

# Registered Nurse

JOURNAL



## A SENSE OF MISSION SENDS RNs OVERSEAS

RNs Robyn Love (left) and Stephanie de Young (centre) venture far afield to offer care.

# Now I know why thousands of nurses have chosen **HUB!**

I used to think insurance was insurance and never gave much thought to where I bought it – I assumed it was the same everywhere and all that mattered was finding the best price. Was I ever wrong! I heard about HUB Personal Insurance from a colleague at work. She mentioned that HUB offers RNAO members great rates on home and auto insurance, but it was her comment on the outstanding service that made me decide to find out for myself.

When I contacted HUB, I spoke to an insurance advisor immediately – no pushing a million buttons or leaving a voicemail message. The advisor assessed my insurance needs and gave me a no-obligation quotation on the spot. The savings were significant and I really appreciated the great additional benefits HUB offers. I switched to the HUB plan for RNAO members right away!

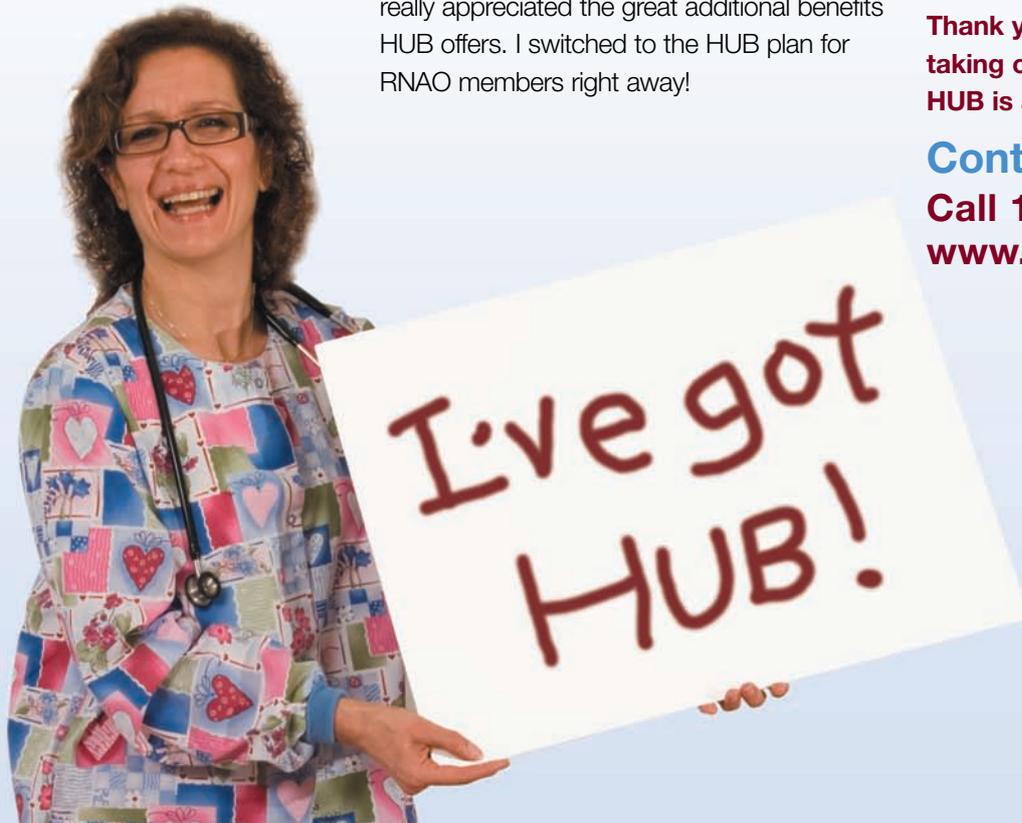
The HUB representative also asked whether I had upgraded or added on to my home. Now, my home has been undergoing extensive renovations for some time, but it had never occurred to me that those upgrades could affect my insurance policy, or more specifically, any claim I may have while these changes are taking place. HUB brought me up to speed on what to include on my homeowners policy immediately and made further recommendations for when the renovations are completed.

I was impressed. I now realize insurance is not the same everywhere. There are differences in product features, pricing, and most importantly, in the *people* and the advice they provide.

**Thank you to the RNAO and HUB for taking care of me! Now I know what the HUB is all about!**

**Contact HUB today.**

**Call 1 877 466 6390 or visit [www.hubvalue.com](http://www.hubvalue.com)**



Toni Sammut, R.N.

You spend your time taking care of others. Now let us take care of you. Call for a no-obligation-quotation and you could **WIN pampering for 2 at a spa of your choice!**



# Registered Nurse

JOURNAL

Volume 19, No. 3, May/June 2007



## THE LINEUP

EDITOR'S NOTE	4
PRESIDENT'S VIEW	5
EXECUTIVE DIRECTOR'S DISPATCH	6
NURSING IN THE NEWS	7
OUT & ABOUT	8
POLICY AT WORK	25
NEWS TO YOU/NEWS TO USE	26
CALENDAR	27

## FEATURES

- 10 WHAT'S THE SCORE?**  
*By Shannon Landry, RN, BScN, MN, Peggy White, RN, MN, and Dorothy Trimble, RN*  
New measurement tool offers nurses the opportunity to conduct more comprehensive patient assessments.
- 11 RN PROVIDES CARE, SUPPORT TO IMMIGRANT WOMEN**  
*By Jill Scarrow*  
Veronica Shillingford talks about her work at Women's Health in Women's Hands, a community health centre in Toronto.
- 12 SENSE OF GLOBAL CITIZENSHIP SENDS RNs OVERSEAS**  
*By Anila Sunnak*  
RN's offer their views on nurses' moral responsibility to engage in international nursing.
- 17 AGM 2007**  
*By Kimberley Kearsey and Jill Scarrow*  
More than 600 nurses look back at RNAO's accomplishments of the past year.
- 24 CHALLENGING THE STEREOTYPES**  
*By Jill Scarrow*  
RNAO's new Men in Nursing interest group sets out to change perceptions of the role men can play at the bedside.



Registered Nurses'  
Association of Ontario

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

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

158 Pearl Street  
Toronto ON, M5H 1L3  
Phone: 416-599-1925 Toll-Free: 1-800-268-7199  
Fax: 416-599-1926  
Website: www.rnao.org  
E-mail: info@rnao.org  
Letters to the editor: letters@rnao.org

**EDITORIAL STAFF**

Marion Zych, Publisher  
Kimberley Kearsley, Managing Editor  
Jill Scarrow, Writer  
Tiffanie Ing, Editorial Assistant

**EDITORIAL ADVISORY COMMITTEE**

Patricia Stiles, Chair  
Joseph Gajasan, Anne Kelly, Connie Kuc,  
Holly Lake, Sylvia Rodgers, Shannon Landry,  
Rosanna Wilson

**DESIGN, ART DIRECTION, PRODUCTION**

Dean Mitchell/Fresh Art Design Inc.

**ADVERTISING**

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

**SUBSCRIPTIONS**

*Registered Nurse Journal*, ISSN 1484-0863, is a benefit to members of the RNAO. Paid subscriptions are welcome. Full subscription prices for one year (six issues), including taxes: Canada \$38.52 (GST); Outside Canada: \$42. Printed with vegetable-based inks on recycled paper (50 per cent recycled and 20 per cent post-consumer fibre) on acid-free paper.

*Registered Nurse Journal* is published six times a year by RNAO. The views or opinions expressed in the editorials, articles or advertisements are those of the authors/advertisers and do not necessarily represent the policies of RNAO or the Editorial Advisory Committee. RNAO assumes no responsibility or liability for damages arising from any error or omission or from the use of any information or advice contained in the *Registered Nurse Journal* including editorials, studies, reports, letters and advertisements. All articles and photos accepted for publication become the property of the *Registered Nurse Journal*. Indexed in Cumulative Index to Nursing and Allied Health Literature.

**CANADIAN POSTMASTER:** Undeliverable copies and change of address to: RNAO, 158 Pearl Street, Toronto ON, M5H 1L3. Publications Mail Agreement No. 40006768.

**RNAO OFFICERS AND SENIOR MANAGEMENT**

Mary Ferguson-Paré, RN, PhD, CHE  
President, ext. 204

Wendy Fucile, RN, BScN, MPA, CHE  
President-Elect, ext. 504

Doris Grinspun, RN, MSN, PhD (c), O.Ont.  
Executive Director, ext. 206

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

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

Nancy Campbell, MBA  
Director, Finance and Administration, ext. 229

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

Anitta Robertson, RN, BAAN, MPA  
Director, Special Projects, ext. 240

Tazim Virani, RN, MScN, PhD (cand)  
Director, Best Practice Guidelines and Advanced  
Clinical/Practice Fellowships

Marion Zych, BA, Journalism, BA, Political Science  
Director, Communications, ext. 209



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

Editor's Note

# Nurses' tales of travel offer insight on the challenges of international nursing



**In this issue of *Registered***

***Nurse Journal*** you will meet some very special RNs who are finding ways to help vulnerable populations around the world (page 12). I have tremendous

respect for these nurses, and for anyone who chooses to leave the comfort and security of life in Canada and search for the chance to make a difference elsewhere.

I was born and raised in this country, but I've visited South America several times. My sister-in-law, who is Columbian, and my brother, who lived in Chile for eight years, often remind me how easy it is to live our lives and forget about social challenges in other parts of the world.

The nurses in our cover story haven't forgotten, and have purposefully placed themselves in unfamiliar and sometimes frightening situations to offer knowledge and skill, and to hold the hands of those who are suffering. Their stories are compelling, and represent only a small selection of tales that are woven into the tapestry that is international nursing.

I commend them for what they do, and I urge more nurses to share their stories of working in other parts of the world. If your experience inspires just one other nurse to pack a bag and passport in anticipation of adventure overseas, it's a story worth telling.

**Kimberley Kearsley**

Managing Editor

**PAT GRIFFIN**

**December 25, 1945-May 6, 2007**

On May 6, Pat Griffin, an RNAO member and Executive Director of the Canadian Association of Schools of Nursing (CASN), passed away peacefully at her home, surrounded by loved ones. Griffin, who lived with cancer for four years, was an active member of RNAO. She most recently agreed to co-chair the development of the Healthy Work Environment Best Practice Guideline on Practice Education in Nursing. "We will miss Pat immensely, but her leadership will stay fresh in our memories," Executive Director Doris Grinspun said. Irmajean Bajnok, Director of the Centre for Professional Nursing Excellence, worked closely with Griffin. "Pat was a treasure in nursing. She has left footprints all over – whether in academia, education, service, evidence-based practice or research. She will be greatly missed."

The *Dr. Pat Griffin Fund* has been created by CASN to acknowledge her leadership and impact on nursing education and scholarship. Further information about the fund, which will support research in nursing education, can be obtained by calling 613-235-3150 or writing to inquire@casn.ca.



# Creating a healthier society: RNAO's challenge to Ontario's political parties



**From the time I** was a nursing student it was clear to me that there was a significant link between poverty and health. While doing clinical placements, I visited people in their homes and it became obvious that those who were economically disadvantaged, or had few supports, were severely compromised. Through my 40 years in the profession, I have gained a fuller understanding of the systemic causes of poverty and its impact on health.

As a Victorian Order nurse in rural Ontario in the 1970s, I saw the day-to-day struggle of people who lived in poverty. Many clients were deprived of the basics of a dignified life: nutrition, access to dental and health care, clothing, decent housing, and community inclusion. Indeed, many of my clients focused their energies on finding their next meal or paying the rent.

I'll never forget visiting a family devastated by poverty and living in the countryside of Ontario. Their home was sparsely furnished. The children living there ranged in age from infant to 10 years. The younger children, who had not been toilet trained, were not clothed from the waist down; a clear indication there wasn't enough money for clothing. The 10-year-old daughter, whom I was bringing to an appointment in a developmental and mental health clinic, was emaciated and terrified of adults. Memories such as this never leave one's mind. You think about the inequities inherent in these situations, and realize how privileged some of us are compared to those overwhelmed with social needs.

And then there are the environmental challenges.

My studies towards a master's of public health during the mid-1980s underscored the incredible impact of the environment on health. Living conditions in environments where people are struggling to breathe, or where the water is hardly drink-

able, very clearly lead to health problems in the community.

These social and environmental issues deserve urgent attention because the situations I've seen are situations to which every nurse can relate. More and more nurses are also aware of the numerous studies documenting the evidence linking ill health with poverty and the state of our environment.

As Ontarians, we enjoy the privilege of living in one of the most prosperous provinces in this country. Shamefully, how-

**"I am so very proud that RNAO has joined with social justice groups to seek change. As nurses, we want a province where progress is made and enjoyed by all."**

ever, we witness an increasing number of women and men who are left behind. It's troubling how many children live in poverty, many in the midst of growing wealth and inequality. I am so very proud that RNAO has joined with social justice groups to seek change. As nurses, we want a province where progress is made and enjoyed by all.

On May 10, RNAO organized a press conference at Queen's Park and issued a challenge to Ontario's political parties. That challenge is contained in a substantive report called *Creating a Healthier Society* (see pg.25). It sets out recommendations in areas such as the social determinants of health. It includes: measures to raise the standard of living of the working

poor and those families that receive social assistance; better protection for vulnerable workers; and a community-based housing strategy.

Our platform also makes key recommendations on the environment, calling for more emphasis on energy conservation and an end to the reliance on coal fired electricity plants and nuclear power. We're also asking the political parties to take concrete steps to ensure Ontarians can raise their families in a healthier environment. That means reducing people's exposure to pollution, toxins, carcinogens and harmful chemicals.

Critically important are also the recommendations aimed at: strengthening our not-for-profit Medicare system; rejecting for-profit delivery and P3s; committing to a nursing workforce that enables more RNs to work full-time; retaining senior nurses for as long as we can; and expanding roles and initiatives to educate and recruit the next generation of nurses to care for Ontarians in the decades to come.

We will continue to speak out until more is done to alleviate these fundamental problems that create illness and advance chronic disease in our society. That includes continued advocacy for a publicly funded, not-for-profit health-care system that is there for everyone when they need it.

Given the level of trust we enjoy among the public, we believe no other group of health-care professionals is better positioned to take action on these issues than registered nurses. We must do all we can as we look ahead to the election in October to persuade our political leaders to heed nurses' advice, and adopt the recommendations contained in RNAO's document.

I urge you to read it, discuss it with your colleagues, your patients, your families, friends and communities. And please engage your local politicians by visiting your MPP to discuss our platform.

**MARY FERGUSON-PARÉ, RN, PhD, CHE, IS  
PRESIDENT OF RNAO.**

# Communication and media: key advocacy tools for nurses



**During Nursing Week**, I participated in RNAO's annual *Take Your MPP to Work* initiative with Conservative Leader John Tory and NDP Leader Howard

Hampton. Mr. Hampton and I visited with nurses at Toronto's Bloorview Kids Rehab, where they communicated proudly their role and contribution to children's rehabilitation. Mr. Tory and I visited the home of a 78-year-old man who was receiving care from Saint Elizabeth Health Care RN Judy Dempsey.

Before joining this gentleman at his bedside, I chatted with Mr. Tory and he made a lighthearted comment about my ability to influence seating arrangements at fundraising events to which he is invited. He told me he had been seated next to a nurse at a fundraiser the day before our meeting. Our nurse colleague talked with him about home care and the 20 visits she does each day. Of course I had nothing to do with the seating arrangement, but I do congratulate this wise nurse – hopefully an RNAO member – for taking advantage of an opportunity to discuss with Ontario's Conservative Leader the challenges of community nursing.

Another member, Mitzi Grace Mitchell, showed the same initiative on March 16, when she had an unplanned encounter with Federal NDP Leader Jack Layton. She too took advantage of this chance meeting, in her case to discuss nursing issues such as the need to protect advanced practice nursing titles.

Kudos to these and other colleagues who see an opportunity to influence decision makers, and take it. These types of encounters – and the ongoing initiative of nurses to call for positive system reforms that tackle social and environmental determinants of health, strengthen Medicare, and support the role of nurses – give the profession credibility and will ultimately

lead to fundamental change.

I urge all nurses to embrace these opportunities to help people understand nurses' views on health, health care and nursing issues. And it's not always a provincial or federal politician who needs to better understand. Patients, family members, neighbours, and even your local coffee shop cashier can benefit from knowing nurses' views. You just never know how much people know – or don't know – about the nursing profession and our important perspective. Taking it upon ourselves to communicate our views is a vital tool to influencing healthy public policy.

**“Each of you can become a pro when speaking to the media...it just takes practice.”**

I'm careful to caution, however, that chance meetings with political leaders or with people specifically asking questions about nursing and health care are uncommon. In most cases, if we want to discuss our viewpoints, we must create our own opportunities.

*Take Your MPP to Work* achieved just that with RNAO members from across Ontario creating opportunities for 44 visits with their local MPPs. We thank you all for your activism.

Another critical way to create opportunities is by engaging the media. Members who attended RNAO's April assembly meeting learned about the impact they can have when they speak to the media. Whether they're calling up their local newspaper to pitch a story idea, writing a letter to the editor, writing a media release or advisory about a nursing event in their community, or agreeing to be interviewed by a reporter; any of these provide opportunities to influ-

ence the public, and by influencing the public we often shape public policy.

One important lesson to come out of these media sessions was this: nurses have to make these opportunities possible. And any nurse can do it.

Newly appointed board member Claudine Bennett helped lead one of the sessions at the assembly meeting and talked about what inspires her to pursue media opportunities in Peel region. She draws on her passion for health promotion and disease prevention, and pursues opportunities linked to this passion.

Maureen Gmitrowicz is another RNAO member who is leading by example. She was also at the assembly meeting and told colleagues about her motivations for writing letters to the editor. She once heard former finance minister Janet Ecker admit that the Conservative party gauged public opinion and developed some of its policies based on the kinds of letters written in newspapers.

We are inspired by your voices in the media. RNAO members from Windsor to Ottawa and from Hamilton to Manitoulin Island have embraced opportunities to engage in discussions with their local reporters, radio hosts, television personalities, editors, writers, and publishers.

Each of you can become a pro when speaking to the media...it just takes practice. And what better time to practice than during the run-up to the next provincial election, when people are eager for information that will help them decide who they want representing their interests at Queen's Park.

Staff at home office, particularly in the communications department, are eager to help as more and more members warm up to the idea of speaking to the media and the public about health, health care and nursing. You know what's right for your patients and your communities. Go for it.

---

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

# Nursing in the news

RNAO & RNs weigh in on . . .

## RNAO releases provincial election platform during Nursing Week

On May 10, RNAO hosted a press conference at Queen's Park to release a comprehensive report entitled *Creating a Healthier Society*. The document maps out a set of policy initiatives that RNAO wants Ontario's political parties to adopt in their campaign platforms. "We know we have one of the best acute care systems in the world...but we must do much more to promote health, prevent illness and manage chronic illness," RNAO President Mary Ferguson-Paré said about the report's focus on broad health-care issues such as social determinants of health and the environment (see page 25 for full details). (May 14, *Pembroke Daily Observer*, *Welland Tribune*; May 16, *Dunnville Chronicle*)



Doris Grinspun (left) and Mary Ferguson-Paré at Queen's Park.

### Health-care professionals need better training to help breastfeeding moms

RNAO members **Joanne Gilmore** and **Lori Levere** joined NDP MPP Shelly Martel and Jack Newman, a physician whose work focuses on breastfeeding, for a May 14 press conference to urge the Liberal government to implement a provincial breastfeeding strategy. It's difficult for nursing mothers to know what to do in terms of breastfeeding if they don't have support from health-care experts, the group said. "If you have better training you'll have a decreased number of women

looking for help outside of the hospital experience because things will be going better for them," said Gilmore. Levere, an Ontario Breastfeeding Committee spokeswoman, added: "Our rates in Ontario currently are quite low. In 2003, 87 per cent of women were initiating breastfeeding, but by six months, that had dropped to 39 per cent." (May 14, *CKNX-AM Wingham*, *Canadian Press*; May 15, *CBCS-FM Sudbury*, *CJCS-AM Stratford*, *North Bay Nugget*, *Sault Star*, *The Record (Kitchener, Waterloo, and Cambridge)*, *Owen Sound Sun Times*, *St. Catharines Standard*, *Kenora Daily Miner & News*)

### New anesthesia teams to ease wait times

On March 17, the Ministry of Health and Long-Term Care announced the creation of anesthesia care teams in order to decrease wait times for surgical procedures. Nine pilot sites for the teams are being established across the province. They will include two new classes of health provider called anesthesia assistant (AA) and nurse practitioner-anesthesia. RNAO Executive Director **Doris Grinspun** said: "We're proud to be part of this innovative approach. Nurses should be full partners in delivering care...Pain management is a very important

# Nursing in the news

RNAO & RNs weigh in on . . .

role for nurses.” (March 16, *Globe and Mail*; March 17, *National Review of Medicine*, *Toronto Star*, *Canada NewsWire*, *Windsor Star*)



Jeff Lee at work in Afghanistan.

## Military nurse details his encounter with a Taliban soldier

RNAO member and Navy Lieutenant **Jeff Lee** works at the end of Kandahar's airstrip, tending to wounded soldiers both from the Canadian Forces and the Taliban. Lee says one of the more powerful experiences he's had overseas was accepting the handshake of a Taliban soldier after providing the man with care. "I found [it] very rewarding to see that an individual was able to see that, as a nursing officer, I am only there to provide patient care," he said of the ongoing animosity between Canadian and Taliban soldiers. (May 14, *London Free Press*)

## RNAO applauds Health Minister for stance on hip, knee surgeries

Ontario's Health Minister George Smitherman was criticized this spring for his refusal to allow a private health-care provider to ease knee and hip surgery wait times. RNAO stood behind the Minister's stance, and in a letter to the *National Post*, RNAO President **Mary Ferguson-Paré** said "private clinics drain surgeons, nurses and other scarce practitioners away from the public sector...Nurses ask all politi-

cians to take a responsible stand and stop caving in to those who want to make wealth out of sickness." (March 26) RNAO Executive Director **Doris Grinspun** added that "these clinics specialize in cherry-picking patients and cutting corners to make profits for shareholders. Indeed, studies consistently show that not-for-profit centres provide better care, at lower cost and with less mortality, than for-profit centres." (April 11, *Toronto Star*)

## Community health NPs need pay hike

Nurse practitioners in community health are lobbying for a pay raise, citing an absence of any increase since 2003. They say salaries are capped at \$17,000 less than what NPs earn in the hospital sector. RNAO member and Guelph Community Health NP **Liz Hales** says she loves her job, but she is troubled that NPs are not getting the respect they deserve: "The government says we're an important part of the health-care system. Then we get this disparity." (May 22, *Guelph Mercury*)

## RN saves man's life at hockey game

People across Ontario were talking about RNAO member and pediatric emergency nurse **Julie Beattie** in early April, shortly after her quick thinking saved the life of a man who collapsed in the stands during a

hockey game in Toronto. Beattie leapt into action and performed CPR compressions on the man when she saw he was in distress. Beattie's reluctant to view her actions as heroic, noting it was all in a day's work: "Hockey players go to work... score goals...I give out Band-Aids, hugs or do CPR on people." (April 1, *CTV-TV National*, *CHCH-TV Hamilton*; April 2, *Globe and Mail*, *Toronto Star*, *CP Wire*, *Toronto Sun*; April 3, *Toronto Star*; April 4, *Metroland - Halton Division*, *Toronto Star*; April 17, *Kingston Whig-Standard*).

## CAMH offers 11,000 addicts free therapy as part of smoking study

Smokers trying to kick the habit are getting help from Toronto's Centre for Addiction and Mental Health (CAMH). As many as 11,000 Ontario residents are receiving free nicotine replacement therapy (NRT) as part of a study on the battle to quit. RNAO member and public health nurse **Karen Taylor** says, "It's very popular and it (NRT) is going fast." Fellow member and public health nurse **Jen Tonn** agrees that demand is high: "It's no secret most people who smoke would like to quit...NRT has been shown to double the chances of success among smokers who feel they can't quit cold turkey and need support to succeed." (March 25, *Port Hope Evening Guide*; March 30, *Metroland - Simcoe Division*)

## RNs criticize physician assistant pilot project

In late February, the Liberal government announced a pilot project that would introduce the new role of physician assistant (PA) into six of the province's emergency rooms. RNAO members were opposed to the idea:

- RNAO member and nurse practitioner **Susan Shea** weighed in on behalf of NPs: "Why should the public open its arms to unregulated physician assistants when there are proven, competent nurses who



Julie Beattie leapt into action and performed CPR on fellow fan in the stands.

For complete versions of any of these stories, contact Tiffanie Ing at [ting@rnao.org](mailto:ting@rnao.org).

can provide this needed care? Should we not recognize and expand on the nursing professionals who are available to provide this care and fast-track patients through the ER? This seems to be the logical solution.” (May 2, *Chatham Daily News*)

• RNAO member and long-term care nurse **Maria Casas** said “The (health) ministry is introducing a whole new category of care provider, when we’re not clear we need another category at this time... Regulation is a huge component of our concern, because there’s no standard to say ‘this is what a PA can do and this is what they can’t do.’ There’s a lack of patient safety.” (April 26, *Sudbury Star*; May 9, *Timmins Daily Press*).

### Kids need more records for vaccinations

In early May, the Windsor-Essex County Health Unit discovered thousands of elementary school children had incomplete

immunization records. “It’s not that they’re not immunized... We don’t have their records,” said RNAO member and Health Unit manager of vaccines **Line Lauzon**. Students in Lambton County, she says, are being suspended because of incomplete vaccination records. RNAO member and Community Health Services nurse **Rochelle Roberts** discovered a similar problem in Sarnia: “Most (children) have already had the shots, but don’t have the documentation.” (May 9, *Windsor Star*; May 10, *Sarnia This Week*).

*RNAO Policy Analyst Gail Beatty wrote a letter that was published in the Toronto Star (right). The letter was in response to an article about the Ontario Health Quality Council, and its view that more effort needs to go into improving care for people with chronic disease. The article stated that keeping better tabs on chronic care patients would limit medical complications, and would lower the number of return visits to the hospital system.*

### Nurses manage chronic disease

Letter to the editor

*The Toronto Star, March 31, 2007*

**Re: Act on chronic diseases to avoid ‘crisis’: Report** (March 27)

As a registered nurse who managed a clinic for individuals with chronic obstructive pulmonary disease, I have seen the positive impact chronic disease care has on patients and their families. The Ontario Health Quality Council report stated that an important element of chronic disease care is close monitoring and timely interventions. Nurses’ knowledge and expertise are well-suited to managing chronic disease and preventing complications. With a nurse providing this kind of care, patients feel they have more control over their disease.

**Gail Beatty, RNAO, Toronto**

## Out & About



**Above:** RNAO member Shirley Alvares (right) visited Turkey in February and had the rare opportunity to tour the Florence Nightingale Museum at the Selimiye Barracks in Istanbul. The barracks, which served as a military hospital during the Crimean War, was the setting for Florence Nightingale’s early nursing work. Security at the museum is high given it’s located on an active military base. Visitors must supply a copy of their passport at least 48 hours in advance and must pass through a security checkpoint and surrender their personal belongings.

**Below:** Helen Tindale, a member of RNAO’s Wellington chapter (left), and Liberal MPP Liz Sandals (Guelph-Wellington) flip through the provincial government’s 2007 Budget after a presentation by Sandals on March 23. Tindale praised the Liberals for their commitment to children’s issues, poverty and the minimum wage, but took the opportunity to get clarification from Sandals on other important issues that did not receive as much attention (i.e. more funding for the *Healthy Babies, Healthy Children* program)



**Above:** RN Laurie Scott, Conservative MPP for Haliburton-Victoria-Brock, listens to RNAO’s presentation on *Bill 164, The Community Right to Know Act*. The legislation, which aims to increase people’s right to know about harmful toxins and chemicals in consumer products, received RNAO’s support.

# WHAT'S THE SCORE?

Nurses use a new tool to help them conduct patient assessments and measure the care they provide.

**K**aren Goutouski, a Barrie nurse in complex continuing care, has started assessing the progress of her patients with a new kind of excitement and enthusiasm. It's mid-afternoon on Nov. 14, 2006, and she nabs her manager, Sandra Easson-Bruno, in the hall. "We had someone go from a 34 to a nine on their HOBIC score," she tells her excitedly.

Goutouski, who works at Royal Victoria Hospital (RVH), is one of 800 nurses across the province who are conducting patient assessments using Health Outcomes for Better Information and Care (HOBIC) measures. The scores are part of a new program to evaluate patients in nine focus

areas: functional status; bladder continence; therapeutic self-care; pain; nausea; fatigue; dyspnea; pressure ulcers; and falls.

areas: functional status; bladder continence; therapeutic self-care; pain; nausea; fatigue; dyspnea; pressure ulcers; and falls.

Goutouski's finding that her patient's score went from 34 to nine is good news. It means an improvement in the patient's functional status, and an increase in independence.

The monitoring of HOBIC scores marks the first time nurses are standardizing the collection of such data, and it means they can more accurately assess the impact of the care they are providing. "They are, and should be, darn proud of themselves," Easson-Bruno says.

HOBIC, formerly known as the Nursing Health Outcomes Project, was developed in 1999 in response to a Provincial Nursing Task Force recommen-

ation that performance standards be developed in nursing to promote quality health outcomes. "I'm confident this will change the way we understand and alter our approaches to care not only at RVH but also with our partners in the community who are applying the same tools," says Kirsten Krull-Naraj, Vice-President, Patient Services and Chief Nursing Officer at RVH.

Since its launch last fall, 27 early adopter sites in acute care, home care, complex continuing care and long-term care have signed on to collect these measures. Nurses within these organizations are

**The implementation of the HOBIC project is "an opportunity for nurses across Ontario to exhibit leadership... understanding the impact of nursing care on client health outcomes."**

coding their assessments of patients and providing a score with a description of their findings.

Nancy Lefebvre, Senior Vice President and Chief Clinical Executive at Saint Elizabeth Health Care, says HOBIC is invaluable in the home-care sector. "(It's) an opportunity for nurses across Ontario to exhibit leadership... understanding the impact of nursing care on client health outcomes," she says.

"For years we have struggled to collect the right information to understand the impact our care is having on patients," Krull-Naraj says. "This tool will finally give us the added dimensions of information we need to make better decisions about how we use our resources and skills."

There are two Ministry of Health and Long-Term Care HOBIC coordinators who train nurses on how to conduct assessments, use the technology, and apply the information in their care planning. One of the biggest challenges encountered to date relates to limitations with electronic documentation. Entering outcomes into existing databases, and then transferring the information onto the HOBIC database, can be difficult. Nurses and coordinators are working together to develop strategies to ease these challenges. The partnerships are working, and these measures can now be sent electronically to the Ministry of Health from the bedside.

RN Jan Sparling, in-services nursing staff at Collingwood General and Marine Hospital, is receiving lots of positive feedback from nurses. "Today the best comment was: 'Boy, by the time you finish this assessment, you are really going to know the patient.' How positive to think we will be collecting more efficient information to base our care planning on."

The 27 sites will soon become role models for implementation in organizations within Ontario's Central East Local Health Integration Network (LHIN), as well as the organizations within all LHINs by 2009.

The government is also introducing HOBIC into the curriculum at colleges and universities across the province, providing all nurses entering the workforce with the tools and knowledge to provide high quality care to their patients, residents and clients.

For more information, visit [www.health.gov.on.ca/hobic](http://www.health.gov.on.ca/hobic).

---

SHANNON LANDRY, RN, BScN, MN, IS HOBIC REGIONAL COORDINATOR FOR THE NORTH SIMCOE MUSKOKA LHIN. PEGGY WHITE, RN, MN, IS PROJECT MANAGER, HOBIC, MINISTRY OF HEALTH AND LONG-TERM CARE. DOROTHY TRIMBLE, RN, IS HOBIC REGIONAL COORDINATOR FOR THE HAMILTON NIAGARA HALDIMAND BRANT LHIN.



Nurses receive HOBIC training.

# RN PROVIDES SUPPORT, CARE TO GROWING NUMBER OF IMMIGRANT WOMEN

**Veronica Shillingford** knows how it feels to find yourself in a new land where children build snow forts instead of sand castles, and where papayas tumble from grocery-store shelves instead of the trees in the yard. In 1985, she left the Caribbean Island of Dominica to come to Canada. But it wasn't easy.

"I was very homesick. I missed my family, especially my mom. I cried a lot, and when the winter came – oh my goodness, I wanted to go back home," she recalls.

Fortunately, she decided to stay. If she hadn't, she wouldn't be able to help a growing number of immigrant women in Toronto as they cope with their own anxieties about living in a new land.

For the last two years, Shillingford has worked at Toronto's Women's Health in Women's Hands (WHIWH), a Community Health Centre that provides women from the city's Caribbean, African, Latin American and South Asian communities with health care. That includes care for episodic illnesses, chronic diseases, pre- and post-natal care, and health education.

Many of the patients are also new to Canada, and Shillingford says they're often relieved to hear it's not unusual to feel overwhelmed when they arrive in the country. "They think they're going crazy or are from Mars," she says. "I say to them, if I can do it, you can do it too...then they see that they are not different."

When Shillingford immigrated to Canada more than 20 years ago, she was a shy 25-year-old who spoke Creole, a French-based language, and English. But she says the difference between her accent and the Canadian accent made English sound like a different language.

Despite these initial language challenges, Shillingford has completed her nursing diploma, her BScN, and is currently working on her nurse practitioner certificate at York University.

At WHIWH, she works with nurse practitioners, social workers and physicians who, together, run the centre's prenatal program for women and children up to the age of six months. It's just one of the

programs the centre offers women who need time out from worrying about the health of other family members so they can focus on their own care.

"Women should have a place to go where they feel they are safe. We take care of our patients, our children, but we never really have a place where everything is centred on us," Shillingford says.

The community health centre, which opened its doors in 1980 and is funded primarily by the Ministry of Health, was created to provide that specific attention. Men are not allowed into exam rooms while a



**NAME:** Veronica Shillingford  
**OCCUPATION:** Community Health Nurse,  
 Women's Health in Women's Hands  
**HOME TOWN:** Markham, Ontario

woman is receiving care. Shillingford says if a woman is being abused, this gives her the opportunity to open up. Shillingford does her best to link those women with shelters and other services.

In addition to helping clients who find themselves in threatening situations, the centre is also a place where women can express their feelings about their health and gender through arts programs. They can also see health professionals who understand the culture of their home country. Shillingford recalls being asked by a colleague to interpret a Caribbean patient's description of her diet. The woman kept describing her 'provisions,' which are staples of the West Indies' diet, including green bananas and plantains. Shillingford decoded the information, giv-

ing the NP a better idea what the patient was eating, and how to use that information to manage her care.

While there are many opportunities for Shillingford to help women access the care they need, there are sometimes obstacles that leave her feeling frustrated and powerless, particularly those faced by women who may not be covered by OHIP because of their immigration status.

"It's tremendous work (the clinic) is doing for these marginalized women," she says. "But when they get really sick, they have to get health care in an acute setting. There's only so much we can do here."

Sometimes, that can mean guiding a woman through the hospital system. Shillingford says the clinic will pay for specialist's fees and diagnostic tests, but clients must pay for any other hospital fees. She admits this is sometimes difficult for newcomers who may be struggling just to earn minimum wage.

Shillingford's work at the centre is just the latest step in a career she has dedicated to easing the struggles of marginalized populations, whether they've just arrived in Canada or have lived here all their lives. Before joining the centre, she spent six years nursing in the First Nations community of St. Theresa Point, Manitoba. This spring, as part of her NP studies, Shillingford temporarily left the centre to complete a six-week placement in Pikangikum, an Ontario First Nations community 300 km north of Fort Frances.

Once she finishes her NP studies this September, Shillingford says she's not sure what she will do. While she loves her work at WHIWH, she says she sometimes misses working with diverse populations, including men and children of all ages.

Regardless of where Shillingford ends up, she says she'll continue to share her love of nursing with every patient she meets. "I'm passionate about nursing," she says. "The cards I get...the testimonies about how I've touched the lives of others...they really make me feel the work is worth it."

JILL SCARROW IS STAFF WRITER AT RAO

# Sense of GLOBAL CITIZENSHIP sends RNs overseas

Five Ontario RNs travel to troubled parts of the world, and offer important perspectives on nurses' moral responsibility to engage in international nursing.

BY ANILA SUNNAK

## "I REALLY CAN'T



describe the feelings I experienced at that moment...they were profound," says Captain Scott Chubbs.

The Canadian Forces emergency and critical care nurse is telling the poignant story of caring for eight-year-old Spinica, an Afghan girl who stepped on a land mine and was rushed to the military hospital where Chubbs was stationed over Christmas 2005. The little girl, whose name means 'white' in the local language of Pashtu, had lost her right foot and three fingers from her left hand.

"On Christmas Eve she woke up in the middle of the night and asked me...when her fingers were going to grow back," says Chubbs. He recalls feeling at a loss wondering how to answer the frightened child's

innocent and haunting question.

Spinica then requested a song, and a military interpreter obliged with a local lullaby. Chubbs smoothed her hair while the youngster drifted to sleep. "This very injured little girl only wanted for a song and this simple wish was enough to help restore peace to her shattered world," marvels Chubbs.

Chubbs' intense, seven-month mission afforded him the unique opportunity to provide emergency care for serious injuries not only to Canadian soldiers, but also to the local Afghan population. He saw how war leaves many – like little Spinica – susceptible to injury, disease and emerging pandemics. And he says he now has a new understanding of how some of the world's most vulnerable populations have restricted access to primary health care not only because of war, but also natural disasters.

In the poorer regions of the globe, health is severely compromised by such common

problems as poverty, inadequate funding to build and maintain health-care infrastructure, lack of training and education for health professionals, lack of medical supplies and poor water quality. Consequently, the cry for nurses – who serve as the backbone of primary health care, especially in developing countries – is heard around the world. Canadian RNs like Chubbs, with their advanced training and skills, are answering that call.

Arriving in Afghanistan, a rugged, mountainous country located in the heart of Asia, Chubbs was far from the familiar and secure health-care settings he was used to in quiet, small-town Borden, Ontario. He describes his first few days as surreal. Eighteen-hour shifts were common, and teamwork between the Canadian, American, British, and Dutch health-care providers was essential. During his mission, there were varying numbers of health-care providers acting as doctors, nurses, medical



Stephanie de Young spent a month in Honduras as part of a student-organized exchange from the University of Toronto.



Scott Chubbs tends to a patient in Afghanistan.

technicians, mental health experts, dentists, orthopedic surgeons and pharmacists.

“Virtually all our patients – military and civilian – were trauma patients,” says Chubbs. The soldiers were treated for injuries sustained from firearms, mines or bombs. The Afghan civilians were generally injured by land mines, motor vehicle crashes, oil and generator burns at home or in their villages, or from falls from cliffs and buildings. “We were nursing in a constant life or death environment,” he says, adding that the experience “accelerated” his acute, palliative and emergency nursing skills and knowledge.

It also accelerated his anxiety levels.

“I definitely had butterflies in my stomach when I heard the hospital’s warning alarms go off,” he says of the day-to-day wartime dangers the team faced. He often heard rockets whistling close to camp, and found himself “...waiting to hear where (they) would land and explode.”

Chubbs admits the challenges didn’t stop in Afghanistan. Returning home and fitting back into your old life isn’t always easy, he says. “It took about six months to be able to slow down and stop feeling on edge. I was constantly waiting for the trauma pager to go off.” It also took a while to stop listening for rocket attacks and preparing to seek cover. “I think the next time I return back to Canada from that environment, being aware of this mind-set will help make it easier.”

Despite its many difficulties, Chubbs’ first international nursing experience was so life-changing that he has volunteered to go back to Afghanistan this summer. “It was the most challenging, rewarding and interesting clinical environment I have ever worked in. I have heard similar sentiments from previous col-

leagues who are also heading back,” he says.

According to June Webber, Director of International Policy Development at the Canadian Nurses Association (CNA), “...being part of the solution to global health-care challenges is a longstanding tradition among Canadian nurses.” In fact, Canada, through the lead of CNA, was one of the first countries to join the International Council of Nurses (ICN) in 1908, throwing its support behind the international body’s commitment to represent nursing worldwide, advancing the profession and influencing health policy globally.

At the provincial level, RNAO’s International Nursing Interest Group (INIG) is also promoting more awareness of nurses’ roles in global health care. The group hosted a forum in Toronto last fall, devoting most of the discussions to exploring *Primary Health Care in the Global Village*. The symposium drew many student nurses, a testament to the key role that nursing schools are increasingly playing in educating tomorrow’s nurses about global health.

Newly-elected INIG Chair, Cindy McNairn, says the group’s main aim is to “educate and empower” nurses. She says INIG’s membership, which has roughly doubled in the last two years to 200, is further proof of rising global awareness in the profession.

The fall forum was organized with one goal in mind: to raise awareness about the

primary health-care mandate developed by the World Health Organization (WHO) in 1985: *If the millions of nurses in a thousand different places articulate the same ideas and convictions about primary health care, and come together as one force, then they could act as a powerhouse for change.*

WHO, through various policy statements and reports, has strongly called on governments everywhere to provide a greater role for nurses in health-care decision making. This is due to the fact that nurses make up more than 50 per cent of the world’s health workforce. WHO indicates that, in developing countries, this figure is closer to 80 per cent.

McNairn, a nursing professor at Toronto’s George Brown College, has lots of international nursing experience. Late next fall, she heads off for a one-month volunteer nursing adventure at Mother Theresa’s mission in New Delhi, India. She will be teaching nutrition and infant care to underprivileged new mothers, among other duties.

Through her academic work, McNairn is also striving to create a comprehensive international volunteer nursing opportunities database for Canadian nurses, to be released next year.

She says the forum is just one of many ways the group is helping nurses interested in international work. This spring, INIG

officially joined RNAO’s *Nurse - Café*, an online social network.

Through its membership, INIG hopes to connect nurses who want to go abroad and those who already have the experience. It also hopes this new social network will promote relationships that help guide nurses new to Canada. “These new online connections lead to mentorships which are key to making our global contributions more effective,” explains McNairn.

The Canadian International Development Agency (CIDA) and the Canadian Society for International Health (CSIH) are two other agencies that are carving out opportunities for nurses to practice abroad.

Faye Porter, the former VP of National Programs and Volunteerism at the Victorian Order of Nurses (VON) Canada, is one of



those nurses. Porter now works as a health-care consultant for CSIH. She provided the keynote address at INIG's fall conference, offering an inspiring slideshow and details of her experiences on a project in Guyana that focuses on strengthening primary care in the poorly resourced South American country. The mission started in 2003 and is still ongoing.

Porter's opening slide of a rich green Guyanese landscape belies the country's pervasive poverty. Guyana's health-care system is coping with rising rates of HIV/AIDS, sexually transmitted infections and tuberculosis (TB). Porter's project focuses on three main areas of primary care reform: the creation of national programs for the prevention and control of TB and HIV/AIDS; the implementation of an electronic health information system for HIV/AIDS and TB; and the establishment of a home and community based training program for health-care providers.

During a visit in 2004, Porter helped to train many Guyanese nurses in diverse public health areas. One of her main contributions was the creation of an infectious disease prevention manual now being used by many rural health clinics. She says the project has also been successful at teaching leadership and clinical skills related to home care. And it has made some inroads in educating health-care workers about caring for AIDS and TB patients.

"Many Guyanese health-care workers refuse to care for AIDS patients," she says. "So, I led by example...showing (them) it was safe to touch and treat these suffering people."

Porter admits her first trip to this foreign and unfamiliar nursing setting in 2003 was



Faye Porter (left) makes a donation, on behalf of the staff of VON Canada, to the Guyana Red Cross Convalescent Home, commonly referred to as 'the orphanage.'

challenging: "It was a great lesson in going with the flow...and adapting your skills to very basic and impoverished conditions," she says. "Also, there were a lot of cultural assumptions I had to check at the door."

Despite a diagnosis of breast cancer during the project, Porter has courageously pressed on with her strong commitment to the mission. Now in her 50's, she offers this optimistic advice: "You are never too old to take on new challenges and make a meaningful contribution in nursing."

She cautions, however, that because the health-care system is severely under-funded and the infrastructure so inadequate, you have to think long-term when working towards improvements in health care in places like Guyana. Summing up her years of intermittent involvement, she says: "The problems run so deep. Canadian nurses are making a difference in Guyana at the ground level, but maybe not having a big impact on the system."

These long-standing systemic issues do not seem to dampen the growing international commitment of young Canadian nurses – like Stephanie de Young – who want to offer help to people and places in need.

de Young, a newly graduated RN, just started her career in pediatrics at Toronto's Hospital for Sick Children. She also holds a degree in International Development from McGill University. de Young spent a month in Honduras in 2005, part of a student-organized exchange from the University of Toronto's faculty of nursing. An enterprising group of nursing students led a fundraising drive to finance trips abroad to work on diverse international nursing projects and placements.

de Young and five other nursing students chose to volunteer in a non-profit, privately run rural clinic in one of Honduras' remote towns, Danli. The under-resourced walk-in clinic, run by American health-care professionals, was established in 1998, following

## Strengthening primary health care in Ethiopia: CNA's Needlestick Injuries Research Project

Frontline nursing on foreign shores is not the only way Canadian nurses are improving access to primary care around the world. They also play an important role in creating programs and conducting research right here at home, working in partnership with nurses in developing countries to strengthen nursing workforces and health-care systems in poorer countries. One example is the *Needlestick Injury Research Project*, a collaboration between the Canadian Nurses Association (CNA) and the Ethiopian Nurses

Association (ENA).

"Keeping nurses free of needlestick injury (NSI) is key to delivering primary care in Ethiopia," says RN Nadia Hamel, nurse consultant and the Canadian project manager for the NSI project. "They are the backbone of the system, so without healthy nurses, who will provide care?"

The project's goal is to ensure the safety of Ethiopia's nursing workforce by educating nurses about NSI and exposure to body fluids. It also teaches nurses how to keep themselves

safe so they are able to continue to serve a population that desperately needs them.

An initial survey of needlestick injuries shows that over 30 per cent of Ethiopian nurses reported an NSI in the last year, and over 60 per cent at least once in their career. Hamel says: "This is just one of many CNA partnerships to strengthen nursing associations and nurses for the advancement of global health and equity." RN

the devastation of Hurricane Mitch. The clinic serves peasant workers living within an 80-kilometre radius. Many suffer from gastro-intestinal problems from water-borne disease, malnutrition and minor health conditions that are exacerbated by a lack of treatment.

Because the patients live in the mountains, they often don't seek medical attention until their symptoms are quite advanced, reports de Young.

She says her days were always busy: "The clinic opened at 8:00 a.m., but people started to line-up at 6:30 a.m. ...we saw about 50 patients a day," who received care if they paid 50 lempiras per visit, about three Canadian dollars.

Working with Spanish-speaking translators, the nursing students did the initial clinical assessments, taking patient histories and vital signs. de Young says common health problems ranged from colds, to wounds, to stomach worms, muscular and neck pain from hard labour, ear infections, vaginal infections, diarrhea, fevers and uncontrolled diabetes.

Because of the language barrier de Young and her fellow volunteers posed questions in unconventional ways: "Gestures and miming often went a long way in helping us understand each other," she laughs.

One of the troubling things the group began to understand through its questioning was that some of the patients at this clinic were taking over-the-counter antibiotics as a panacea for all of their health problems. The nurses soon realized that patient education would be key to preventing adverse drug reactions and promoting health through nutrition and information about other community health resources. The students were also initially confused by the use of a local violet flower

RN Marion Willms has seen the terrible toll that war, poor health-care resources and poverty can have on the health and well-being of people abroad. She's traveled to several countries to volunteer as a nurse. For two weeks this spring, she toured primary health-care projects in the Central American country of El Salvador.

"Today, I visited a community...that was severely damaged during the war about 10 years ago, and is (still) struggling to rebuild," she wrote in an e-mail message delivered to colleagues and friends during her trip. "The community has 250 families. There are no health-care providers...they have not seen a doctor for more than two years. They are subsistence farmers, and do not have the money to take the bus to a clinic."

Willms' curiosity about El Salvador was piqued after she heard a humanitarian activist from that country speak in Guelph. Shortly thereafter she was planning a trip for this spring. While away, she toured a small hospital catering to a population of 40,000. The facility had a blood pressure cuff, but no stethoscope. It also didn't have any thermometers, intravenous supplies, or even bed linen. Many patients had to recover from ill-

ness or injury on cracked and worn vinyl beds.

remedy that helped soothe wounds, but left them looking more serious and bruised upon examination because of their purple hue.

In the end, de Young says these sometimes perplexing customs greatly enhanced her nursing skills. "Without the technology and other health-care supports that we're used to in Canada, we had to really focus, observe and listen to our patients' stories and symptoms. In this way, our basic nurs-

ness or injury on cracked and worn vinyl beds.

Willms returned to Canada on May 4 and resumed her regular work as a resource float nurse at Cambridge Memorial Hospital. She says the memories of her time away are motivating her to raise funds for medical supplies. She's also gathering a team of Canadian RNs to return to the country to help with health-care projects.

She says she was inspired by the El Salvadoran people, including five women who began living together after their families were displaced or killed in the 12-year civil war. Today, those women operate a craft business and use the proceeds to support their community.

"I have been so deeply touched by the resiliency and continuing energy of these people," Willms wrote during her trip. "Words cannot describe the emotions I have experienced over the past nine days."

---

*Are you interested in traveling to El Salvador, or making a donation to help provide medical supplies to the country? Contact [mwillms@cogeco.ca](mailto:mwillms@cogeco.ca).*

ing practice was greatly enhanced."

And this is just one way the personal and professional journeys of nurses like Chubbs, McNairn, Porter, and de Young strengthen Canada's health-care system.

All also agree that international practice and volunteer opportunities better prepare nurses to care for Canada's increasingly multicultural population and marginalized communities. They also emphasize their expanded sense of global citizenship, and their desire to continue with other international contributions in nursing and community development.

de Young notes: "I'd say I learned a lot of cultural competence. Being immersed in an unfamiliar culture and language gives you a new appreciation for what newcomers in Canada must deal with. You also realize how privileged you are to work in North American settings, and the moral responsibility we have to use our resources wisely." RN

---

ANILA SUNNAK IS A FREELANCE WRITER IN TORONTO

## Want to know more about international nursing?

- RNAO, [www.rnao.org](http://www.rnao.org) (follow quick links to the China Project, the BPG Italy Partnership, and the International Nursing Interest Group (INIG))
- Canadian Nurses Association (CNA), [www.cna-nurses.ca](http://www.cna-nurses.ca)
- International Council of Nurses (ICN), [www.icn.ch](http://www.icn.ch)
- Canadian Society of International Health, [www.csih.ca](http://www.csih.ca)
- Canadian Association of University Schools of Nursing, [www.casn.ca](http://www.casn.ca)
- Public Health Agency of Canada, [www.phac-aspc.gc.ca](http://www.phac-aspc.gc.ca)
- Victorian Order of Nurses (VON) Canada, [www.von.ca](http://www.von.ca)



# CELEBRATING NURSES' VOICES AT ANNUAL GENERAL MEETING



Former provincial Chief Medical Officer of Health Sheela Basrur, (left) and author Michele Landsberg (right) joined Premier Dalton McGuinty (centre) as guests at the 82nd AGM. Basrur, Landsberg and former UN Special Envoy for HIV/AIDS in Africa, Stephen Lewis, (absent) received honorary RNAO memberships.



Left to right: Voting delegates Ronald Charette, Don Wildfong, Danielle Dorschner and Brenda Ceaser joined outgoing Region 11 RNAO board member Paul-André Gauthier (centre) at the reception before the AGM's official opening ceremonies on April 19.

**ON** April 19 and 20, RNAO members met in Markham for the 82nd Annual General Meeting (AGM). This year's theme, *Celebrating Nurses' Voices*, was the backdrop for the event. More than 600 nurses participated in the celebration of the association's accomplishments over the past year, and began looking ahead for ways to continue to build the nursing profession and improve health care.

Representatives from across RNAO's 12 regions, 39 chapters, and 30 interest groups played a pivotal role in ensuring those improvements to nursing and health care by debating and voting on 10 resolutions ranging in focus from the environmental determinants of cancer, best practices to alleviate the risk of sudden infant death syndrome (SIDS), and incentives to increase the number of nursing students doing placements in rural areas (see page 22 for full details).

Premier Dalton McGuinty dropped by on April 20 to thank nurses for their work. He took the opportunity to also speak about his government's efforts to improve health care and the social determinants of health. His Friday appearance followed a visit at Thursday's opening ceremonies by Health Minister George Smitherman, who reminded nurses of the government's accomplishments to enhance the profession since taking office in 2003.

Conservative Leader John Tory was also a guest at the opening ceremonies on Thursday. He praised RNAO's *Take Your MPP to Work* initiative, which happens during Nursing Week each year, as a benchmark that other organizations can use to influence politics. Hamilton East NDP MPP Andrea Horwath spoke on behalf of Leader Howard Hampton, commending RNAO for addressing social determinants of health.

But the AGM wasn't only about politics.

Members also had the chance to celebrate the work of three prominent public figures who are neither RNs nor politicians, but who have made extraordinary contributions to health care and social issues. Sheela Basrur, Ontario's former Chief Medical Officer of Health, Michele Landsberg, an author and Chair of the Board at Women's College Hospital, and Stephen Lewis, former United Nations Special Envoy for HIV/AIDS in Africa, received honorary RNAO memberships on April 20. Basrur was honoured for her efforts to improve access to health care for all, and her leadership during the SARS outbreaks in 2003. Landsberg and Lewis were honoured for their commitment to humanitarian issues (see page 19 for more information and award recipient biographies).

"We are deeply honoured to count ourselves part of one of Ontario's most exciting, dynamic social justice and equity-seeking movements," Landsberg said on behalf of herself and Lewis, who is also her husband.

Basrur, who is undergoing treatment for cancer, also spoke with gratitude at the AGM, her first public appearance since announcing her illness. "I have learned so much from nurses over the years and have always felt a part of their professional family," she said. "Now, finally, it is official."

This year's AGM also marked the end of Immediate Past President Joan Lesmond's involvement on RNAO's board of directors, and the introduction of President-Elect Wendy Fucile. In her first public address to the membership, Fucile told RNs and nursing students that she is committed to celebrating the richness of all the profession's perspectives.

"I hear the celebration of our voices the way people hear a symphony," she said. "I hear many different tunes, many different instruments, many different rhythms of great complexity...it is that complexity that is part of the richness of our shared profession." **RN**



**PHOTO 1** During the April 19 assembly meeting, Claudine Bennett, Region 4 board member, re-created the experience of being interviewed by a television reporter. Her presentation was one of three that involved members, and focused on media interviews, writing letters to the editor, and being published in *Registered Nurse Journal*.

**PHOTO 2** In her first speech to members, RNAO President-Elect Wendy Fucile outlined her hopes for the next four years.



**PHOTO 3** Sheryl McPherson (left) and Lesreen Romain (right) chat with Minister of Health and Long-Term Care George Smitherman during the AGM's opening ceremonies.

**PHOTO 4** (L to R): Outgoing Region 3 representative Maria Scattolon and Niagara chapter voting delegates Connie Wightman, Sandra Romagnoli and Michelle Bliss socialize at a cocktail reception before the opening ceremonies.



**PHOTO 5** At the assembly meeting, RNAO President Mary Ferguson-Paré (right) and Executive Director Doris Grinspun (left) presented Immediate Past-President Joan Lesmond with a gift of thanks for her contribution to the board of directors.

**PHOTO 6** Andrea Horwath, NDP MPP for Hamilton East, spoke at the opening ceremonies on behalf of Leader Howard Hampton.



**PHOTO 7** RNAO members Ann Brokenshire (left) and Maureen Gmitrowicz were invited by the communications department to share their expertise on writing letters to the editor. They helped lead one of the three workshops held on April 19.

**PHOTO 8** (L to R): Dianna Harrison, Sharron Bernard, Cynthia Harris, and Lorna Walker celebrate the start of RNAO's 82nd AGM during a cocktail reception before the opening ceremonies.

**PHOTO 9** Students from York University's program for internationally educated nurses participated in the AGM and had the opportunity to discuss their experiences with Conservative Leader John Tory. (L to R) Dana Lang, Fenny You, Xavier Deborah-Grant, Fareeda Mohamed and Tory.



**PHOTO 10** At a workshop hosted by the communications department on April 19, RNAO member Nicole Sykes talks about the experience of becoming a published author in *Registered Nurse Journal*.

## RNAO HONOURARY MEMBERSHIP

RNAO's Honourary Membership is granted to an individual or individuals who have made an outstanding contribution to the nursing profession in the areas of nursing practice, education, administration or research. The winner(s) demonstrate outstanding national and/or international leadership in nursing. Recipients do not have to be members of the association.

**Sheela Basrur, Michele Landsberg** and **Stephen Lewis** have been chosen as the distinguished recipients of the 2007 Honourary Membership.



In 2003, **Sheela Basrur**, then Medical Officer of Health for the City of Toronto, was front-and-centre during the SARS outbreaks that killed 44 people and put the province's health-care system — and those who work in it — under tremendous strain. Her leadership earned her the respect of public health authorities around the world.

Basrur has spoken out on the role nurses play in improving lives, and has advocated for supports for women, children

and new immigrants so they have access to health care. Late last year, personal health concerns forced Basrur to step down from her position as Ontario's Chief Medical Officer of Health, where her leadership in health promotion and public health will leave a lasting impression on the province for years to come.

Basrur also served as an Assistant Deputy Minister for both the Ministry of Health and Long-Term Care and the Ministry of Health Promotion.



For decades, **Michele Landsberg** has spoken out on issues of women's rights, human rights and social justice. For 25 years, she wrote a passionate column in the *Toronto Star*. She is also the author of several books, and has written and spoken on countless occasions about how nurses play an important role in advancing healthy public policy. A breast cancer survivor, Landsberg continues to investigate environmental links to the disease.

Landsberg has served on the boards of many organizations. She is currently Chair of the Board at Women's College Hospital, where she has been

instrumental in having the organization's independence reinstated. She is the recipient of many journalism and social justice awards, including two National Newspaper Awards, a Media Watch Award, the YWCA Women of Distinction Award, and the Governor General's Award in Commemoration of the 1929 Persons Case, which allowed women to be appointed to the Senate.



Between 2001 and 2006, **Stephen Lewis** was United Nations Special Envoy for HIV/AIDS in Africa. In his role, he gave a voice to millions of individuals struggling with HIV/AIDS. Through his public profile and bestselling book, *Race Against Time*, he has drawn attention to the plight of African women, children and grandmothers who have been left to raise grandchildren orphaned by AIDS.

Lewis has also tirelessly advocated for nurses, calling them the 'linchpin' in the fight against the pandemic. Although his position as envoy has officially ended, Lewis continues his work on HIV/AIDS as board chair for the Stephen Lewis Foundation. He contin-

ues to push for a UN agency for women.

In the 1970s, Lewis led Ontario's NDP before going on to work at the United Nations as Canadian Ambassador to the UN. He was also Deputy Executive Director of UNICEF, an investigator on the panel that examined the Rwandan genocide, and Chair of the first International Conference on Climate Change.

Today, Lewis is the inaugural Scholar-in-Residence at McMaster University's Institute on Globalization and the Human Condition. He became a Companion of the Order of Canada in 2003, was awarded the International Council of Nurses' Health and Human Rights Award in 2005, and received the Pearson Peace Medal from the UN Association of Canada in 2004. Two years ago, TIME magazine named him one of the most influential people in the world.

## RNAO AWARD OF MERIT

RNAO's Award of Merit recognizes a registered nurse who has made outstanding contributions to RNAO and to nursing in Ontario. Winners have demonstrated responsibility for professional development and are exemplary role models and peers. **Yvette Laforêt-Fliesser** and **Nancy Lefebvre** have been chosen as the distinguished recipients of the 2007 Award of Merit.

## Board of Directors 2007-08



MARY FERGUSON-PARÉ  
PRESIDENT



WENDY FUCILE  
PRESIDENT-ELECT



APRIL RIETYK  
REGION 1



ANNA WILSON  
REGION 2



MARLENE SLEPKOV  
REGION 3



CLAUDINE BENNETT  
REGION 4



DORIS CASSAN  
REGION 5



Throughout her 30-year career, **Yvette Laforêt-Fliesser** has made invaluable contributions to community health nursing not only through her work at the Middlesex-London Health Unit (MLHU), but also through volunteer activities, her teaching career, and mentorship to countless colleagues. As the manager of Family Health Services at MLHU, Laforêt-Fliesser consistently receives praise from her colleagues for her supportive approach, mentorship and leadership. She also devotes her volunteer time to improving nursing and health care.

Laforêt-Fliesser helped prepare the first CNA certification exam for community health nurses, and has contributed to public health through her work as a board member of the Community Health Nurses Association of Canada. She is also past president of RNAO's Community Health Nurses Initiatives Group and a former vice president of RNAO's Middlesex chapter. She has been a member of the *Enhancing Healthy Adolescent Development* BPG panel, and is a Best Practice

Champion. She is also a member of the team implementing and evaluating the smoking cessation guideline at MLHU.

Laforêt-Fliesser has dedicated countless hours to advocating for public health in schools. To advance this cause, she lobbies politicians and government officials. She is also a founding member of the Ontario Healthy Schools Coalition. As a nursing professor at the University of Western Ontario, Laforêt-Fliesser implemented new curricula, provided leadership to create a new collaborative program in nursing, and has won several teaching awards.



**Nancy Lefebvre** is Chief Clinical Executive and Senior Vice-President of Knowledge and Practice at Saint Elizabeth Health Care. She integrates evidence into both her clinical practice and management work. She was a panel member for RNAO's *Client Centred Care* best practice guideline (BPG). Under her leadership, Saint Elizabeth has implemented and evaluated several clinical BPGs, including those focusing on pain management and on therapeutic relation-

ships. Saint Elizabeth has also implemented the *Developing and Sustaining Nursing Leadership Healthy Work Environment* BPG.

Lefebvre supports and mentors colleagues, including those completing RNAO Advanced Clinical/Practice Fellowships or participating in nursing graduate programs. She encourages colleagues to become RNAO members, and is a member of RNAO's Nursing Leadership Network of Ontario, the Community Health Nurses' Initiatives Group, and the Ontario Nursing Informatics Interest Group.

Lefebvre is committed to her education. She has earned a master of science in nursing, and completed the Executive Training for Research Application (EXTRA) fellowship program. She has also received her Certified Health Executive (CHE) designation from the Canadian College of Health Service Executives.

## RNAO LEADERSHIP AWARD IN NURSING ADMINISTRATION

RNAO's Leadership Award in Nursing Administration recognizes an RN who provides exemplary nursing management in an acute, long-term care, community, education, research or other setting. The winner is a role model in nursing administration, implementing innovative ideas to enhance patient care and demonstrating a commitment to improving the



quality of health care.

**Norma Nicholson** is a Service Manager at West Park Healthcare Centre in Toronto. She is also Co-Chair of RNAO's Peel chapter, and President of the Alzheimer Society of Peel. Nicholson works to improve nursing and health care every day. At West Park, she helps ensure RNAO's clinical and healthy work environment BPGs are used in all aspects of care. She also encourages staff to go back to school or enrol in RNAO conferences and other professional development activities.

Recognizing the importance of full-time jobs, Nicholson ensures 70 per cent of nurses at West Park have full-time work. Her efforts have been making a difference to patients: 98 per cent of ambulatory patients surveyed said they were satisfied with their overall care, an increase of nearly 30 per cent over previous years.

She also spreads her passion for nursing throughout her volunteer work. In addition to her duties as chapter co-chair, she is a nurse ambassador who visits classrooms to encourage students to become nurses. Last fall,

## Board of Directors 2007-08 (continued)



VACANT  
REGION 6



CARMEN JAMES-HENRY  
REGION 7



RHONDA SEIDMAN-CARLSON  
REGION 8



MARNIE DAHL  
REGION 9



NANCY WATTERS  
REGION 10



DAVID MCNEIL  
REGION 11



KATHLEEN FITZGERALD  
REGION 12



Nancy Watters and Lisa Richter accept the Interest Group of the Year Award on behalf of CNIG.



Norma Nicholson, Claudine Bennett, and Jannine Bolton accept the Chapter of the Year Award on behalf of Peel chapter.

Nicholson completed RNAO's political training program and has participated in many media interviews and meetings with politicians to share the unique perspective nurses bring to health-care discussions.

### RNAO INTEREST GROUP OF THE YEAR AWARD

RNAO's Interest Group of the Year Award is given to the group that best demonstrates commitment to RNAO through active participation in association initiatives. The interest group effectively communicates through a variety of media and methods, influences decision makers, mobilizes RNs for action, and exhibits exemplary teamwork and strong leadership within the nursing and health-care communities.

The **Childbirth Nurses Interest Group (CNIG)** has more than 2,000 members who are committed to ensuring that

babies and families have the best start in life. The group has worked with RNAO and other interest groups to create post-partum depression workshops. CNIG members have also participated on several best practice guideline panels, and actively promote the guidelines at their workplaces and conferences around the province.

CNIG's executive officers have lobbied provincial politicians to implement the WHO/UNICEF Baby Friendly Initiative (BFI), which promotes and supports breastfeeding in Ontario health-care organizations. They have also been instrumental in publicizing the link between breastfeeding and childhood obesity. In 2006, RNAO received the Annual Breastfeeding Award of excellence as a result of CNIG's nomination.

CNIG is committed to fostering growth and develop-

ment of its leadership executive by recruiting new executive members and helping them develop the leadership skills necessary to build on the group's success.

### RNAO CHAPTER OF THE YEAR AWARD

RNAO's Chapter of the Year Award is presented to the chapter, or region without chapters, that demonstrates the best commitment to participation in RNAO. The chapter effectively communicates through a variety of methods, influences decision makers, and demonstrates strong leadership and teamwork within the nursing and health-care communities.

With more than 2,300 members, **Peel chapter** strives to promote nursing, health care and social determinants of health in its community. Chapter executive take part in

local vigils that commemorate the National Day of Remembrance and Action on Violence Against Women. Members also regularly speak out on issues such as public health and the evolution of Local Health Integration Networks (LHINs) by writing letters to the editor and participating in print and broadcast interviews. The chapter also takes its lobbying directly to decision makers by regularly participating in RNAO's Day at Queen's Park and writing letters to MPPs. Last fall, three chapter members participated in RNAO's political training sessions.

Peel chapter also actively recruits new RNAO members. Its executive and members promote membership among all Peel nurses, sponsor memberships for new graduates, and encourage new members to become voting delegates at RNAO's annual general meeting. **RN**



ESTHER GREEN  
MAL ADMINISTRATION



JUDY BRITNELL  
MAL NURSING EDUCATION



SYLVIA RODGERS  
MAL NURSING PRACTICE



ELSABETH JENSEN  
MAL NURSING RESEARCH



HILDA SWIRSKY  
MAL SOCIO-POLITICAL AFFAIRS



CONNIE KUC  
INTEREST GROUP REP



DORIS GRINSUN  
EXECUTIVE DIRECTOR

## Words of wisdom: One nursing student reflects on his experience at RNAO's annual general meeting

**AS** students, we hear time and again that we're the future of nursing. It may take a while to understand what this means, but I hope my recollection of recent experiences with RNAO will help students realize how true it really is.

My name is Chris Frost, and I'm a student at Trent University. I attended a one-week placement with RNAO to see what the organization is about, what the movers and shakers of the nursing profession are working on, and to attend the annual

general meeting. I had a vague idea of RNAO's work and knew I should use its best practice guidelines to get better marks in school, but I also knew there was a lot more to understand.

My placement began with two days of orientation at RNAO home office. It is a beautiful place, inside and out. Every corner I turned, I met a smiling face busying about doing their thing. I instantly wondered what the staff was actually doing, and that is exactly what the orientation meant to answer.

It's amazing that nobody seems to have one single job. There are people creating policies, and others traveling the world promoting health and making connections while influencing change on a grand scale. So grand, in fact, that RNAO can be thanked for many of the things people take for granted, including full-time work opportunities.

Every person was active in supporting and assisting the rest of the activities of the association. It was as if nothing could work efficiently without other

people knowing what was going on everywhere else. Home office had an aura of support and passion that I had no idea a workplace could ever have.

This sense of support was very important to my experience. Not only did I see it between the staff at RNAO, but I saw it throughout the three days I spent at the annual general meeting. I felt like an integral part of this support. Every single person – staff, nurse, politician, student – was welcomed and praised for their choice to be

## Resolutions

### RNs help shape course of action for the future

RNAO encourages chapters, regions without chapters, interest groups, and individual members to submit resolutions for ratification at each annual general meeting (AGM). Resolutions are part of RNAO's democratic process, giving all members the opportunity to propose a course of action for the association. In the interest of democracy, the Provincial Resolutions Committee does not endorse or censor resolutions. All resolutions that have met the required format are distributed to RNAO members for consideration in advance of the AGM. In this issue of *Registered Nurse Journal*, we reveal voting delegates' decisions on each proposed resolution at the 2007 AGM.

#### Resolution #1

*Submitted by Kim English, Faculty Trent/Fleming Nursing Program, on behalf of the 4<sup>th</sup> Year Students*

**THEREFORE BE IT RESOLVED** that the RNAO support and encourage the on-going development of opportunities for nursing students to facilitate political action.

**Status: Carried**

#### Resolution #2

*Submitted by Jan Levesque, on behalf of Waterloo Region Chapter*

**THEREFORE BE IT RESOLVED** that RNAO support provincially focused social marketing strategies targeted at all caregivers of infants less than one year of age, including education and intervention, given expanding evidence-based guidelines for best sleeping practices for infants that are known to modify the risk of SIDS.

**Status: Carried**

#### Resolution #3

*Submitted by Helen Nightingale, RNAO Member*

**THEREFORE BE IT RESOLVED** that RNAO restore the traditional Code of Ethics in place at RNAO's inception and solicit the College of Nurses to do the same.

**Status: Died on the floor (was not moved or seconded)**

#### Resolution #4

*Submitted by Lesreen Romain, Carol Anderson and Thom Chambers, on behalf of Durham Northumberland Chapter*

**THEREFORE BE IT RESOLVED** that RNAO lobby the Minister of Health and Long-Term Care, the Minister of Health Promotion and the Minister of Finance for major funding to support the development and implementation of bariatric care along with appropriate equipment and diagnostic equipment/tools needed to meet the holistic health care needs of this population across Ontario.

**Status: Carried**

#### Resolution #5

*Submitted by Sandra Romagnoli, on behalf of Niagara Chapter*

**THEREFORE BE IT RESOLVED** that RNAO will promote awareness and educate health care professionals and others about literacy and clear language issues in the delivery of all aspects of health care.

**Status: Carried**

involved in creating a better health-care system together.

I realized that by choosing nursing, I have chosen not only to use my knowledge and skills in the community, but to also use that same knowledge and skill to influence Ontario's health-care system itself.

There are boards, committees, interest groups and structures within RNAO which we are all welcome to involve ourselves in. If I could recommend one thing to assist students through the stresses of school and the confusion of new experiences, it would be to join RNAO and to get involved in the Nursing Students of Ontario (NSO) interest group. We can

**“EVERY SINGLE PERSON – staff, nurse, politician, student – was WELCOMED and praised for their choice to be involved in creating a BETTER health-care system together.”**

push ourselves through school and wait until we graduate to become involved, but that doesn't help us to understand that balance is key to success. If we can balance school with intimate

involvement in the workforce at the grandest scale, we will find ourselves with much more energy and enthusiasm. This can only influence our chances of success in the most positive of ways.

If I only knew then what I know now, I would know that there is a whole organization of professionals who have dedicated decades before me to creating a better health-care system, and that these like-minded individuals all have so much hope for the students. RN

---

*Chris Frost was one of seven nursing students participating in RNAO placements that included involvement in the 8th Annual Day at Queen's Park and annual general meeting. He is in his final year of nursing at Trent University and plans to pursue more education and experience in relation to community and family nursing.*

#### Resolution #6

*Submitted by Marianne Cochrane, James Chu and Michael Garreau on behalf of the Provincial Nurse Educators Interest Group and Nursing Students of Ontario.*

**THEREFORE BE IT RESOLVED** that the Registered Nurses' Association of Ontario (RNAO) grant the Nursing Students of Ontario (NSO), as an Associate Interest Group of RNAO, special privileges to vote as a full Provincial Interest Group at the RNAO Annual General Meeting and other general meetings of the association.

**Status: Carried**

#### Resolution #7

*Submitted by Perth Chapter*

**THEREFORE BE IT RESOLVED** that RNAO work with the provincial government and rural hospitals to provide incentives to nursing schools and students to have clinical placements in rural areas.

**Status: Carried**

#### Resolution #8

*Submitted by the International Nursing Interest Group*

**THEREFORE BE IT RESOLVED** that RNAO engage in an education campaign to promote awareness among its membership of the Give a Day Campaign and that an RNAO Grandmothers to Grandmothers Group be established.

**Status: Carried**

#### Resolution #9

*Submitted by Renee Lehnen (Halton Chapter), Anne McGoey (Lakehead Chapter), Cheryl Forchuk (Brant Haldimand Norfolk Chapter), Judy Spence (Ottawa), Laurie McKellar (Middlesex-Elgin Chapter)*

**THEREFORE BE IT RESOLVED** that RNAO will:

- a) educate and mobilize nurses to address the environmental determinants of cancer and other health issues,
  - b) raise the awareness of our clients and the public on the need for cancer prevention, and
  - c) advance education, research, policy, advocacy and regulation regarding industrial carcinogens in our environment and in our food chain, as well as carcinogenic consumer products; and
- BE IT FURTHER RESOLVED** that RNAO directly, and in collaboration with the Canadian Nurses Association, mobilize nurses and others and lobby Parliament and the Federal Government to advance healthy public policy on the environmental determinants of cancer and other health issues.

**Status: Carried**

#### Resolution #10

*Submitted by Julie Curitti and Angela Shaw, on behalf of Peel Chapter*

**THEREFORE BE IT RESOLVED** that the Registered Nurses' Association of Ontario endorse the Dietitians of Canada report entitled Raw Food Cost in Ontario Long Term Care Homes—Funding Review and Priority Recommendations dated November 2006 and actively lobby the provincial government to immediately increase the Raw Food Cost budget to \$7.00 per day per resident for all long-term care homes in Ontario.

**Status: Carried**

# CHALLENGING THE STEREOTYPES

RNAO's new Men in Nursing Interest Group sets out to change perceptions about the profession and the role men can play. BY JILL SCARROW

When James D'Astolfo visits high school students to talk about a career in nursing, the first question he asks is 'who wants to get into health care?' Of those who raise their hands, he then asks 'who would go into nursing?'

D'Astolfo admits that, after he asks the second question, there usually aren't any male hands left in the air. But the perception that nursing is a 'job for girls' is not just common among high school students. He's even spoken to kindergarten students who, at four and five years old, already associate nursing with the 19<sup>th</sup> century image of the lady with a lamp rather than a 21<sup>st</sup> century man with a university degree in hand.

The desire to promote more excitement about the profession among young men is what prompted the fourth-year nursing student at York University to create RNAO's Men in Nursing Interest Group (MINIG), which received formal board approval early this year. News of the group's proactive work is already getting out. During Nursing Week, MPP Paul Ferreira recognized the interest group in the provincial legislature.

"We are well aware of the many contributions nurses make, but we often do not think of (men) within the nursing profession," Ferreira said.

D'Astolfo says recruiting more men into the profession could go a long way towards supporting an aging workforce at a time when more than 20 per cent of Ontario's RNs are above the age of 55 and headed for retirement. The task, he admits, won't be easy. Only five per cent of Canada's nurses are men, and MINIG members face some entrenched stereotypes, including the perception that all male nurses are either homosexual or couldn't make it in medical school.

Joseph Gajasan, MINIG's membership officer and a nurse in cardiovascular surgery at Toronto's University Health Network, has only been an RN for a year and he's already faced those stereotypes first-hand. He says when he decided to study

nursing, people frequently asked him why he didn't want to apply to medical school.

"It took me a long time to explain it, quite honestly," he says. "I was born in the Philippines where, if you're a guy, you become a doctor."

Gajasan began university taking biochemistry courses, but being isolated in a lab didn't appeal to him. He switched to nursing because he had long admired the work of his mother, a personal support worker in long-term care. He watched her connect one-on-one with patients and wanted to do the same.



In his role as MINIG membership officer, Gajasan promotes nursing at career fairs in the Toronto area. He says having a male face at a nursing booth attracts other young men who may have questions about the profession and are more comfortable discussing them with another man.

"Sometimes, they'll pass by and then come back to ask questions," he says. "They might be embarrassed to come by with their friends to ask about nursing. A lot of people think it's a female career, but more and more that's changing."

Mark Vimr, MINIG vice-president, says that although there is change, the pace of that change is still glacial. He has been an

RN since 1984, a time when he says the idea of being a male nurse was not well known. He received support from his family, friends, and fellow students, but says more still needs to be done to break down gender lines in much the same way they have been broken down in fields such as law, business or even medicine.

"Nursing provides so many opportunities," says Vimr, now Vice-President of Clinical Operations and Chief Nursing Officer at Trillium Gift of Life Network. "Nursing lends itself to having a big impact on the health status of the public. I think that's such a great opportunity that other professions don't give."

For those who go into nursing, those rewards rank highly among their reasons for choosing the profession. A survey of Newfoundland and Labrador's male nurses found good career opportunities, job security and salary were among the top reasons men chose nursing. D'Astolfo believes making men aware of those benefits will require broader changes to make nursing more inclusive. That, he says, can even include getting nursing professors to stop referring to nurses as 'she' in class, teaching the history of men in nursing, and developing mentorship programs for men. He says these steps will help all nurses to embrace the different perspectives men can bring to the bedside.

During one of his clinical placements, D'Astolfo says he was able to connect with a recently paralyzed patient by talking about their shared love for hockey. That conversation opened the door to more discussions about the patient's condition, and how he was coping with the changes in his life. D'Astolfo says the ability to establish and build that connection is what makes nursing the perfect profession for anyone – man or woman – who's looking to make a difference in patients' lives. **RN**

JILL SCARROW IS STAFF WRITER AT RNAO.

Illustration: Jason Schneider

# POLICY AT WORK

During Nursing Week, RNAO shone a spotlight on the issues it believes politicians must make top priorities as the province prepares for an October election. A press conference at Queen's Park on May 10 marked the release of the association's comprehensive report entitled *Creating a Healthier Society*.

The document outlines recommendations in five key areas: the social determinants of health; the environment; Medicare; the nursing workforce; and fiscal capacity. "These policy proposals are based on the overwhelming evidence about what keeps us healthy and what makes us sick," said President Mary Ferguson-Paré.

Executive Director Doris Grinspun added that nurses play a central role in the health-care system, and have sound knowledge about what support systems are needed to help people maintain or regain their health.

While RNAO acknowledges the McGuinty government has begun re-building the province's public infrastructure, nurses believe there is still more work to be done. The report devotes considerable attention to the action required to address inequities that have left many men, women and children behind while others in Ontario enjoy wealth and prosperity. For example, despite years of economic growth, 1.7 million people continue to live in poverty. To close that gap, RNAO makes several recommendations, including an immediate increase in the minimum wage to \$10/hour, a boost to social assistance rates and a comprehensive housing program.

The report also outlines a plan of action on the environment. Citing evidence compiled by the World Health Organization, which estimates environmental factors account for 17 per cent of all deaths, and further evidence from Environment Canada that asthma, cardiovascular disease, allergies

and other health problems have been linked to poor air quality, RNAO says it's imperative the next provincial government reduce greenhouse gas emissions.

Ferguson-Paré said nurses have witnessed, for several years now, the negative health effects of poor air quality and exposures to harmful toxins and chemicals in their practice. "That's why we've included a set of recommendations the political parties

needed to strengthen Ontario's publicly funded and not-for-profit health-care system, and the required steps to build the "second stage" of Medicare as envisioned by Tommy Douglas.

"Douglas was ahead of his time. He knew more than 30 years ago that the only way to keep our system universally accessible was to move to a model of illness prevention. His forward thinking, together with the knowledge nurses offer, must be used to build a solid system of community care focused on the social determinants of health, health promotion, disease prevention and chronic disease management," said Grinspun.

RNAO believes this can be achieved by allocating funding for health promotion through nurse-led clinics that focus on primary health care and chronic disease management. Grinspun said substantial investments in home care will also alleviate the burden on the acute-care system and allow people the dignity of aging in place.

Nurses say the next government must also take steps to ensure the profession can meet the needs of an aging population. RNAO's platform calls for an additional 9,000 full-time RNs, a commitment to continue the 70 per cent strategy, multi-year funding to ensure all new RN graduates can work full time, and targeted funding for the 80/20 strategy.

When asked about the costs of implementing RNAO's proposals, estimated at \$4 billion in the first year, Ferguson-Paré told reporters at the press conference, "the economic reality is that the cost of doing nothing is even higher. The real question is whether our political leaders have the political will to implement the ideas we propose. Nurses do not believe tax cuts are the answer. We believe these investments will help us create a healthier society." **RN**

## Creating a Healthier Society

RNAO's Challenge to Ontario's Political Parties:  
Building Medicare's next stage, focusing on prevention

MAY 2007



**RNAO** Registered Nurses' Association of Ontario  
L'Association des infirmières et infirmiers  
du Ontario  
Speaking out for health. Speaking out for nursing.

must adopt to make Ontario a cleaner, greener and more livable place for all families," she said. For instance, the report recommends focusing on energy conservation rather than the construction of nuclear plants, ending all coal burning by 2009, creating a *Pollution and Cancer Prevention Act*, and committing to legislation to ban non-essential uses of pesticides.

Grinspun said the report (also referred to as RNAO's platform) addresses the invest-

# NEWS to You to Use



DIANE FUNSTON

On May 23, RNAO member Diane Funston received a Cambridge YWCA Women of Distinction Award in the health, wellness and active-living category. The award celebrates Funston's dedication to health as an emergency room nurse at Cambridge Memorial Hospital, a fitness instructor for 15 years, and as a volunteer for St. John Ambulance.

The Canadian Nurses Association (CNA) marked Nursing Week 2007 by releasing some stark statistics about Canada's newest crop of nursing graduates: 15 per cent will not find jobs, and one in 10 will move to the U.S. for work. The national nursing organization says the projected retirement of many RNs means nursing graduates are needed at home more than ever. CNA is calling on all provincial and territorial governments to hire graduating nurses, noting that Ontario is the only province to do so by recently announcing full-time jobs for all new grads.

St. Joseph's Healthcare Hamilton (SJHH) is looking to recruit, and it's utilizing some innovative marketing methods to get the public's attention. On May 18, the hospital began running a 60-second ad in movie theatres in Mississauga, Hamilton and Niagara. The ad is the second theatre advertisement SJHH has produced. In December 2006, the hospital also ran an ad to increase its profile in the community.

Timmins public health nurse Maria Simunovic is leading a team of health-care professionals raising awareness about domestic abuse through a report entitled *Abuse Shatters Lives*. The report, which was produced by the Timmins and Area Family Violence Coalition and the Porcupine Health Unit, decodes domestic violence myths, highlights services available to Timmins-area women, and reveals the impact violence has on women. Real-life survivors describe in their own words the experience of being in an abusive relationship. To read the report, visit [www.porcupinehu.on.ca](http://www.porcupinehu.on.ca).



MARIA SIMUNOVIC

On May 11, Ontario's Ministry of Health announced it would spend \$4.5 million to train 273 critical care nurses in Ontario. The financing will allow nurses to meet new provincial critical care nursing standards. Training will be provided by employers. The Ministry is also spending \$2.5 million on a critical care e-learning program at Durham College.



LINDA HENRY

Linda Henry has been doing her best to support the Ottawa Senators during the NHL playoffs. The Ottawa Hospital nurse has been sewing mittens for newborns on the hospital's maternity floor, each one emblazoned with a tiny Senators' logo. The mittens are a big hit with new parents – even those whose hockey loyalties lie elsewhere.

Following an extensive series on medical errors in the *Toronto Star*, the Ontario government has announced new regulations to improve transparency in health care. Regulatory bodies that monitor the practice of a variety of health-care professionals (including physicians and nurses) are now required to post infractions against members on their websites. Hospitals must also report medical errors to the province, which will post the information online.

In April, the Nursing Health Services Research Unit released a report on the Best Practice Guideline (BPG) coordinator role in long-term care. Seven coordinators were hired in 2005 to promote the use of BPGs in long-term care facilities. The report found that directors of care welcomed the role. It also made several recommendations to strengthen the role, including sustained funding and an orientation package for all new coordinators. The full report is available at: <http://www.nhsru.com>.

# Calendar

## June

### June 6-8

International Conference on Evidence-Based Best Practice Guidelines: Setting the Context for Excellence in Clinical Practice and Healthy Work Environments  
Hilton Suites Toronto/Markham Conference Centre and Spa  
Markham, Ontario

### June 10-15

Nursing Best Practice Guidelines: Summer Institute  
Nottawasaga Inn and Convention Centre  
Alliston, Ontario

## August

### August 12-17

Creating Healthy Work Environments: Summer Institute  
Delta Pinestone Resort  
Haliburton, Ontario

## September

### September 27-28

6<sup>th</sup> International Elder Care Conference: Older People Deserve the Best  
Hilton Suites Toronto/Markham Centre and Spa  
Markham, Ontario

## November

### November 1-4

Annual Nurse Practitioner Association Conference  
Nurse Practitioners Celebrate: Shaping and Promoting the Role  
Hamilton Convention Centre  
Hamilton, Ontario

### November 15

Ethics for Nurses: Regional Workshop  
Video Conference  
RNAO Home Office  
Toronto, Ontario

## October

### October 4

Thriving as a Practicing Clinician: Sharing and Shaping the Keys to Nursing Excellence  
Acadian Court  
Toronto, Ontario

### October 11

Every Nurse a Leader: Regional Workshop  
Video Conference  
Sudbury, Ontario

### October 11, 12, 15, 16 and 17

Designing and Delivering Effective Education Programs  
RNAO/OHA Joint Program  
TBA

### October 19

Pediatric Nursing Conference: Child First, Patient Second  
Courtyard by Marriott  
Toronto, Ontario

Unless otherwise noted, please contact Vanessa Mooney at RNAO's Centre for Professional Nursing Excellence at [vmooney@rnao.org](mailto:vmooney@rnao.org) or 416-599-1925 / 1-800-268-7199, ext. 227 for further information.



### Join the Global BPG Network

RNAO's Global Best Practice Guidelines (BPG) Network has been established to connect individuals and organizations around the world who are using RNAO's BPGs. The network will allow you to link with others who are implementing BPGs. You can share and learn about implementation ideas, evaluation methods, and information about the impact the BPGs have on health outcomes in your organization. Visit [www.rnao.org/bpgnetwork](http://www.rnao.org/bpgnetwork) to join.



# Classifieds

## Do you have financial planning issues? Are you nearing retirement?

I will assist you with your retirement planning, which may include information on: HOOP, a defined benefit pension plan; Canada Pension Plan; RRSP benefits; taxation; investment planning; and estate planning. With over 15 years of experience as a consultant/planner, I have insight into your professional issues. As a certified financial planner with a fee-based business, I am also licensed to sell some products. An appointment can be arranged at your convenience. Please call 416-259-8222 ext. 504. Gail Marriott CFP

**Needed: Per Diem Nurse Educator.** This position will provide clinical support in the evaluation, implementation and business development of products within the Smiths Medical portfolio. You will provide product training to clinicians and assist in the implementation of clinical programs. You will possess a degree/diploma in nursing (current membership with CNO), experience in an acute care setting, and be able to work flexible schedules. Bilingualism (French) would be an asset. This position is ideal for those looking for occasional and ongoing per diem opportunities. Overtime, schedules may be customized to meet individual requirements. Compensation is provided on a consultant basis. Please forward resumes to: Human Resources, Smiths Medical Canada Ltd., 301 Gough Road, Markham, Ontario, L3R 4Y8, Fax: 905-477-2144.

## Nursing and Health Care Leadership/ Management Distance Education Program McMaster University



GRANTING UNIVERSITY CREDIT  
AND CERTIFICATE OF COMPLETION  
Endorsed by the CNA.

All courses individually facilitated  
by an Educational Consultant

### Courses Offered:

#### Leadership/Management (6 units)

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

#### Advanced Leadership/ Management (6 units)

- 8 month course completion
- builds on the Leadership/Management course
- topics include transformational and quantum leadership; emotional intelligence and organizational culture; applies theories and concepts to current work environment

#### Conflict Management (3 units)

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

#### Leading Effective Teams (3 units)

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

#### Decentralized Budgeting (1 unit credit)

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

#### Quality Management (3 units)

- 6 month course completion
- theories, concepts, including safety culture, leadership in creating a culture of accountability
- critically analyzes and applies paradigms addressing quality & safety issues in the workplace

For further information please contact:

#### Leadership/Management Distance Education Program

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

Email [mgtprog@mcmaster.ca](mailto:mgtprog@mcmaster.ca)

Internet [http://www.fhs.mcmaster.ca/nursing/educ\\_leader.shtml](http://www.fhs.mcmaster.ca/nursing/educ_leader.shtml)

Programs starting every January, April & September

## Are you protected?

Every nurse should have  
professional liability protection.

The Canadian Nurses  
Protective Society  
is here for you!

Call for a free consultation.

[www.cnps.ca](http://www.cnps.ca) 1 800 267-3390

# HFOJobs

www.HealthForceOntario.ca

Toll Free: 1-800-463-1270

Local: 416-597-3650

HFOJobs@hfojobs.ca

Start your career search today with HFOJobs

LOG ON

## www.HealthForceOntario.ca

*More than 4,500 nursing opportunities posted,  
over 200 communities and 340 organizations registered.*

*Log on, register and search HFOJobs today!*



## Memorial@ coffee break after a long shift.

Get your nursing degree on your own time.

If the challenges of work, life or distance are preventing you from getting the quality education you want, **Memorial@Home** offers nurses the flexibility to make it happen.

Memorial University of Newfoundland is one of Canada's top comprehensive universities, with 40 years of history as a leader in distance education. And, we are accredited by the Canadian Association of Schools of Nursing (CASN/ACESI).

Visit [www.distance.mun.ca/nursinginfo](http://www.distance.mun.ca/nursinginfo) or call 1-866-435-1396 to learn how completing a Bachelor of Nursing (Post RN) or Master of Nursing online through **Memorial@Home** can open doors for you.



# International Conference on Evidence-Based Best Practice Guidelines: Setting the Context for Excellence in **Clinical Practice & Healthy Work Environments**

Hilton Suites Toronto/ Markham Conference Centre and Spa, Markham, Ontario

Pre-Conference Workshops: **June 6, 2007**

Conference: **June 7 & 8, 2007**

It is a must attend event for all nurses and others in health care interested in advancing quality care and quality work environments through best practices.

Visit us online for information - [www.RNAO.org/BPGHWConference2007](http://www.RNAO.org/BPGHWConference2007)

## Nursing Best Practice Guidelines Summer Institute

Nottawasaga Inn & Convention Centre, Alliston, Ontario

**Foundational Focus Stream**

**June 10 - 15, 2007**

**ATTENTION:**

Nurses and others interested in implementing Nursing Best Practice Guidelines and creating an evidence-based culture in your organization.

Visit us online for information - [www.RNAO.org/BPGInstitute2007](http://www.RNAO.org/BPGInstitute2007)

**Knowledge Booster Stream**

**June 12 - 15, 2007**

**ATTENTION:**

Previous Institute Attendees & Best Practice Guidelines Spotlight Organizations. Discover the **new** Knowledge Booster Stream



With over 35 years of experience, Jarlette Health Services cares for more than 1600 residents at 13 retirement and long-term care facilities in Ontario. In every way, we strive to do the right thing for all our residents and family members from the beginning to the end of every working day.

Our Vision, Purpose and Values attract great people to our organization. These people have been key to the growth of Jarlette Health Services and will continue to be the reason for our future success. We invite you to see for yourself. Currently we are looking for...

## Nursing Management, RNs & RPNs

We have facilities located throughout Ontario including:

Manitoulin Lodge - Gore Bay

Temiskaming Lodge - Haileybury

Elizabeth Centre - Sudbury

Avalon Retirement Centre - Orangeville

Leacock Care Centre - Orillia

Muskoka Landing - Huntsville

Roberta Place - Barrie

Meadow Park (London) - London

Alexander Place - Waterdown

Meadow Park (Chatham) - Chatham

Villa Care Centre and Retirement Lodge - Midland

Southampton Care Centre - Southampton

Making An  
Outstanding Difference  
In The Lives Of Others



We offer an attractive compensation and benefits package, comprehensive training, professional development, and career advancement opportunities. If you would like to join a well respected organization that has built a tradition of developing mutually rewarding relationships with our employees and the communities we serve, please contact: Ms. Mary Barber, Human Resources Manager, Jarlette Health Services, 689 Yonge Street, Midland, Ontario L4R 2E1 Fax: 705-528-0023 e-mail: [mbarber@jarlette.com](mailto:mbarber@jarlette.com)

## NURSING EDUCATION INITIATIVE

You may be eligible to receive up to \$1,500 in tuition reimbursement!

For pertinent deadline information or to obtain a copy of the application form, please visit the RNAO website at [www.rnao.org](http://www.rnao.org)

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

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

## FORENSIC HEALTH STUDIES CERTIFICATE

Find out how science, technology and the law can be combined to better serve your clients. Learn current forensic health science principles and techniques, criminal law procedures, and how to manage victims of crime in one multidisciplinary certificate program.

\*Offered in partnership with BCIT

### APPLY NOW

416.491.5050 x5208  
[susan.kagan@senecac.on.ca](mailto:susan.kagan@senecac.on.ca)

## Seneca

SCHOOL OF HEALTH SCIENCES  
[www.senecac.on.ca/healthsc](http://www.senecac.on.ca/healthsc)



# Your career is here.

Vancouver Coastal Health (VCH) is focused on 3 integrated components of health care: Acute, Community and Primary Health. VCH operates 102 health care centres in 17 municipalities, including BC's largest hospital and one of Canada's largest research institutes.

Whether you're a new grad or an experienced professional, VCH has an opportunity that's right for you. With the widest range of professional options and diverse training choices, your career will flourish at VCH.

We offer enormous diversity of lifestyle choices too. From small towns to major cities and everything in between, the right fit is waiting for you at Vancouver Coastal Health.

With great compensation packages, excellent training and education programs, state-of-the-art work environments plus fabulous potential for career advancement, this really is the right time to ...

## Join us!

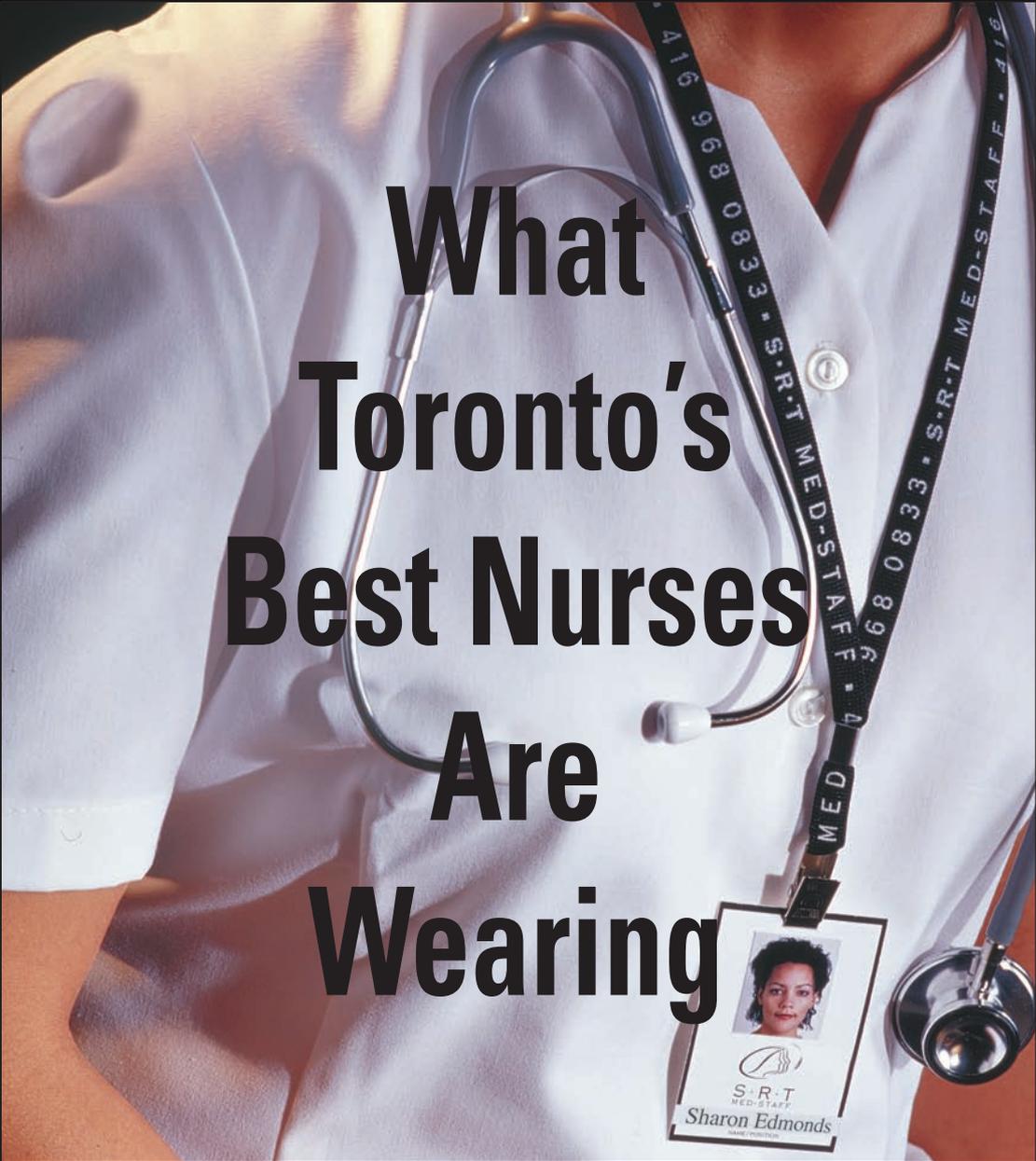
Interested?  
Apply now at [www.vch.ca](http://www.vch.ca)  
and click on careers.

VCH Recruitment  
1.800.565.1727 • 604.875.5152

[www.vch.ca](http://www.vch.ca)

**Vancouver Coastal Health**  
*Promoting wellness. Ensuring care.*

M43 024



# What Toronto's Best Nurses Are Wearing

RANKED

#1\*

IN TORONTO



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

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

e-mail: [admin@srtmedstaff.com](mailto:admin@srtmedstaff.com)

FACILITY STAFFING • VISITING NURSING • PRIVATE DUTY