Florence Nightingale. I feel the same way. Your article is very encouraging and lifted my spirit.

Name withheld by request

Reading this article, I didn't know whether to laugh or cry. I'm an RN on a busy floor where we are asked to work extra hours beyond our regular 12-hour shifts. The "eat well and exercise" tips are great, but difficult for most nurses to achieve. Two nurses in your article solved their problems by getting day jobs, and another seemed to be working straight days already. This is not an option for most of us. The third nurse cut down to one job instead of two – a good idea if you can get enough hours. Hutton says "don't stay in a position where you're not

happy," but job availability is scarce in our city. Many nurses I know are single parents who must work all the hours they can. Others work extra shifts to make up for the lost income of spouses now unemployed.

How do I take care of myself? I take sleeping meds because I lie awake for hours worrying about work. It doesn't stop my recurring nightmares about forgetting to do crucial things for my patients, but at least I sleep. I sometimes unplug the phone so the hospital can't call me. Then I feel guilty about not doing as much overtime as my colleagues. I am 63 and hope to retire before I have a serious health problem because of nursing.

Name withheld by request

While I commend RNAO for discussing the occupational health and safety issues facing nurses, I have some concerns about the way this issue is presented.

First, the title, *Making time for me*, shifts responsibility for the hazards of nursing onto the individual. This is misleading. Fatigue is but one of the by-products of nurses' work. There is little in the literature on the occupational hazards in nursing. Even less is devoted to strategies that can eliminate these hazards. This needs to change.

Second, this story begins with a common scenario: a nurse is sick and there is

inadequate staffing to support her to recuperate. The common solution is that the nurse feels obliged to work when sick to support his/her peers. Nurses working sick, injured, short staffed, and extra shifts are unhealthy scenarios and must stop. Nurses have put much energy into citing our knowledge-worker attributes. We seek recognition as a "white collar" occupation. However, the "blue collar" roots of nursing work (the lifting, pushing, running and juggling multiple demands) are negated. While many male dominated professions (firefighters, coal miners) are aware of their occupational hazards, nurses, as "pink collar workers," know little about the long-term health consequences of their jobs.

I suggest that nursing is a "violet collar" profession with distinct occupational health and safety challenges. This distinction creates an opportunity for nurses, and particularly RNAO, to talk (and talk back) about the nature of nursing work in concrete ways. We must talk about occupation-specific safety issues, and demand attention be directed towards the health and safety challenges associated with nursing practice.

Laurie Clune,  
Faculty Member, Ryerson  
University,  
Toronto, Ontario

While I appreciated the intended message of *Making*

*time for me*, I think it is very important to point out that Janet Andrews did try to call in sick, but the validity of her illness was questioned. So perhaps you should not pin the blame on Andrews for not taking care of herself. Rather, you should be addressing the fact that in situations like this across nursing, individuals who call in sick are often made to feel like they are dropping the ball on their co-workers. Maybe the next *Registered Nurse Journal* should feature an article on how to ignore the guilt trip your charge nurse laid on you when you called in sick.

Laurie Spooner,  
Toronto, Ontario

## Nurses thanked for environmental commitment

Re: No action on climate change,  
January/February 2010

I'm delighted to discover more than 1,000 nurses urged Prime Minister Harper to embrace clear climate change targets. It is wonderful to witness the breadth of vision RNAO brings to health promotion. RNs' environmental leadership is one of the most hopeful political developments of our day.

Gideon Forman  
Executive Director,  
Canadian Association of  
Physicians for the  
Environment,  
Toronto, Ontario

# NURSING IN TH

## Helping at-risk moms

In March, RNAO members **Khamna Chanthara** and **Doris Floding** were featured in a series of articles published in the *Toronto Star* for their work to get homeless pregnant women off the street and teach them how to mother their babies. The Toronto Public Health RNs are with the Homeless At-Risk Prenatal Program, or HARP. The program began in 2007 after babies born to homeless women died or suffered the devastating health effects of life on the street.



**RN Doris Floding, left, teaches Hannah, who is five months pregnant and Christopher about how to care for a newborn.**

PHOTO: ©RENE JOHNSTON/GETSTOCK.COM

The pair work with women from inner city Toronto who are addicted to drugs or alcohol, and who may sell their bodies on the street to pay for their habit. Many are largely unseen. They move from shelter to shelter and can be hard to reach. “If they don’t call us back, that’s when we have to work harder,” Chanthara said. “That’s when we do the drop-ins, that’s when we search for them – go to shelters and ask questions and track them down to offer them the supports.”

She and Floding guide their patients towards existing services, including safe housing, food banks, prenatal care, addiction counseling, sexual health clinics and hospitals. They also help the women get identification or an Ontario health insurance card. Floding knows her patients must take tiny steps to progress, but says women who want to be parents can do well. “I don’t expect perfection,” she said but, “... if the woman is capable of parenting, the baby is always better with the mom and the mom is always better with the baby,” (March 13).

## Best practices and healthy outcomes

IN FEBRUARY, RNAO MEMBERS **Rhonda Crocker Ellacott** and **Karen McQueen** received \$250,000 from RNAO, in partnership with the Ministry of Health, to pursue research aimed at keeping Thunder Bay residents healthy and safe. The pair will use RNAO’s best practice guidelines on breastfeeding and falls prevention to steer their work.

Crocker Ellacott, Vice-Presi-

dent and Chief Nursing Executive at the Thunder Bay Regional Health Sciences Centre, will investigate how to drastically reduce the number of falls at the hospital. McQueen, a Lakehead University researcher, will focus on low breastfeeding rates among Aboriginal women. She’ll work with staff and mothers from the Anishnawbe Mushkiki Centre, a community health centre, to look at why Aboriginal women stop breastfeeding earlier than

other Canadian parents. “The benefits of breastfeeding are widely documented for infants, mothers and society,” McQueen said. “We think it would be beneficial to have Aboriginal mothers giving peer support,” *Thunder Bay News Watch.com* (Feb. 19).

## Utilizing nurse practitioners

**PAULA CARERE**, PRESIDENT OF THE Nurse Practitioners’ Association of Ontario (NPAO), shared the

experience of NPs in Ontario with the *Victoria Times Colonist* (March 11) in an article that chronicled the challenges NPs in British Columbia are having finding work. Lack of job spaces is forcing some NPs in B.C. to work as registered nurses, despite their enhanced education. Carere described how that differs from Ontario, where the government is committed to increasing the number of NP-led clinics from 11 to 25 within the year. “It’s

# E NEWS

BY STACEY HALE

very interesting to watch the momentum,” she said. “It’s kind of exciting here.”

## Housing and mental illness

IN MARCH, RNAO MEMBER

**Cheryl Forchuk** began research to find out the best way to help homeless youth who struggle with mental illness in the London area. She’ll try to unravel if it’s best to treat the illness first, or to find housing for them. “We are going to do our best to give them the model they prefer and follow that to see how it works out,” the Acting Associate Director of Nursing Research at the University of Western Ontario told the *London Free Press* (March 2). The three-year study will involve more than 150 London youth between 16 and 25 years of age, and will be backed by \$350,000 from the Canadian Institutes of Health Research and \$150,000 from the Mental Health Commission of Canada.

## Treating hypertension

RNAO ASSOCIATE DIRECTOR OF the International Affairs and Best Practice Guidelines Programs, **Heather McConnell**, used Heart and Stroke Month in February to generate awareness about hypertension and the clinical guideline RNAO developed to manage the condition. “We believe this is an extremely valuable resource to raise awareness around high blood pressure because it’s the single most important risk

factor for stroke,” McConnell told the *Chatham Daily News* (Feb. 23). She said treating the condition can lower the risk of stroke by up to 40 per cent and reduce the chances of a heart attack by up to 25 per cent.

## Boosting breastfeeding rates

IN RESPONSE TO A TORONTO PUBLIC

Health study that found nearly 40 per cent of new mothers leave the hospital with free samples of infant formula, RNAO member **Linda Young** described the pressures on organizations to accept contracts from formula companies – including bonuses that can run up to \$150,000. “Any kind of money is hard to give up for a hospital,” she told the *Toronto Star* (March 17). Still, Young emphasized that it is possible for hospitals to kick their formula habits. She is the director of maternal newborn and child health at Toronto East General Hospital, the only hospital in the city to achieve the United Nations’ baby-friendly designation. She said promoting formula to new moms, even “just in case,” sends them the message that they might fail.

## Documenting poverty

IN FEBRUARY, RNAO MEMBERS OF Peel Chapter held a meeting and panel discussion to raise awareness on poverty and homelessness in their community. The group screened portions of a documentary called *Home Safe Toronto*, which



Peel Chapter members (L-R) **Claudine Bennett, Anita Tsang-Sit, Virginia Oprea, Claudia Urbina and Poonam Sharma** attend the *HomeSafe* screening.

features the stories of several families struggling to find permanent housing in the Greater Toronto Area, including Peel Region. The film was funded in part by RNAO. “There is a strong risk of people falling through the cracks, and

we need to do something about it,” chapter president **Jannine Bolton** said (*Brampton Guardian*, Feb. 26).

## Keeping illness at bay

RNAO MEMBER **BROOKE MORTON**

is running a clinic that is keeping infants healthy in Orillia. The Soldiers’ Memorial Hospital RN is helping families with infants at risk of respiratory syncytial virus (a severe respiratory illness) access monthly drug treatments to fend off the disease. “We have approximately 25 children both locally and throughout the region who’ve already been placed on the monthly regimen,”

## RNAO MEMBERS SPEAK OUT!

On Feb. 4, RNAO member and fourth-year Trent University nursing student **Rachel Bauer** wrote a letter to the *Campbellford Expanded Market Coverage (EMC)* to support building a long-term care home in her community.

### LONG-TERM CARE IN HAVELOCK

I am writing in support of the 128-bed, long-term care facility in Havelock-Belmont-Methuen Township. As a nursing student, I have completed many clinical placements in Peterborough and surrounding areas and have witnessed the urgent need for more long-term care beds for elderly patients... There are many patients in our local hospitals awaiting a long-term care space. (They) are held in the hospital until a space becomes available, which varies from weeks and months to more than a year. Having a long-term care facility in Havelock would open many doors and have significant benefits. (It would) allow seniors to age in their own community and live more autonomously and with the most appropriate level of care. Furthermore, having seniors cared for in this setting will reduce the number of emergency visits because patients’ overall health issues will be directly addressed and managed. Not only would this facility benefit the aging population, it will also create more jobs locally and alleviate the bed shortage in acute care hospitals in the community.

**Rachel Bauer,**  
Havelock

# NURSING IN THE NEWS

## OUT AND ABOUT

**1.** In February, the Nursing Students of Ontario held its third annual Model World Health Organization (WHO) conference at Ryerson University. More than 50 students from across the province represented WHO member countries and debated critical health



1

issues from that nation's point of view. Discussions during the two-day event, including the one pictured, touched on primary health care and the development of a UN resolution addressing global maternal and child health.



2

**2.** Leslie Secord, President of RNAO's Huronia-Muskoka-Parry Sound chapter, took part in the 11th Annual Kelly Shires Breast Cancer Snow Run on Feb. 6. The day-long

snowmobiling event is in memory of a local woman who lost her life to the disease. Secord was one of 108 women who participated and helped to raise more than \$350,000 for breast cancer research.

**3.** On Feb. 10, members of Waterloo and Wellington Chapters, including Susan Yates (left), Ellen Otterbein (far right), Sylvia Scott (second from left) and Diego Marquez (third from right), hosted a breakfast to raise funds for victims of the earthquake in Haiti. The event was co-hosted by the Mayor of Waterloo (centre) and featured RNs talking about their work overseas. It also honoured Yvonne Martin, the local RN who was killed during the disaster in Haiti on Jan. 12.



3

PHOTO: COURTESY SNAP KITCHENER-WATERLOO

Morton said (*Orillia Packet and Times*, Feb. 27). By preventing the virus, infants and young children can avoid future, more serious complications.

## Hospital funding

RNAO EXECUTIVE DIRECTOR

**Doris Grinspun** voiced concern that nurses were not consulted on a new and controversial plan that would change the way hospitals are funded. During Ontario's throne speech on March 8, the provincial government announced it hopes to tackle increasing health costs by tailoring hospital budgets to match the size and age of a community's population.

According to news reports, the new approach would give more money to hospitals in regions where the population is growing and aging, and to facilities that perform better and treat patients more efficiently. Patients could also opt to get care at a "centre of excellence" where the procedure they need is performed frequently and with shorter wait times. Nurses are uncertain of how the policy would work, Grinspun told the *Toronto Sun* (March 8). RNAO supports centres of excellence in principle, but would be concerned if patients are forced to flock to major urban centres for treatment.

## Shaping leaders

IN JANUARY, ABOUT 20 NEW GRADS and nursing students in Thunder Bay learned how to become better leaders in their workplace. **Leigh Chapman**, RNAO Program Manager for the Centre for Professional Nursing Excellence, led the workshop titled, *Surviving to*

*Thriving in the Work Environment*. "Sometimes new nurses have the tendency to think of leadership as something somebody else does ... but all nurses are leaders or have the ability to be leaders," she said (*CKPR-TV and CKPR-FM*, Thunder Bay, Jan 21). RNAO member **Alyson Hill** participated in the workshop and agreed leadership is a crucial skill in nursing. "... we want to improve patients' care and improve their experience, and leadership is really important to achieving those goals," she said.

## Creating vibrant communities

IN LATE JANUARY, RNAO UNVEILED a set of comprehensive policy recommendations in a report titled *Creating Vibrant Communities: RNAO's Challenge to Ontario's Political Parties*. The document's release kick-started



**Wendy Fucile, left, and Doris Grinspun unveil RNAO's platform.**

RNAO's work toward the 2011 provincial election campaign. It outlines areas where government must make headway to build a healthier Ontario and warns against excessive restraint measures such as public-sector cuts. "We are providing ample time for all political parties to reflect on our advice and borrow freely," **Wendy Fucile**, President of RNAO, told the *Toronto Star* (Jan 29). **RN**

# NURSING NOTES

## NP takes on new volunteer role

RNAO member Lee-Anne Quinn (right) took up a new challenge in February when she became the president of the Peterborough Chapter of the Canadian Association of Veterans in United Nations Peacekeeping, a group made up of former Canadian Forces members as well as RCMP officers and civilians who have served overseas. The nurse practitioner is the first woman to take on the presidency. Quinn retired from the military last year after tours in Afghanistan, Somalia, Rwanda and the former Bosnia-Herzegovina.



PHOTO: CORPORAL SIMON DUOHESNE  
DEPARTMENT OF NATIONAL DEFENCE

## Rural health funding

In the wake of concerns about the future of rural health-care delivery, the Ontario Health Coalition (OHC) held a dozen public consultations across the province in March. Panellists including OHC Director Natalie Mehra, NDP Health Critic France Gélinas and Kay Tod, a retired RN from Burke's Falls, met with people in communities across the province. The OHC says the meetings are needed because the provincial government's panel on rural and northern health care has not met with citizens in towns most affected by health-care funding cutbacks.

## Client centred care

After actions in some Ontario hospitals left RNAO gravely concerned about proposed nursing staffing models that take the profession back to "team nursing," RNAO's board of directors recently adopted an official position on client centred care in hospitals. The five-page document highlights models of nursing care delivery that advance continuity of care and continuity of caregiver by assigning each patient to the most appropriate caregiver (RN or RPN) working to full scope of practice. It also

recommends 70 per cent full-time employment for all nurses to make sure patients get the best care possible, and endorses strengthening inter-professional care so all health disciplines work closely to support high-quality patient care. To read the complete position statement and other relevant documents, visit RNAO's website.

## Linking art with care

The Ontario Arts Council recently partnered with several health-care organizations in Ontario to create Artists in Residences programs at North Bay Regional Health Centre and the Four Villages Community Health Centre in Toronto. The program allows artists to focus on work that connects wellness and creativity. In North Bay, the program will begin this summer. At Four Villages, staff will work with



Storytelling artist Emmy Pantin, right, in a voice recording session with a participant during a previous project.

the Centre for Digital Storytelling on a six-month long video project to capture two-to-five minute videos of the CHC's clients.

## Safer driving

In February, the Canadian Association of Occupational Therapists released a new set of tools to help older drivers stay on the road longer, and safely. The website offers people information on signs that might indicate they should stop driving, as well as the ways illnesses like Alzheimer's or diabetes can affect someone's fitness behind the wheel. For more information, visit the website at [www.olderdriversafety.ca](http://www.olderdriversafety.ca).

## Stopping hospital re-admissions

Researchers have recently come up with a new way to try to foretell the likelihood a recently discharged patient will need to be re-admitted, or even die, after leaving the hospital. The researchers created the LACE index, named for four variables that might predict an adverse outcome: length of stay; patient acuity; comorbidity; and the number of the patient's emergency visits during the previous six months. The hope is to create a

system that can flag high-risk patients before they go home.

## Member wins award

RNAO member Donna Rothwell



earned accolades for her work at Niagara Health System when she received the organization's

President's Award in March. Rothwell is the Chief Nursing and Professional Practice Leader at the hospital, as well as the Program Director for the maternal child program at NHS's Welland site. She received the award for her strong leadership skills and commitment to patient care.

## Volunteering in Vancouver

RNAO member Linda Howe was part of the team of volunteers that welcomed the world to Vancouver for the 2010 Winter Olympics in February. Howe, an RN at St. Catharines General Hospital, spent the games answering any questions the athletes had about their accommodations in Whistler. She said representing Canada to the world and meeting some medal winners was "a once in a lifetime chance." **RN**



# What's next?

Mid-career RNs share their thoughts on what will keep them in nursing. **BY JILL-MARIE BURKE**

When Lisa Christy (right) was in nursing school, she always thought she would work on a medical floor in a hospital someday. But when she graduated in 1994, jobs were scarce, so she accepted an RN position at a long-term care home in Cambridge, her hometown. At first, she was disappointed. But she soon discovered she enjoyed caring for people living with Alzheimer's or palliative care patients. Fourteen years and three sons later, she was still doing shifts at the same place. Life was busy. Christy's husband was working long hours so she was responsible for managing the household, driving the kids to extracurricular activities and making sure homework was finished. While she loved the seniors she cared for, there wasn't an opportunity to move into a different role.

In 2004, Christy briefly glimpsed a more fulfilling career direction. She spent one day a week working as a staff educator and palliative care team coordinator. She organized re-training for CPR, led an elder abuse seminar and presented palliative care education sessions. "I was passionate about it. I love to inspire and motivate people and the job was very much me," she recalls. Unfortunately, when she returned to work after her third maternity leave, the position was no longer available.

The limited opportunities at work weren't her only frustrations. Christy wanted to spend more time with her growing boys, now aged 10, eight and four, but working weekends and holidays made it hard. By November 2008, she knew she needed to take a break from nursing and she

PHOTO: ROB WAYMEN



quit her job. She says many of her co-workers empathized with her.

“A lot of the people I worked with were trying to balance out their families, their kids, and trying to stay motivated while dealing with the other stresses of not enough staff, being called in, working Christmas and other holidays. All of that is a struggle for nurses, for sure,” she says.

It’s been a year-and-a-half since Christy quit her job, and she hasn’t worked since. She occasionally wonders if she should just go back to the long-term care home and pick up a few shifts here and there. But then she asks herself: “Do I want to do that for the next 20 years?”

The 37-year old is still passionate about nursing, but is at a crossroads and is unsure of what the next turn should be. She’s confident that her nursing skills will serve her well if she decides to transition into another career. If she stays in nursing, she would like to move into an administrative leadership role, but isn’t sure how to get there without a bachelor’s degree or management experience. She also knows that most of the positions she would be interested in are full-time, and that would make it difficult to juggle her family responsibilities. These days, she volunteers as a grief counsellor for a group of bereaved five to nine year olds and is interested in exploring options in that field, as well.

Given the turmoil of those decisions, it’s no surprise that when Christy read an ad for RNAO’s first-ever Mid-Career Nurse Symposium that asked the question “Do you need a refresh and a re-focus?” her answer was an emphatic “yes.”

“I need a direction,” says Christy, who was one of 140 RNs who attended the day-long conference in February. “I know I need some further education and I need to figure out where that is, what that is, and if I’m going to be able to do it.”

According to the College of Nurses of Ontario (CNO), 50,000 RNs in the province are halfway through their careers. While the number may sound significant, there should be more. In the past 10 years, the share of RNs between the ages of 35 and 54 in the workforce has dropped from 66 per cent in 1999 to just 54 per cent today. According to RNAO’s recently released political platform, *Creating Vibrant Communities: RNAO’s Challenge to Political Parties*, nurses in this demographic have the education, knowledge and experience employers and patients require, and younger nurses who need mentors depend on. But feeling overwhelmed by demanding work lives, insufficient support, displacement and patients who are increasingly complex leaves many seriously considering leaving their jobs, even the profession.

To reverse this troublesome trend, some RNs say they need more support from their workplaces and colleagues to try out new ways to keep their passion for their careers alive. That’s why RNAO has called on the province to develop a strategy targeted specifically at this group to retain them in the workforce as thriving members of the profession. RNAO President-Elect David McNeil, who’s been a nurse for 22 years, is a member of a provincial committee that’s exploring ways to enhance the work lives of mid-career nurses.

“This group is the core of our profession,” he explains. “They really represent the future of nursing in terms of both formal and informal leadership. To keep the profession strong, we need to make sure we pay attention to this group. If we don’t, we’re affecting nursing today, and into the future.”

Mary Wheeler, one of the speakers at the symposium, has spent the last 20 years helping nurses like Christy take stock of their careers. She says it’s perfectly natural and healthy for nurses at this

“This group is  
the core of  
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to them.”

PHOTO: ROB WAYMEN

stage of life to wonder if they should go back to school, take on a leadership role, go on a leave of absence, or just leave nursing altogether. Wheeler is an RN, a partner in DonnerWheeler, a career consulting firm, and co-author of the book *Taking Control of Your Career: A Handbook for Health Professionals*. She says for nurses in Christy’s demographic “balancing home, work and staying healthy so that you can provide care for clients, family, and yourself becomes a never-ending challenge.”

During her workshop, Wheeler challenged participants who are having trouble figuring out what to do next to ask themselves what they would be doing if they had 20 times the courage they do now. Wheeler says it’s common for nurses to feel anxious about making the wrong choices or losing pensions that they’ve spent years contributing to. All nurses need to determine what’s important in their lives and how much risk they’re comfortable taking. No matter what your dream is, she believes it’s important to surround yourself with people who will support you on the journey.

Researcher Linda McGillis-Hall says if organizations want to keep these RNs from even entertaining thoughts of leaving their jobs in the first place, they need to make work a place where the rewards go beyond the paycheck. “Relationships with mentors, colleagues and physicians are of central importance to these nurses,” she explains.

McGillis-Hall is a professor at the University of Toronto’s Lawrence S. Bloomberg Faculty of Nursing and a co-investigator with the Nursing Health Services Research Unit. She recently conducted a



**Suman Iqbal says a supportive mentor helped her re-invent her career.**

study that looked at the unique work environment needs of mid-career RNs and RPNs in Ontario. She's still analyzing the data, but according to preliminary findings she shared at the conference, when the nurses surveyed were asked why they've stayed in their current positions, they listed factors such as good mentors and colleagues, management listening to nurses, positive relationships with physicians, and flexible scheduling as the top reasons. The nurses said organizations that want to retain and recruit mid-career nurses should provide opportunities for them to be preceptors, apply for internships and scholarships, and learn new skills on the job.

Debra Bournes believes that when it comes to RNs who are in the midst of their careers, professional development must be a key part of any strategy. Bournes is the Director of Nursing, New Knowledge and Innovation at University Health Network (UHN) in Toronto. Five years ago, the hospital found a way to keep mid-career nurses passionate about the profession and their daily work when it began funding the annual Nursing Research Challenge that gives staff nurses a chance to conduct research projects on their units.

"Mid-career nurses love the projects and they are so proud of their work," she says. "Some of them will tell you 'I'll stay at the bedside my whole life if I can be involved in these kinds of projects.'"

Last year, RN Karen Thomas was part of a team on the Pre-Operative Care Unit (POCU) that set out to understand what UHN patients experience when their surgeries are cancelled. Thomas says procedures can be re-scheduled because of a sudden organ transplant or emergency. She and her colleagues always dreaded

telling patients that they would have to come back another day. As part of their research challenge project, she and fellow RN Ross Riggs interviewed 27 patients who vividly described their devastation after learning they had been re-scheduled.

After seeing those results, the hospital changed its protocol for handling cancellations. All patients who are scheduled for surgery receive a letter explaining the possibility that it might be postponed at the last minute. Those who have this experience are given an apology card and every effort is made to give them information on a new date.

The project wasn't just good for patients. Thomas, who is now an Advanced Practice Nurse Educator for PCOU, says it also revitalized the nurses, and proved they don't need to get a new job or go back to school to make a difference. "It was very refreshing and truly the essence of what we all want to do – have a positive impact on patient care and on colleagues."

For some nurses, the physical demands of the profession make a career shift necessary, even though they love direct clinical practice. Suman Iqbal worked at the bedside for more than 18 years and never wanted to leave. But caring for the patients in the surgical oncology unit at Sunnybrook started to take a toll on her body. When she started feeling physically tired at work and had to have pinched nerves in her elbows repaired, she knew she needed a new direction. So, 20 years after receiving her nursing diploma in India, she decided to go back to school and earn her baccalaureate degree in nursing. At the same time, she also began exploring different

roles that allowed her to make a meaningful contribution to care. Mary Glavasovich, the patient care manager of her unit, encouraged Iqbal to represent nurses on various hospital committees. She became co-chair of the nursing practice council and was the first staff nurse to chair an accreditation team.

“It makes a huge difference if you have a good mentor. Mary really provided the opportunities for me to develop my leadership skills,” Iqbal says. “She put me in the right place at the right time and told me those projects would be good for me. She said ‘You have the skills. You just need the forum to practise them.’”

Iqbal is now a Unit Director at Baycrest in Toronto and recently became assistant director for long-term care. When she found out about the new appointment, she called Glavasovich. “This is why I was pushing you,” was her mentor’s response to the news.

Iqbal knows not every nurse is lucky enough to have the kind of mentor she did.

“I’ve met a lot of other nurses who haven’t had the support I’ve had and they feel they’re stuck in a rut. They don’t get a forum to step forward and share the limelight, so they have to wait for an opportunity to come along,” she says.

Until Sharon Stephan uncovered her own opportunity last year, she was ready to abandon the profession altogether. She felt stuck working on a hemodialysis unit at St. Joseph’s Healthcare in Hamilton. She expressed an interest in attending conferences or working on projects, but her manager never selected her for those opportunities. Frustrated, she decided to leave the profession.

When she told Anne Moulton, the nurse educator on her unit, about her plan, she suddenly found hope to stay in nursing. Moulton suggested she apply for one of RNAO’s Advanced Clinical/Practice Fellowships (ACPF), which allow nurses to develop clinical, leadership or best practice guideline implementation knowledge and skills with support from mentors, their employer and RNAO.

“It makes a huge difference if you have a good mentor... Mary put me in the right place at the right time.”

For 20 weeks, last year, Stephan immersed herself in self management strategies for patients living with end-stage renal disease. She attended education sessions and weekly nephrology rounds, and shadowed health-care providers who work in outpatient dialysis centres. She also became a master trainer with the Stanford University Chronic Disease Self-Management Program. But she believes her most significant accomplishment was creating a six-week program that helps people with chronic diseases lead healthy, active, full lives. Stephan is so passionate about it that she’s conducted two sessions in her free time and hopes the hospital will eventually fund them.

Since her fellowship, Stephan has been working with patients at St. Joseph’s satellite hemodialysis unit. She’s also spoken at a self-management workshop, and will present a poster about her ACPF at the Canadian Nurses Association

convention in June. She no longer dreams of leaving nursing. “Fifteen years to retirement used to seem like a long, long time,” she says. “Now it isn’t enough time to accomplish all the things I intend to do!”

Lisa Christy is also looking forward to re-discovering the passion Stephan has. After she attended the Mid-Career Nurse Symposium, she wrote down the story of her life and career so she could think about where she’s been, and where she wants to go. She knows she wants to put her heart back into nursing. She’s confident that she will find her niche in a place where she can make the greatest contribution to patient care, and she’s currently searching for a role that will match her energy and interests with her need to balance the demands of her family. “I can’t wait to see what opportunity is next,” she says. **RN**

JILL-MARIE BURKE IS ACTING STAFF WRITER AT RNAO.

#### TIPS FOR A TOP-NOTCH CAREER

During RNAO’s inaugural Mid-Career Nurse Symposium, experts and panellists offered advice for RNs stuck at a career crossroads. They say there’s some advice that might help any RN:

- Do anything for six months, says Peel Public Health nurse and RNAO board of directors member Claudine Bennett, who spoke at the conference. She encourages nurses who have an opportunity to work on a special project or sit on a committee to go for it – it might lead you down an interesting and rewarding path. She also says nurses should take risks: you have nothing to lose if you take a leave of absence to pursue an

opportunity because you can return to your secure position afterwards. She also says nurses need to speak up – ask your supervisor if you’d like a day off a week to go back to school, for example.

- Mary Geroux, a nurse practitioner who recently applied for a master’s program, also spoke at the conference. She knows that making a change can be overwhelming and scary. She encourages nurses to explore their options and consider going back to school or applying for a new position. “Sometimes you just have to jump in.”

- Suman Iqbal says doing your education online is a great option for busy nurses struggling to juggle job, school and family

commitments. She completed her bachelor’s degree online and kept up with her course work by spending one hour a day and a full day on the weekend on her studies.

- Farah Khan Choudhry is a Toronto RN who funded her master’s degree with bursaries and awards. She suggests investigating scholarships and bursaries offered by your employer, RNAO, the Registered Nurses’ Foundation of Ontario (RNFOO) and the Canadian Nurses Association (CNA).

For more information on RNAO’s career resources, including counselling and tips on writing resumes, cover letters and job interviews, visit [www.rnao.org](http://www.rnao.org) or email [cscott@mao.org](mailto:cscott@mao.org).

## Committed to a cause

RN's work paved the way for nurses to assist during surgery and improve access to operations.

GRACE GROETZSCH'S DEDICATION to becoming Canada's pioneering Registered Nurse First Assistant (RNFA) is obvious. Just ask her about the time she worked nearly for free, living on macaroni and cheese so she could complete her clinical internship to become the country's first formally educated RNFA. Or about the countless hours she spent in the O.R. to prove RNs could make a difference. Or ask her about being away from home to train in the United States. She'll tell you the sacrifice was worth it to demonstrate how RNFAs contribute in the operating suite and increase the public's access to surgery.

At the Sunnybrook Holland Orthopedic and Arthritic Centre where she now works in Toronto, Groetzsch is part of a team — including an orthopedic surgeon, anaesthesiologist, other nurses and technicians — who perform up to six procedures a day. Her goal is to help patients and save time and money by ensuring operations are as smooth as possible, and it's working. Last year, 93 per cent of the organizations taking part in a Ministry of Health-funded pilot project said RNFAs have a moderate or significant impact on reducing surgical wait times.

Groetzsch's day starts at 7 a.m. when she meets her

patient and does safety checks to ensure the person is matched with the right surgery. Most of her patients are ready for a hip or knee replacement. Before operations, she gathers data, takes medical histories, educates patients and families, and answers questions.

Once she's in the O.R., Groetzsch sterilizes the patient's skin and drapes them with sheets. During



**“RNFAs NEED 100 PER CENT FUNDING. EVERY SIX MONTHS TO A YEAR WE HAVE TO BEG (FOR MONEY) OR GET INTO A CRISIS SITUATION.”**

— Grace Groetzsch

surgery, she retracts tissue and clears blood from the surgical field. She can also suture, close and dress skin wounds. She uses 1930s ballroom dancers Fred Astaire and Ginger Rogers to explain the surgeon-first assistant dynamic. “You have someone who leads and someone who follows, and both need to know the moves so that it becomes a faster, smoother operation.”

Groetzsch's journey to become a partner in this finely tuned duo started when she was in junior high. She wanted to be an RN after reading novels about the adventures of

Cherry Ames, a fictional, mystery-solving nurse. After graduating from McMaster University in 1979, a desire to travel lured her to Britain, where she completed an O.R. course. In 1995, she met an American RNFA. The two became friends and Groetzsch, who was looking for the next step in her career, decided to complete an RNFA program.

When she graduated in 1997,

the role wasn't officially established in Ontario. Groetzsch knew finding a job would be challenging. For the next decade, she worked at different organizations and assisted in cardiac surgery, orthopedics and during C-sections. Inevitably, she was laid off because the hospitals couldn't afford the role.

Today, the biggest challenge is still obtaining funding. There are currently 100 trained RNFAs in Ontario, but only 42 full-time equivalents are practising. In 2007, the province funded a pilot program to share the RNFA's

salary with hospitals. But RNAO is vigorously advocating for all of an RNFA's salary to be permanently funded to eliminate the ebbs and flows in cash that Groetzsch says are frustrating.

“RNFAs need 100 per cent funding. Every six months to a year we have to beg (for money) or get into a crisis situation,” she says.

Groetzsch believes decision makers need to see RNFAs as investments, not expenses. The knowledge she has about the O.R. and the patient's needs often prevents unnecessary duplication of tests, processes and opening of equipment and supplies, which keeps costs down. They're also an important part of the recovery. RNFAs can assess the need for pain medication, remove sutures, clips and drains, and care for wounds. They can also help develop a discharge plan and free up the surgeon to see other patients.

Although the road to establishing her role has been full of sacrifice and challenges, Groetzsch says it's been worth it because she can help more people get a new hip or knee and go on to pain-free lives. That, she says, makes up for all the funding battles and macaroni dinners along the way. **RN**

STACEY HALE IS EDITORIAL ASSISTANT AT RNAO.

# Q&A with RNAO's NEW PRESIDENT

On April 16, David McNeil will become the association's 51st president. In an interview with *Registered Nurse Journal*, he talks about his experience, goals, and the opportunities he sees for nursing. **BY JILL SCARROW**

**RNJ: Why did you become a nurse? DM:** I just sort of happened into nursing. When I graduated from high school, it wasn't a profession that I thought about at all. I think as we look to new recruits, especially men, it's a profession we have to make them aware of, particularly during their high school years. I had to do a lot of searching... I perused university calendars and thought nursing sounded interesting. From the day I entered nursing at Laurentian University, I've absolutely loved it. When I was young, I was also a lifeguard so having treated people because they stepped on glass, things like that, I probably had that desire to work with people and carry forward those skills.

**RNJ: You've worked in a remote community on the coast of James Bay, on a surgical floor, in mental health and held several leadership roles at Hôpital régional de Sudbury Regional Hospital (HRSRH). How have those positions helped you in your work with RNAO? DM:** I think it helps me understand the various issues in different areas of practice, education or research. Nursing is such a diverse profession. You need to listen to the experts in the field.

**RNJ: Before becoming President-Elect, you served on the board of directors as the representative for Region 11 in northeastern Ontario. What made you decide to run for president? DM:** I had been in my position as (Vice-President Clinical Programs and Chief Nursing Officer at HRSRH) for about nine years, and I thought this would be a good opportunity to give back to my profession. I felt that I could contribute, (especially on) the issue of a publicly funded, not-for-profit system. That's something I strongly believe in.

**RNJ: Four candidates ran for President-Elect in 2009. What did that experience teach you? DM:** It really signalled that RNAO is a very strong association. All of the people who ran, we were cheering for each other. The process really forced me to clearly articulate to the members what my areas of focus would be and

it allowed members to directly ask questions. It was a bit nerve wracking at times to sit in front of my colleagues, many of whom are extremely knowledgeable and leaders. I have to be accountable to them. I think that's what the members of a strong association expect.

**RNJ: What issues did you hear about from the members during your campaign? DM:** I heard a lot about issues related to community health nursing and concerns in health-care delivery for the elderly. There were ongoing concerns about work environments for nurses, and they've gotten stronger since the campaign. There were concerns about workload for nurses, the lack of human resources and the real concern that there simply aren't enough RNs working in the community sector. I strongly believe we have to have a fully comprehensive, publicly funded system that includes comprehensive home care. When I expressed my view on the need for a national pharmacare program, I started to hear stories about people who have had catastrophic events as a result of not having access to the appropriate medications.

**RNJ: Given all of that, what are your goals for your presidency? DM:** I really want RNAO to continue to have a strong leadership position within the profession and the health-care system. I think strong leadership now, more than ever, is required. We need to make sure we have a strong partnership with the different nursing associations and that there's clarity for the public in terms of nursing and health-care issues. Health system sustainability will continue to be a major focus of my presidency. In particular, that the system remains not-for-profit and publicly funded. We must eliminate the notion that privatization of health services will somehow improve care. We must also see some results in terms of national pharmacare and home care programs... I want to make sure that members voices are heard in the appropriate settings, whether that be talking to MPPs or talking to other nurses or health leaders. My role as President is about the interests of RNAO and making sure I'm representing the voice of the association.



**RNJ: What challenges do you think face the profession?**

**DM:** The economic challenges and the continued pressure within nursing to provide more care with limited resources will remain a very significant challenge, and will drive working conditions within nursing. This presents risks for the profession and the public. We need to advocate for solutions to improve work lives of nurses in all sectors. This is good for the system and nursing. Solutions to economic challenges cannot focus on reducing access to RNs, increasing nurses' workloads or replacing nurses with unregulated providers.

**RNJ: Over the last few years, many innovative programs have been introduced into the profession, including the Nursing Graduate**

**Guarantee and nurse practitioner-led clinics. How do you feel about where nursing is at now?** **DM:** I think Ontario is leading the country in terms of advancing the role of our profession. I think we are at the cusp of making many more significant advances. We have movement toward open prescribing, and expansion of the role of NPs, and the opportunity for RNs to practise to their full scope. With discussions around the need for NPs to have the ability to admit, treat, transfer and discharge, with potential changes in the Public Hospitals Act, I think nursing is really just at the cusp of some very significant changes that will result in better access to care for the population. I think what's good for nursing is really good for patients. **RN**

JILL SCARROW IS ACTING MANAGING EDITOR AT RNAO.

# Bringing healthy communities to

# LIFE

Members share how they put movement behind the message in RNAO's new political platform.

BY JILL-MARIE BURKE

**RN Elizabeth Edwards** was at RNAO's Assembly meeting in the fall of 2007 when she decided to improve primary care in her own community. When Edwards heard RNAO Executive Director Doris Grinspun talk about the recently opened nurse practitioner-led clinic in Sudbury and the Premier's plan to create 25 more clinics in the province, she knew one of them had to be in Belleville, where she lives. Nearly 30,000 residents there and in nearby Hastings and Prince Edward counties currently lack primary care providers, including many seniors, individuals with mental illnesses, and people who are coping with poverty.

When the Loyalist College instructor returned home, she called local NP Tammy Armstrong to enlist her help in bringing a clinic to town. Armstrong didn't need convincing. Coincidentally, she had already scheduled a meeting with the mayor to discuss the very same issue. The two women recruited NP Samantha Dalby to their committee and, with strategic advice from RNAO about how to begin, they started educating politicians and citizens about the benefits of having an NP clinic in the area.

One of the group's early meetings was with local MPP and Minister of Education Leona Dombrowsky. She told the RNs that if she stood up in the legislature with a stack of letters her constituents had written about the lack of primary care providers in their community, it would have a bigger effect on her fellow politicians than signatures on a petition.

Edwards and the team quickly got to work. They held

two public forums and spoke at local service clubs to let people know what NPs could do. Their education campaign resulted in 400 letters of support, including endorsements from the mayor and city council.

Edwards also took the message right to the Premier. Last year, she and Armstrong were at RNAO's office when Dalton McGuinty announced plans to open NP clinics in Sault Ste. Marie, Thunder Bay and Belle River. At the press conference, Grinspun introduced the pair to the Premier and told him about the need in Belleville.

When McGuinty asked Edwards how long it would take to get a clinic up and running if it received funding, she answered: "Premier, if you write a cheque before you leave today, we'll be seeing patients next week."

In November, two years and one week after the three determined nurses began their campaign, Minister of Health Deb Matthews announced funding for their clinic, which will be open by June.

Edwards' team is just one example of RNs who are bringing the pages of RNAO's newly released political platform, *Creating Vibrant Communities: RNAO's Challenge to Political Parties*, to life. The document, released during the 11<sup>th</sup> Annual Day at Queen's Park in January, sets out recommendations all political parties can adopt as they prepare their own platforms before the provincial election in 2011. It provides suggestions for building a healthier Ontario by addressing social



**During her remarks, Ontario Minister of Health and Long-Term Care Deb Matthews announced a consultation process on providing NPs with the ability to admit, treat, transfer and discharge hospital in-patients.**



**MPPs, including Liberal Helena Jaczek (centre), had the opportunity to read and discuss RNAO's newly released platform document *Creating Vibrant Communities* during the Day at Queen's Park.**

determinants of health and the environment, enhancing Medicare and nursing, and strengthening public services. RNAO President Wendy Fucile says it's also a resource RNAO members can use to help build a stronger province.

"*Creating Vibrant Communities* provides politicians with sound evidence to build their campaigns on, but it can also be an important tool for our members' advocacy," she says. "By giving a voice to the issues that are important to them, all RNs are bringing our vision of a stronger Ontario to life."

Like Edwards and her colleagues, many members aren't content to wait for politicians to adopt the platform's advice. They're already working on issues like access to health care, the environment and poverty to make their communities as healthy and strong as they can be.

For public health nurse Christine Kells, a healthy community starts with the environment. Kells, a member of the Peel Public Health school team, first became interested in the topic when she attended a national conference on children's health and the environment in Ottawa three years ago. Soon after, she joined a grassroots campaign that brought together Aboriginal groups, farmers, environmental activists, politicians and other citizens who didn't want a dump built in Simcoe County,

near where Kells grew up. For 20 years, the local government had been planning to haul the county's garbage to farmland located over the Alliston aquifer, a groundwater source that provides drinking water for numerous municipalities and flows into creeks and rivers that eventually reach Georgian Bay, Lake Simcoe, Lake Scugog and Lake Ontario. Kells and the other protesters feared that if a dump was built on the site, toxic chemicals from the garbage would leach into the water and endanger the health of humans and animals.

The group created a website called Stop Dump Site 41, and Kells

sent letters to the Simcoe Board of Health, the county council, the provincial Minister of the Environment and even Prime Minister Stephen Harper. She also called the Premier's office. She even took a busload of supporters to the site so they could drink the water. She says RNAO's policy department provided plenty of reliable facts and statistics about the effect toxics have on health that she could use whenever she talked about the campaign. "RNAO is knowledgeable, credible and helpful," she says. "The credibility is important because there's contradictory information out there."

In September, local councillors finally heard the community's concern and voted 26-3 in favour of halting development of Dump Site 41. While this means garbage from the county will



**Ted Arnott, MPP for Wellington-Halton Hills, spoke to members about how RNAO's platform could influence the PC party's policies during the association's 11th annual Day at Queen's Park.**



**NDP Leader Andrea Horwath also spoke during the morning session. She talked about RNAO's strong reputation for advocacy and commitment to creating a healthy Ontario.**



**RNAO members (L-R) Andrea Partridge, Pam Boyer, Cynthia Harris, Judy Gordon and board member Kaiyan Fu met with PC MPP Julia Munro (second from right).**



**Toronto NDP MPP Cheri DiNovo (left) took the time to meet with members, including Amarpreet Kaur Ahluwalia (centre), Region 6 representative on RNAO's Board of Directors, and Alyssa Hamilton.**

never be buried there, the battle isn't over. The land could still be sold to a company that would fill it with trash from another community. Kells is waiting to see what the next steps will be because she believes nurses have an important role to play in protecting the environment.

"Nurses have a sense of the holistic nature of health," she says. "When it comes to environmental issues, the exposures may be involuntary and people can be exposed to things that affect their health and their children's health. It's important to

create more awareness about these exposures."

Kells encourages other nurses to speak out on issues that are important to them. She says they don't have to lead a campaign but can still connect with other like-minded people and write letters or attend rallies.

In Sault Ste. Marie, ensuring that the people living in poverty and experiencing homelessness have the services they need is a top priority for RNAO member Debbie Shubat, a former public health

## RNS SET COURSE FOR NEXT PROVINCIAL ELECTION

On Jan. 28, RNAO members reminded MPPs about issues that deserve a focus during next year's election campaign. At a media conference to kick off the Day at Queen's Park, the association released *Creating Vibrant Communities: RNAO's Challenge to Ontario's Political Parties*. The document, and its accompanying 86-page technical background, contain a set of comprehensive policy recommendations RNAO wants all political parties to adopt when creating their own platforms before the next provincial vote in October, 2011. MPPs also had the chance review the report in more detail after RNAO President Wendy Fucile and Executive Director Doris Grinspun met with Premier Dalton McGuinty, Health Minister Deb Matthews, NDP Leader Andrea Horwath and her Health Critic France Gélinas and PC MPP Ted Arnott. Fucile said the document's early release gives politicians time to consider what kind of province they want to build.

"We are in the midst of a critical period in our province's history. As Ontario slowly climbs out of a severe recession, we find our social and physical infrastructure is strained," she said during the news conference. "Some people believe the future direction of Ontario means having to choose between cutting social programs or cutting



**RNAO President Wendy Fucile (right) and Executive Director Doris Grinspun presented a copy of the platform to Ontario Premier Dalton McGuinty in January. Fucile and Grinspun also met with NDP Leader Andrea Horwath and PC MPP Ted Arnott to present all parties with RNAO's recommendations for the 2011 election.**

the deficit, or creating jobs instead of a cleaner environment. But we believe forcing such choices is unacceptable. In fact, it's precisely during times of economic challenge that investments should be made."

RNAO's report outlines recommendations in six key areas including strengthening social determinants of health, equity and healthy communities by implementing the province's Poverty Reduction Plan, transforming social assistance rates and increasing the minimum wage to \$13.25 per hour. The document also outlines how to build sustainable, green communities by reducing greenhouse gas emissions, and ending coal burning at power plants. *Creating Vibrant Communities* also addresses specific measures to enhance Medicare by strengthening community care, building pharmacare and establishing 50 additional nurse practitioner-led clinics. The document also offers ideas on how to improve access to nursing services by hiring an additional 9,000 nurses, expanding roles for both NPs and RNs, and committing to achieve 70 per cent full-time employment for all nurses by 2015. It also provides information policy makers can use to make Ontario the best place for nurses to build their careers – whether they're students, in the middle of their professional lives, or nearing retirement. Finally, every item in the document is fully costed. Grinspun said it's important for decision makers to see the value in investments that build a strong province, instead of using the recession as a reason to pursue cost-cutting agendas.

"It's during times like this that the divide between the rich and poor can grow even wider, rupturing the social fabric of our communities," she told the media conference. "As nurses, we know it simply isn't right to say to folks who are struggling 'sorry, but there isn't enough money to support this program. You'll have to wait for better times.' Ontario's RNs look forward to working with members of all political parties to ensure we build vibrant communities."

To read the full version of *Creating Vibrant Communities*, visit [www.rnao.org](http://www.rnao.org).

nurse who now teaches in the North Eastern Ontario Collaborative Nursing Program at Sault College. In 2008, Shubat took a sabbatical to research the ways nurses can be better equipped to work in community development. One of her first steps was to attend provincial consultations that the Income Security Advocacy Centre and Campaign 2000 held with people living in poverty. She began working with a group called Voices of Action Against Poverty that advocates for housing, food and income security.

She also met local experts from the legal clinic, the Sault Ste. Marie Soup Kitchen Community Centre, First Nations communities, and poverty and literacy groups and discovered that they all shared a dream to use the arts to educate the public about poverty. The result was a play called *In My Shoes* that highlights the stories of the poor and homeless in the city. Instead of actors, the kitchen's guests appear and tell their own powerful stories. Two of Shubat's students also have parts in the play and her entire third-year class attended a performance.

"The play has opened students' eyes to the whole issue," she says. "Hearing those stories is a powerful vehicle for teaching them about the social determinants of health."

The play has been performed numerous times in Sault Ste. Marie



Ontario Minister of Energy and Infrastructure Brad Duguid, left, listens as Essex Chapter member Lynda Monik outlines health and nursing concerns.

and the cast plans to bring it to Toronto for the Canadian Community Health Nursing Conference in June. Shubat says her sabbatical reinforced her belief that nurses have to become politically engaged and speak with one voice. "As a profession, we need to look upstream at advocacy and policy issues. That whole idea has to become part of practice, research and education," she says. **RN**

JILL-MARIE BURKE IS ACTING STAFF WRITER AT RNAO.

## RNAO MEMBERS RECEIVE AWARDS AT QUEEN'S PARK

RNAO's *Chapter of the Year* best demonstrates commitment to the association by involving members in RNAO activities. The winner this year is **Kawartha-Victoria Chapter**. The group has emerged from a period of relative inactivity to recruit new members and engage them in a wide range of events. The chapter reaches out to RNs by distributing membership information at staff orientation sessions at the local hospital, and during Nursing Week events. Members also visit nursing schools to introduce students to RNAO.

The *Interest Group of the Year* award is presented to the group that participates in RNAO activities, influences decision makers and demonstrates teamwork and leadership.

For the third year in a row, the **Nurse Practitioners' Association of Ontario (NPAO)** received this honour. NPAO is politically active, pushing for changes to legislation and the announcement of additional nurse practitioner-led clinics so NPs can provide more effective care. The group also speaks out in the media and uses advertising campaigns to educate the public about the role.

The *Leadership Award in Political Action* is given to a member who participates in political action that improves health or positively profiles

the profession. This year's recipient, **Grace Harper**, speaks out on nursing and rural health-care issues in the media and by meeting with decision makers. As the policy and political action officer for Perth Chapter, her passion is to mobilize others. Harper is the founder of the *Nursing Shortage and You*, a group dedicated to educating the public and decision makers about the effect nursing shortages and health-care cuts have in rural Ontario.



Grace Harper, left, receives her award from RNAO President Wendy Fucile.



Members of RNAO's Kawartha-Victoria chapter were honoured at Queen's Park. (L-R) Melinda Wood, Chapter President Jill Staples, Lisa McConkey and Beryl Cable-Williams receive the award from RNAO President and fellow chapter member Wendy Fucile.



NPAO staff and members including (L-R): NPAO Executive Director Jane Sanders, members Shirlee O'Connor, Joanne Opsteen, President Paula Carere and Past President Tina Hurlock-Chorostecki celebrate their Interest Group of the Year award with RNAO President Wendy Fucile.

# HELPING IN HAITI

RNAO members offer their perspective on treating people in the aftermath of January's earthquake.

BY CAROLYN DAVIES AND ARIC RANKIN

**Waking up for work** in Léogâne, Haiti is not quite like getting up in Amherstburg or London, Ontario. Instead of a buzzing alarm clock, we were roused by the crows of roosters diving from the tree branches. And rather than climbing from our warm beds, we rolled out of our sleeping bags into the hot, sticky air. One morning, a 6.1-magnitude earthquake assured we rose early. Our living quarters consisted of tents, and a five-foot deep pit latrine at the back of our compound, which was secured by the Canadian navy and army. Nearby, a shower stall was constructed by wrapping a tarp around a palm tree. Our final luxury was a dining table made from cinder blocks and wooden skids.

By 6:30 a.m. each day, coffee was made and everyone on the Canadian Medical Assistance Team (CMAT) was ready to face the day. In the two months that followed the 7.0-magnitude earthquake that struck Haiti on Jan. 12, members of CMAT, a volunteer medical disaster relief organization, cared for thousands of Haitians devastated by the catastrophe.

Our journey started five days after the earthquake rocked the nation. We arrived well after midnight at the airport in Port-au-Prince, Haiti's capital. In the early hours of the morning, we set out for Léogâne, about 25 km southwest of Port-au-Prince. Léogâne was the epicentre of the earthquake, but little, if any, aid had been provided. As we

drove further from the capital, we were shocked by the amount of destruction. Rock and buildings lay where roads once were, and dead bodies lined the roadsides.

After a two-hour trek, we arrived at our new home: a field between two completely destroyed schools. The crew from the Canadian Navy Ship HMCS Athabaskan cleared the debris, and helped us assemble our field hospital. By dusk that evening, we were ready to go. Supplies and medications were organized on benches extracted from the collapsed schools. An operating table

was created with cinder blocks to accommodate a stretcher. Lights powered by a gas generator hung from the metal poles holding up our clinic. We weren't ready a moment too soon. That night, before we had rolled up our tent flaps for the first time, we had our first patient: a pregnant woman who thought her baby would be stillborn. But six hours later, after much anticipation, we delivered a healthy baby boy. It was a good omen.

Each day, under a blazing sun and in temperatures that would rise to 40 C, CMAT cared for nearly 300 patients and performed

up to 20 surgeries. By 7:30 a.m., the triage team had started assessing patients who needed wound-dressings, follow up after an X-ray on a portable machine, or rehydration. We also started shooing the chickens and dogs from the surgical suite, a chore that



**RNAO members working in Haiti included (L-R): Valerie Rzepka, Carolyn Davies, Aric Rankin and Maida Hotilovac-Mrakovic.**



PHOTO: ©PATRICK FARRELL/GETSTOCK.COM

Haitians work to recover people injured during the earthquake on Jan. 12, 2010.

quickly became part of our daily routine.

Disaster relief work has amazing rewards, but access to amenities is not one of them. Running water didn't exist and the local well was contaminated with E.coli. Potable water was a precious item the Canadian Navy supplied for us daily. Electricity was available only when our generator was running in the evening. The sun was the primary light source during the day, and we used headlamps for detailed work.

The injuries were the worst anyone on our team had ever seen. Even the military physician said the wounds he saw were as bad, or worse, than those he treated in Afghanistan. Many people had exposed skull, bones and tendons. Some of the wounds were from crush injuries that had developed gangrene and required amputation. CMAT was fortunate to have an orthopedic surgeon and an anesthesiologist to repair fractures, debride deep, complex, infected wounds and amputate limbs to save lives.

During the three weeks we were in Léogâne, we also relied heavily on our triage skills. People began lining up in the early hours of the morning, and the line never seemed to shrink throughout the day. Patients were grouped by a coloured wristband and triage details on a piece of paper to help us classify their injuries: green meant they were less urgent; yellow for urgent; and red meant they were emergent. This was quite similar to triage at home, except Haitians waited for most of the day in the hot sun without food or water. It was especially important to give locals hope and confidence that they would be cared for.

Our team would close down the triage in the early afternoon so

that people waiting could receive care before it got dark. The day formally ended for patient care around 5:30 p.m., but surgeries would often continue well after this time. We were always open for emergent patients. Nearly every night, a soldier would tell us someone had come to the gate with an injury to be assessed.

Even after closing the clinic for the day, our work was far from over. We unpacked supplies, recorded the day's statistics, reflected on what needed to change before the next day, prepared our equipment and supplies, and closed up the clinic to keep out the chickens and dogs. Each night, our team sat around our makeshift table to debrief. It was always exhilarating to reflect on what we had accomplished throughout the day.

Disaster relief work is not necessarily for everyone, but it can change your view of life and what you value. It can also become addictive! The joy of the work is realizing what is really important, professionally, physically, and spiritually. Number one on your mind is the people you are helping, piecing their bodies and souls back together. Each member of the team has different skills that create outstanding results in the provision of care. Despite the physical and emotional toll it can take, it is amazing to know that we can make such a significant difference in people's lives when they need it most. **RN**

CAROLYN DAVIES, RN(EC), IS AN NP AT THE ERIE ST. CLAIR CCAC. ARIC RANKIN, RN, BSCN, IS A CHILDREN'S EMERGENCY ROOM NURSE AT LONDON HEALTH SCIENCES CENTRE. FOR INFORMATION ON CMAT VISIT [WWW.CANADIANMEDICALTEAMS.ORG](http://WWW.CANADIANMEDICALTEAMS.ORG)

# CELEBRATING

## As RNAO's 85th annual general meeting approaches, *Registered Nurse Journal* looks back on AGMs gone by.

In March 1952, the *RNAO News Bulletin* presented a thoughtful look at why every member should come to the AGM.

### WHY GO TO ANNUAL MEETINGS?

From the viewpoint of District and Chapter officers, the experience of an Annual Meeting will provide background and understanding for their responsibilities. A better understanding of professional affairs will add interest to local activities and help to develop leadership.

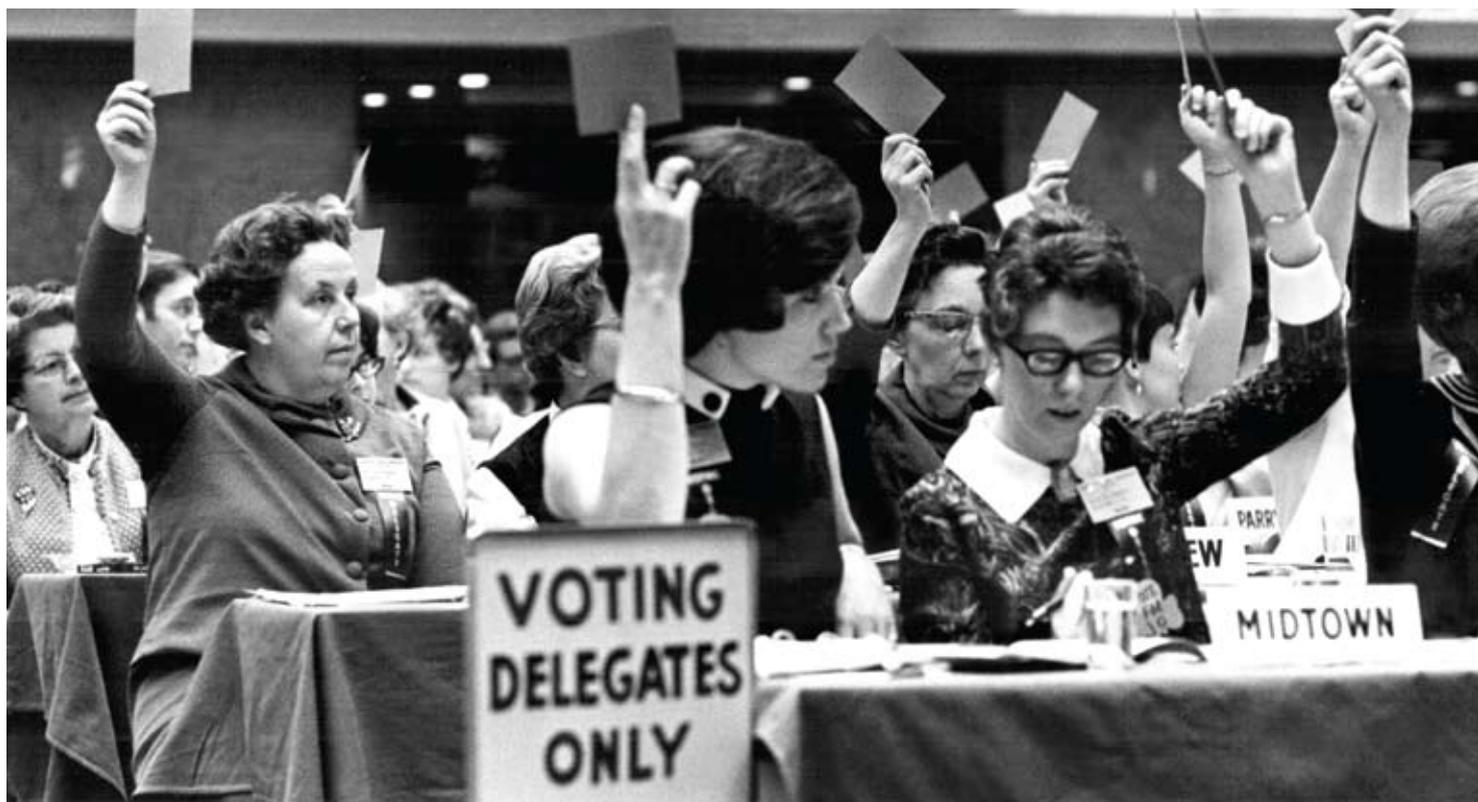
For the individual members, there are advantages in attending Annual Meetings. Among these is the opportunity to hear, see and meet leaders in the nursing field. Topics of immediate interest to nurses are included on the programme and there will be opportunities to hear discussion and to have a voice in matters of vital interest.

Here is a chance to keep up to date and to know what is going on among nurses.

Another viewpoint may be that of instructors in schools of nursing, directors of nursing service, and supervisors in health and industry. They are expected to be experts in their special lines, and to maintain this leadership they need to

discuss their work with others in the same field ... Annual Meetings present this opportunity. Discussions of problems, not only at formal sessions but also at informal group conferences on specific problems, will be fruitful of new ideas ...

The student viewpoint is important too. Students represent the future and the experience of contacts made and understanding gained at a professional meeting is a part of their education. Student representatives carry back reports and enthusiasm to the student body at the home school... From all points of view Annual General Meetings are well worth attending.



RNs at the 1969 meeting raise their hands in favour of a motion.

# 85 YEARS

BY JILL SCARROW



Members campaigning for office at the 1983 Annual Meeting in Toronto.



## MEMBERS' MEMORIES

This year, RNAO is asking members to share their memories of the association, and what membership means to them. Here's what some of your colleagues had to say. You can share your own memories by emailing [jscarrow@rnao.org](mailto:jscarrow@rnao.org).

Being a member of RNAO gives me first-hand access to new information on Best Practice Guidelines (BPGs). I have the privilege of sharing with other nurses the many benefits of belonging to our professional body. I am most proud of Best Practice Spotlight Organizations that are recognized by RNAO as leaders in BPGs. I believe this recognition empowers nurses to highlight evidence-based research in nursing practice to ensure best outcomes for patients. This confirms that nurses are a “professional, highly contributing” group of health-care providers.

—Olga Muir, Toronto, Ontario

Being a student member provides me with the opportunity to grow professionally through active networking, teamwork, social advocacy, and political activism. The support by RNAO members and executives protects and fosters students' dreams at any age. Membership means I have a voice in influencing the evolution of health care and nursing and that I can make a difference if I step forward and take action.

—Nathan Kelly, President, Nursing Students of Ontario, Grimsby, Ontario

As a registered nurse for 50 years, RNAO has been a significant organization in my various activities. In 1968 I was a teacher at the Hamilton and District School of Nursing, and we formed one of the first nursing unions. We were guided, encouraged and organized with direction from RNAO. In 1969 we went on strike. RNAO was with us all the way, and paid our strike pay, and we won! I was later president of Haldimand-Norfolk chapter around 1980. RNAO is the steady state of the profession. As budgets dilute the emphasis on care, the challenges for RNAO and its members are many.

—Pat (Lord) Grant, Port Dover, Ontario

What I am most proud of is how far RNAO has come in its understanding of the social determinants of health. I can clearly remember attending a meeting with RNAO in the late 1980s. There we were, street nurses, and the “power nurses” eyeing each other warily. When we suggested that RNAO needed to speak out about poverty and homelessness, they said they could not really see what any of that had to do with nursing. Thankfully, RNAO now “gets it” and has spoken out on poverty and stood with poor people and their allies. That makes me proud.

—Kathy Hardill, L'Amble, Ontario

When the Graduate Nurses Association of Ontario was formed in 1904, a founding goal was to promote the standing of the profession. The first step was to secure registration for nurses in 1922, which led to the formation of RNAO. These early nurses were clear that a nurse was to be a professional. Amid the current pressures to de-professionalize nursing and diminish the value of the RN, their courage and vision inspires me. I strive to do what I can to care for the profession so that I can pass it on to the next generation in at least as good shape.

—Elsabeth Jensen, a Past President of RNAO, Toronto, Ontario

# CALENDAR

## APRIL

April 15-17

### 85TH ANNUAL GENERAL MEETING

Downtown Toronto Hilton, Toronto, Ontario

April 22

### PROFESSIONALISM AND COLLABORATION: MAKING IT HAPPEN

Hampton Inn and Suites Windsor, Ontario

## MAY

May 14

### NURSING CAREER EXPO

Toronto, Ontario

May 10-16

### NATIONAL NURSING WEEK

This year's theme... **Nursing: You can't live without it!** *Registered Nurse Journal* will once again publish its annual Nursing Week pull-out section in the May/June issue. Your photos from local events and activities can be sent directly to [jscarrow@rnao.org](mailto:jscarrow@rnao.org) for consideration.

## JUNE

June 13-18

### CLINICAL BEST PRACTICE GUIDELINES SUMMER INSTITUTE

Nottawasaga Inn, Alliston, Ontario

## AUGUST

August 8-13

### HEALTHY WORK ENVIRONMENTS SUMMER INSTITUTE

Hockley Valley Resort, Orangeville, Ontario

## SEPTEMBER

September 15

### PRECEPTORSHIP FOR NURSES WORKSHOP

Sudbury, Ontario. Available by OTN across Ontario

September 23-24

### RNAO BOARD OF DIRECTORS MEETING

RNAO Home Office

September 25

### RNAO ASSEMBLY MEETING

Hyatt on King, Toronto, Ontario

Sept. 26-Oct.1

### CHRONIC DISEASE MANAGEMENT FALL INSTITUTE

Westin Prince Hotel, Toronto

## OCTOBER

October 18-20

### KNOWLEDGE, THE POWER OF NURSING: CELEBRATING BEST PRACTICE GUIDELINES AND CLINICAL LEADERSHIP

InterContinental Hotel, Metro Toronto Convention Centre, Toronto, Ontario

## CLASSIFIEDS

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## RNAO CELEBRATES 85 YEARS

### RNAO IS LOOKING FOR MEMBERS' MEMORIES.

In 500 words or less, tell us about your RNAO experience. Why did you join the association? Is there a particular moment at a chapter meeting or AGM you'll never forget?

Have you hosted a Take your MPP to Work event that left you with some great memories?

We'll be featuring the stories on RNAO's website during Nursing Week and publishing a selection of the stories in the July/August issue of Registered Nurse Journal. For more information, or to submit a story, visit <http://85.rnao.ca/>

### DID YOU KNOW?

You can access the 'members only' section of the RNAO website to update your e-mail and mailing address. Never miss an issue of Registered Nurse Journal and stay connected with your nursing colleagues across the province. Update your profile today by visiting [www.rnao.org/members](http://www.rnao.org/members).



## RNAO AT WORK

Speak out for nursing by representing RNAO at work.

### BECOME A WORKPLACE LIAISON TODAY!

Visit [www.rnao.org/wl](http://www.rnao.org/wl) or call 1-800-268-7199 to receive regular updates and materials.

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

# THE NURSING RETENTION FUND

**ANNOUNCEMENT: ACCEPTING APPLICATIONS FOR FUNDING**

## To all public hospitals in the Province of Ontario:

The Nursing Retention Fund (NRF) is designed to provide funds to public hospitals in Ontario for education/training as retention initiatives in circumstances where changes to hospital services may otherwise result in layoffs for nurses.

The NRF is a Ministry of Health and Long-Term Care initiative managed by the Ontario Nurses' Association (ONA), the Registered Nurses' Association of Ontario (RNAO), and the Registered Practical Nurses Association of Ontario (RPNAO).

The fund provides reimbursement to hospitals for the following:

- cost of education/training required to retain nurses
- salary continuance (wages/salary and benefits) for a period of up to 6 months while nurses are attending education/training programs

The NRF management committee is pleased to announce the extension of funding available through the fund to 2013.

Following discussions between the NRF management committee and the Ministry of Health and Long-Term Care, the funding agreement has been amended to allow for broader eligibility for funding applicants.

Revisions have been made to the application process to provide guidance in the collection of data required to meet the eligibility criteria.

**For more information about NRF, as well as application forms, please visit our website: [www.nursingretentionfund.ca](http://www.nursingretentionfund.ca)**

You may also contact the NRF Project Coordinator at:  
416-907-7954, 1-800-268-7199 x245, or  
[coordinator@nursingretentionfund.ca](mailto:coordinator@nursingretentionfund.ca)



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

RNAO's Frequently Asked Questions line  
1-866-464-4405  
OR  
[educationfunding@rnao.org](mailto:educationfunding@rnao.org)

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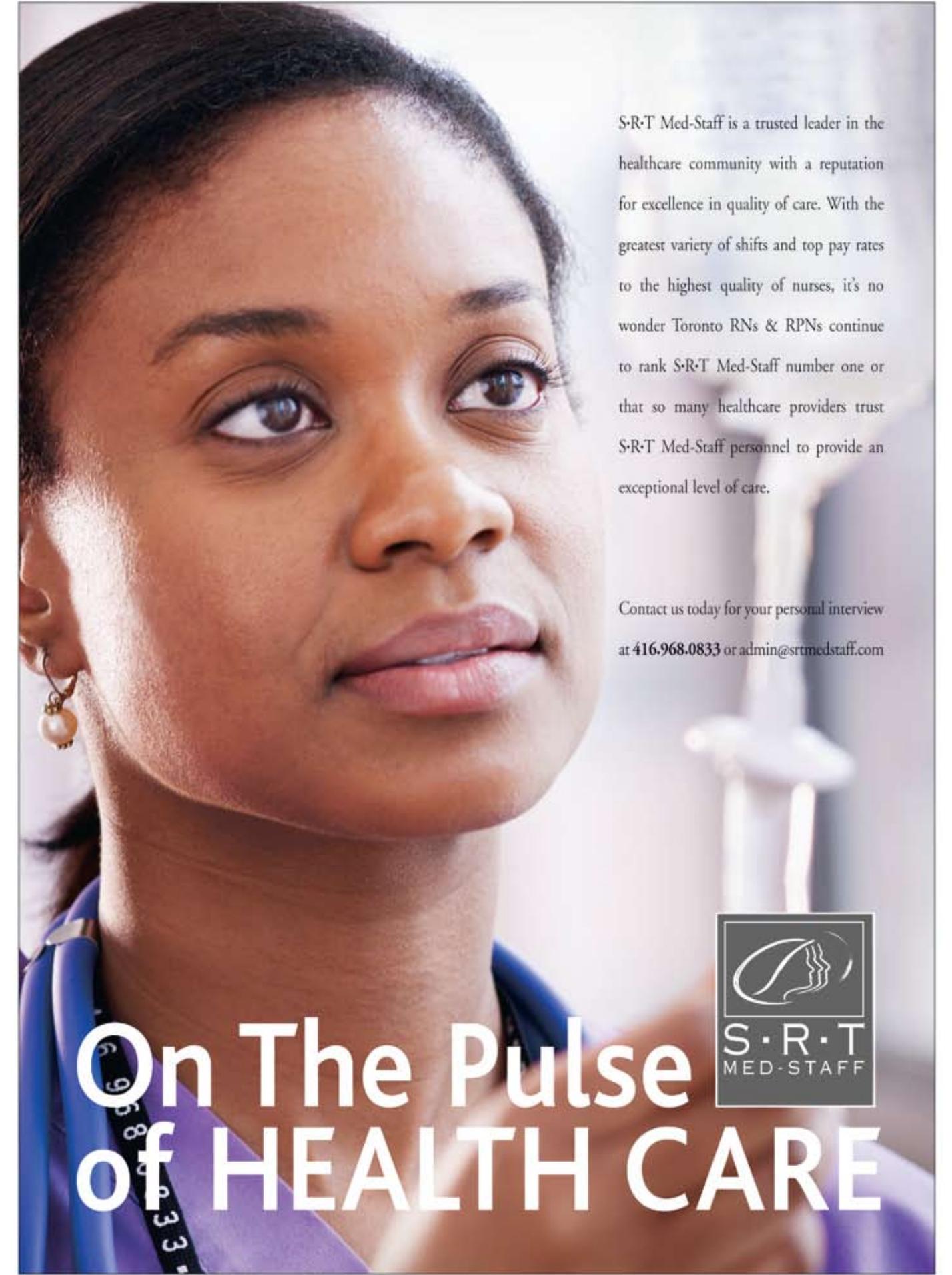
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