

REGISTERED NURSE JOURNAL



MEN in Nursing

Tarik Towfeq (left) and Maurice Michelin are inspiring other men to join the profession.

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REGISTERED NURSE
JOURNAL

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Doctors and Nurses Support Green Energy

We must support the phase-out of coal-fired power.

In 2010, our coal plants caused over 150,000 illnesses, including asthma attacks, and over 300 deaths. They're the single largest source of greenhouse gas emissions in Ontario – the equivalent of several million cars.

Ontario doctors, nurses, and other health professionals support energy conservation combined with wind and solar power – to help us move away from coal.

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COVER PHOTO: ROB WAYMEN



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

EDITORIAL STAFF

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

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

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RNAO OFFICERS AND SENIOR MANAGEMENT

David McNeil, RN, BScN, MHA, CHE
President, ext. 502

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EDITOR'S NOTE KIMBERLEY KEARSEY

The power of influence

SPRING IS ALWAYS A HECTIC TIME AT RNAO as the organization plans for two of its biggest events: the annual general meeting (AGM) and Nursing Week. Although preparation starts in January, the real push comes during the weeks preceding the events. April and May can be a little nutty at home office.

In this issue of the magazine, we bring you our recap of both events, with plenty of photos and analysis. You'll see we did something different for our coverage of the AGM this year: we solicited feedback from nursing students who participated in RNAO placements in April. Their reactions are telling. They left inspired and with a better understanding of everything nursing has to offer. These students are at a crossroad. Decisions about the future are imminent, and they need guidance from role models to determine the direction they want to take.

That same notion is at the core of our cover feature on men in nursing. We introduce you to a group of men who are helping to promote the profession to a new generation of young people who may not

have ever considered nursing as a career. They tell us why they chose nursing, who prompted them to pursue the profession, and what they think needs to happen in order to convince more men to enter the profession. As role models, they are influencing others who will one day look back and say "I'm glad I had someone to show me what nursing was all about."

Whether just starting your career or considering a change after several years as an RN, every nurse needs a good role model. And it seems most have one, especially when you consider the response we received to our call for Nursing Week stories. This year, we asked you to tell us about the colleague who's made a difference in your life. And you delivered with touching and wonderful stories. Your submissions are still posted on RNAO's website, and more will be published in our summer issue of the *Journal*. I'd like to thank every member who responded. I'd also like to remind those who haven't had a chance to still consider writing to us. We'll be receiving submissions until June 24. **RN**

Correction:

- The March-April 2011 issue of RNJ stated that Vanessa Burkoski served 2.5 years as Ontario's Provincial Chief Nursing Officer. Her term ran from June 2007–Dec. 2010, making it 3.5 years. We apologize for the error.
- The article *Make Your Voice Heard* (March-April 2011) incorrectly described the scope of the study conducted by Susan Ray and Cheryl Forchuk. The study is looking at homeless veterans who were deployed overseas and/or served on Canadian bases. Again, we are sorry for the error.



PRESIDENT'S VIEW WITH DAVID MCNEIL

A tour of extraordinary things

I HAD THE WONDERFUL OPPORTUNITY to meet with nurses from several areas of the province during Nursing Week. I began in Northwestern Ontario, at the Dryden Regional Health Centre, the Northwestern Health Unit and Confederation Campus. Joining us to share in an evening of fun and celebration were RNAO members who traveled from Sioux Lookout, Red Lake, Kenora and areas surrounding Dryden. Given the vast geography of Northwestern Ontario, this demonstrates an extraordinary commitment to our professional association. These nurses are providing essential and very effective nursing services. Like many others in rural and northern communities, they are required to have diverse knowledge and skill. On any given shift, they may need to assist in a delivery, stabilize a critical care patient for transfer, assist a patient's recovery from surgery, or alleviate the suffering of a palliative patient. For those who like this challenge of practice diversity, this is the place to be.

The next day, I travelled to Thunder Bay where I had the opportunity to celebrate RNAO's Best Practice Guidelines (BPG) Program. At the Thunder Bay District Health Unit (TBDHU), we celebrated its candidacy as a Best Practice Spotlight Organization (BPSO) at a media conference. At the Thunder Bay Regional Health Sciences Centre (TBRHSC), I met with several groups of

nursing students in the compressed third-year program at Confederation College. We discussed several important topics from professional engagement to the challenges of a busy program, as well as more practical issues such as the future role of nursing in the health system and the importance of ongoing access to the Nursing Graduate

"THE HIGHLIGHT WAS THE PRIVILEGE OF HAVING LUNCH WITH 12 NURSES WHO SHARED STORIES, MEMORIES AND PICTURES ABOUT NURSING AND THEIR LIVES. IT'S AN EXPERIENCE I WILL ALWAYS REMEMBER."

Guarantee (which I assured students is here to stay). Both TBDHU and TBRHSC shared with the group their journey on the road towards RNAO BPSO designation. Between them, the two organizations are implementing eight BPGs. This is a testament to RNAO's power and influence at the clinical practice and patient level.

During the evening, RNAO's Lakehead chapter hosted a Nursing Week event on the campus of Lakehead University. Students played an important role in the evening, sharing some of their outstanding project work with the audience. It was a proud moment for me as your president.

Stewart Kennedy, the Ontario

Medical Association's incoming president, joined us for the evening. A nurse before his career in medicine, he took a few minutes to express his appreciation for the leadership nurses are providing in guideline implementation. He spoke about the need to strengthen professional relationships between physicians and nurses, as well as

between physicians and other professionals. He also shared his excitement for being invited to co-chair an RNAO BPG focused on interprofessional teamwork.

After a brief stop in Ottawa for CNA business, I travelled to London. My first stop was The Village of Glendale Crossing, a new long-term care facility. I toured the 192-bed home and met nurses, other staff and residents. The highlight was the privilege of having lunch with 12 nurses, all of whom were residents. They shared stories, memories and pictures about nursing and their lives. It's an experience I will always remember.

Later that evening, we cele-

brated the profession with over 400 nurses at a city wide gala. Minister of Health Deb Matthews extended her Nursing Week greetings to the audience and spoke of her appreciation for the excellence of nursing in the province and in particular, to nurses working in her home riding.

On my last Nursing Week day, I spent time at London's Regional Mental Health Program. I talked with nurses about some of their leading practices in mental health delivery and their implementation of RNAO's BPGs. The passion was palpable. We also watched a video of their new state-of-the-art mental health facility that is currently under construction. I ended the week at London Health Sciences Centre touring its beautiful new paediatric facility and having a small group discussion around professional engagement and political action. The people of London are truly blessed with exceptional health-care organizations and professional staff.

Many, many thanks for all your hard work to build on our success in all chapters and regions across the province. For me, Nursing Week 2011 was a truly inspiring week. Members across the province are doing extraordinary things, and we must all be proud of our work and contribution. Congratulations. **RN**

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



Celebrating nurses' expert knowledge

EACH YEAR DURING NURSING Week I am so very proud of the boundless energy of members to host workplace visits with MPPs and plan local events that celebrate our profession. Your hard work in your regions, chapters and interest groups helps advance the respect felt by the public and politicians for the knowledge and skill we offer to patients and communities. In May, you hosted 52 MPP visits, a record number since we first launched *Take Your MPP to Work* in 2000 (see www.RNAO.org/nursingweek). We offer a heartfelt thanks and congratulations to members and to Kayla Scott at home office for making this success possible.

This Nursing Week, we also invited three Best Practice Spotlight Organizations (BPSOs) to speak at media conferences, sharing how BPGs are revolutionizing nursing practice and helping to make these organizations leaders in clinical excellence. At the Thunder Bay District Health Unit, Sheila Hansen talked about how nurses are using our *Supporting Healthy Adolescent Development* BPG to engage youth, bring them to the table to share their experiences, and get them involved in activities that will help them make positive life choices. In Cambridge, Marlene Goerz from Fairview Mennonite Home, spoke of how RNAO's *Promoting Continence Using Prompted Voiding* BPG is serving to improve long-

term care residents' sense of worth and dignity. In Toronto, St. Michael's Hospital (SMH) critical care nurses Ruby Gorospe and Kerry Ann Caissie discussed how they've applied elements of RNAO's *Building Therapeutic Relationships* BPG to create a customized tool that allows nurses to know their patients at a time when many have lost the ability to tell their story for themselves. Shirley Bell shared how the *Delirium, Depression and Dementia* (DDD) BPG is assisting SMH nurses to distinguish, screen and manage

“WE HAVE A ROBUST PROGRAM THAT HAS PROVEN ITSELF TIME AND AGAIN AND HAS EARNED A REPUTATION FOR EXCELLENCE.”

DDD. Thanks to this BPG, they have established interventions that reduce confusion and agitation, and improve outcomes for the elderly.

Through these stories, we collectively are promoting our profession as one where evidence underlines best clinical practices. These stories are vitally important because evidence-informed practices are safer, offer higher quality care and lead to better health outcomes. These nurses, and more than 17,000 others working within BPSOs, stand tall because of their focused commitment to BPGs and the

impact they have on one million patients who receive nursing care in BPSOs each year.

As I was conceptualizing this column, I looked back at the March/April 2008 issue of the *Journal* to re-read and savour the BPG accomplishments we featured in an issue that celebrated the 10th anniversary of the BPG program. Fast forwarding three years makes me marvel even more as we have attained a degree of influence and respect unimaginable at the outset of the program. Our guidelines have been

adopted by other provinces and translated by other countries such as China, Japan, Italy and Spain. Interest in becoming a BPSO has gone wild and we've launched BPSOs in the U.S., Spain, Italy and soon Australia.

Ontario's nursing BPGs have been adapted for PDAs, Blackberries, iPhones and Android so that important nursing knowledge is available at nurses' fingertips. On iTunes, our BPG App has consistently rated within the top three downloaded medical apps since its release in October 2010.

In addition to the core business of creating and supporting

the uptake of our clinical and healthy work environment BPGs, we have seen tremendous growth in related BPG initiatives, including our provincial and national smoking cessation programs. In Ontario, 300 organizations and over 1,000 smoking cessation champions are using our *Integrating Smoking Cessation into Daily Nursing Practice* BPG. And in the year since the national initiative was launched, more than 500 smoking cessation champions across seven provinces have been trained to use the BPG. As well, our partnership with *Safer Healthcare Now!* promotes the national use of best practices to reduce falls and injury from falls in residents across all sectors. And the Nursing Best Practices Research Unit (NBPRU) has gained an international reputation for collecting state-of-the-art nursing knowledge based on the best available evidence, and promoting collaboration and research exchange with policy-makers and civil society groups in Canada and around the world.

When we established RNAO's BPG program in 1998, I never dreamed of the pride we would feel today. We have a robust program that has proven itself time and again and has earned a reputation for excellence. Kudos to all Ontario nurses for our collective success! **RN**

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

MAILBAG

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



CNO warns RNs to be mindful of standards when using social media

Re: The dangers of social media, January/February 2011

We read Chris Bryden's column with interest. As we hear from employers and the public and continue to learn about social media, we understand the use of these evolving technologies presents many opportunities for nurses to connect with their clients. There are some challenges too. We note that whenever nurses interact with clients, the standards of practice apply. Practice standards such as the *Therapeutic Nurse Client Relationship 2006* and *Confidentiality and Privacy — Personal Health Information* contain principles applicable to the use of social media. Nursing standards are expectations that contribute to public protection. They inform nurses of their accountabilitys and the public of what to expect of nurses. Standards apply to all nurses regardless of their role, job description or area of practice.

With respect to Bryden's assertion about how the College of Nurses of Ontario (CNO) would treat 'friending' of clients on Facebook, we would like to provide some clarification on how CNO deals with complaints and reports. A number of factors are considered to determine the most appropriate regulatory action. The College often takes

a remedial approach to dealing with concerns about the use of social media for communication. Each situation is looked at individually. The circumstances, motivations of the nurse, and risk to the public and profession are weighed when the College assesses information. The discipline process is rarely used to help members understand the power of social media and only the discipline committee can find that a nurse has crossed a professional boundary. We recommend nurses consider their reasons for posting information. We also suggest all nurses remain mindful of the differences between audiences for their personal and professional postings.

Janet Anderson, Manager, Quality Assurance, and Karen Puckrin, Manager, Reports, College of Nurses of Ontario (CNO)

Social media – our new reality – isn't all bad

Re: The dangers of social media, January/February 2011

Thank you for this timely article by Chris Bryden. The topic of social media has become an important issue for nurses, especially given the inherent risks these technologies can present to clinicians and health-care organizations alike. Regardless, these risks should be juxtaposed against the many benefits social media technologies can provide to both nurses and their respec-

tive organizations. Although I appreciate Bryden's article was written from a cautionary stance (one of which I've utilized in the past during presentations on social media), I believe the untapped potential of this communication modality requires further attention by the nursing profession. The profession as a whole has entered into a new communication era and the act of keeping 'personal-professional' lives separate

online will be increasingly difficult, if not impossible. Instead of shying away from this paradigm shift, it is vital that nurses be the guiding voices in health care. Nurses must develop expertise and knowledge of these technologies so they can be utilized in a functional, safe and ethical manner.

Richard Booth
RN and doctoral candidate in health sciences at the University of Western Ontario



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FACULTY OF NURSING

Are you planning on pursuing your Master of Nursing degree?

The University of Alberta Faculty of Nursing is pleased to offer one time competitive funding of \$75,000 for highly qualified students who will begin their MN program in Fall 2012.

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- able to attend university on a full time basis.

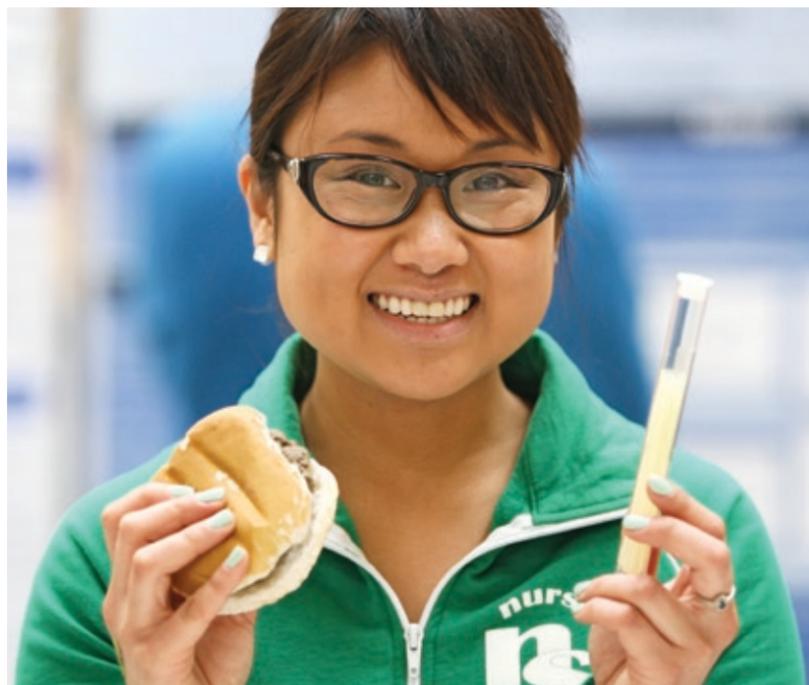
For further information about our MN program and how to contact us for more information, please visit www.nursing.ualberta.ca/Graduate

An information session will be held in Edmonton on July 25, 2011 at 16:00 in Room 6-107 Clinical Sciences Building, University of Alberta.

The deadline for application for 2012 is October 1, 2011.

NURSING IN THE NEWS

BY STACEY HALE



Nutrition 101

Fourth-year University of Windsor nursing student **Mercedes Phalavong** holds a vile filled with the estimated amount of fat found in a hamburger. Phalavong and fellow nursing student **Victoria Ziraldo** displayed grease-filled test tubes for burgers and other unhealthy items at their school's research fair on April 30. Their goal was to illustrate the amount of fat in junk food versus fruits and veggies. "People look at something like this and they're going to think twice before they eat that item again," Ziraldo said (*Windsor Star*, May 2). The students' hope is that by providing basic nutrition and health education, nurses will be seen as proactive health providers.

McMaster ER converts to kids-only

RNAO member **Dona Teles** helped Hamilton Health Sciences (HHS) prepare for the controversial conversion of McMaster Children's Hospital's emergency room to kids-only this spring. HHS, which consists of five sites, indicated in a press release that the kids-only ER is long overdue and that Hamilton is one of the last cities of its size in Canada to go this route. The conversion left residents in the western reaches of the city without an ER to treat adults. To address this, HHS built a walk-in urgent care centre where patients of all ages will be treated for non-life threatening illnesses and injuries. Teles,

clinical manager for McMaster's emergency department, said: "I am so proud of the hard work and best efforts of all of the ... staff who have taken us to this point and continue to work so diligently to make this the best place to care for a child." (*Hamilton Mountain News*, April 20)

Gentle approach helps children in pain

Nurse researcher **Bonnie Stevens** says child pain is often ignored in hospitals. In fact, the Hospital for Sick Children researcher published a study in the *Canadian Medical Association Journal* in April that found only 28 per cent of kids who undergo painful procedures in hospital receive any sort of pain

management. Stevens says that a gentler approach by nurses and doctors during routine procedures — such as setting up IVs, finger pricks, heel lances and surgeries — would help avoid the tears and screams that accompany hospital visits. "Besides the fact that it hurts, it upsets normal functioning," she explains. "Children often sleep poorly, eat poorly and interact poorly (when in pain)," Stevens told the *Ottawa Citizen*. (April 5)

Nursing student battles cancer

Jennifer Tonkin, 23, should be looking forward to her graduation from the nursing program at the University of Windsor and beginning her job search.

Instead, she's battling breast cancer. In April, she shared her courageous story with the *Windsor Star*. After her husband noticed a small lump in her breast, an ultrasound revealed it was cancer. One third of her breast was removed in a partial mastectomy and today she is undergoing intense chemotherapy. "I've had tests pretty much every day, doctor's appointments every day; it's like having a full-time job," the RNAO member says. Tonkin has also had to consider things no young woman should, such as how to pay for breast reconstruction surgery, which is not covered by OHIP, and whether to start saving for the expense of storing her eggs so she can have chil-

dren in the future. This spring, Tonkin's friends organized a benefit called *A Fighting Chance*, to help raise money for her future health expenses.

Northern youth struggle with oxy addiction

Youth in Thunder Bay who are addicted to oxycodone are receiving the care they need from nurse practitioner **Mae Katt**. The RNAO member and her team of NPs and physicians are running a drug treatment program to help students at Dennis Franklin Cromarty High School wean off the powerful narcotic. "The (kids) had no idea they were going to get addicted like this," Katt said, adding it is a prescription drug that's hit the black market (*tbnewswatch.com*, April 1). The 14-day detox program uses opioid substitution therapy to treat addiction and negate damaging withdrawal effects. From Katt's viewpoint, it is the best course of action and the solution with the best chance of success for the kids.

On April 16, London RN **Lori Drury** wrote a letter to the London Free Press to raise awareness of the need for cancer prevention.

More emphasis on cancer prevention

Re: The cancer industry is failing us, April 9
As a nurse, I have been watching people die of cancer for 30 years. Four people in my immediate family have had cancer and two are dead.

Nursing Week draws media attention



(top) Oxford County RNs made the front page of the *Sentinel-Review* during a tour of the new Woodstock General Hospital May 10. RNAO Executive Director Doris Grinspun (second from left) joined the tour alongside RNAO board member Cheryl Yost (left), Oxford chapter President Brenda McCurdy (centre) and hospital President Natasa Veljovic. (middle) Fairview Mennonite Home (FMH) was one of three Ontario sites to host media conferences during Nursing Week to highlight their work with RNAO's best practice guidelines (BPG) program. The Cambridge home is using an RNAO BPG to screen for delirium, dementia and depression in older adults. The event garnered media attention from the *Waterloo Region Record*, which wrote an article on the importance of recognizing the signs and symptoms of these cognitive conditions. (L to R) BPG team leader Chris Janssen, Director of Care Marlene Goerz, Housekeeping Manager Peg Worboys and RNAO Program Manager Josie Santos. (bottom) Liberal MPP Pat Hoy (centre) toured the Chatham-Kent Public Health Unit's Clinic Services location during Nursing Week with Mayor Randy Hope (left) and municipal health and social services manager Lucy Brown (right). Leading the tour were (second from right) public health nurse Marian McEwan and clinic manager Kelly Farrugia. "The more resources we have to get the message out to people about how to stay healthy...the better," McEwan said of the motivation behind the visit, which was picked up by *Blackburn News*.

NURSING IN THE NEWS

Cancer research is supporting the big pharmaceutical companies, rather than what is truly needed, as pointed out in this article: prevention. Research has clearly shown that environmental carcinogens in the air, food, water and products we are exposed to are what cause cancer in most cases. Our bodies were meant to scavenge and destroy that which is abnormal; however we cannot withstand the overwhelming onslaught of cancer-causing exposure we now face. Only public policy that supports eradicating these exposures will truly have an impact on the fight against cancer. Certainly there is a place for the treatments we now have, but the future lies in prevention.

Province backs off pledge to make hospitals transparent

In April, RNAO Executive Director **Doris Grinspun** spoke out against a proposed government amendment that would allow hospitals to restrict access to information or reports on quality of care. Grinspun argued this limits much of the type of information patient and health advocates need to understand how well our system and individual hospitals are working. "The public has a right to know what's happening in its local hospitals," she told the *Kirkland Lake Northern News* (April 11). Proponents of the amendment say that unrestrained public scrutiny would damage patient care by stifling discussion within hospitals about what's wrong and how to fix it. To find out more about RNAO's position, see *Policy at Work*, pg. 24.



At its annual general meeting, the Land O'Lakes Curling Club recognized Susan Barchard (centre) and Susan McConnell (far right) for saving the life of a fellow curler in April

From bystander to hero

Cloyne RN **Susan Barchard** and Stirling RN **Susan McConnell** jumped into action in April to help save fellow Tweed-area resident Wray Thompson after he suffered a heart attack. During a local curling tournament, the off-duty nurses and two others, spotted the 67-year-old slumped over in his chair. The man was unresponsive when they approached, so the nurses went to work administering CPR and defibrillation. He started breathing and an ambulance arrived 20 minutes later to take him to Kingston General Hospital where he underwent triple-bypass surgery. (*Stirling Lake Northern News*, April 21)

A month earlier, a quick thinking **Lesley Anthony** provided care for three seniors after their car flipped and landed in a ditch. The driver swerved to avoid hitting a small animal in his path. The Brantford RN crawled into the overturned car

and held a female passenger's head out of the cold water and mud that was filling the car as they waited for help. She talked to the woman to keep her alert, and remained in the car even as firefighters cut off the doors and peeled back the roof. (*Brantford Expositor*, March 5)

An editorial by Hamilton RN **Nancy Fram** was published May 13 in the *Hamilton Spectator*. The piece uses *Nursing Week* to reflect on the evolution of the profession. Following is a short excerpt...

Nurses are adapting to new realities — and their patients are healthier because of it

The theme for Nursing Week this year is *The Health of Our Nation* and that seems very appropriate with a federal election just completed, and a provincial election on the horizon. Health care is a key issue on the

political agenda. It's also a worry for many Canadians who see the stresses that are being placed on the system. As nurses, we understand these challenges. That is why the nurses at Hamilton Health Sciences dedicate a great deal of time and energy to finding ways to make things better for their patients. For example, in 2006, we partnered with RNAO to implement best practice guidelines that prevent two of the most common complications that patients experience: falls and bed sores. We reduced the number of serious patient falls in our hospitals by 22 per cent and the number of patients who suffer from bed sores by 36 per cent. There is no doubt in my mind that these strategies saved patients' lives and improved the quality of their lives.

To read Nancy Fram's op-ed in full, visit <http://chapters.rnao.ca/hamilton/HamiltonSpecOpEd>

NURSING NOTES

Champlain "heroes" recognized for their commitment to care



Lois Martin (above) receives her award from Champlain CCAC CEO Gilles Lanteigne.



Beatrice Osome (right) proudly poses after accepting her award.

Two RNAO members were recognized on May 5 with *Heroes in the Home Caregiver Recognition Awards*. Ottawa RN **Beatrice Osome** and Kanata RN **Lois Martin** were among 134 individuals selected to receive the honour by the Champlain CCAC. The award was created to acknowledge the kindness and commitment of caregivers to help others live full lives in their communities, despite the limitations of age, illness or disability. Osome's daughter passed away in October at the age of 42. Her mother never left her side, providing care for many years and travelling to Toronto and Germany for treatments. Martin received the award for her work with palliative clients, who often describe her as full of energy, extremely knowledgeable, thorough, and a kind soul who goes the extra mile to get the job done.

Opening Minds initiative sheds light on mental illness

The Mental Health Commission of Canada's (MHCC) *Opening Minds* initiative is setting out to reduce the stigma people struggling with mental illness face when trying to access the health system. Through this initiative, Ontario's Central LHIN developed an education program for health professionals in emergency departments, the first point of contact for many patients. The goal is to dispel the myths related to mental illness, and draw attention to the role stigma plays as a barrier to care. Lakeridge Health (Central East LHIN) has adapted the program for its staff. Workshops provide personal testimonials from individuals living with a mental illness and explore the challenges they've faced, barriers they've experienced, and what has helped them recover. Both programs have proven successful, and as a result, MHCC will begin partnering with other regions across

the country. Find out more at www.mentalhealthcommission.ca.

RN writes about the "other side" of care

Tilda Shalof, an ICU nurse and RNAO member, has released her newest book, *Opening My Heart*. Shalof found herself on the "other side" of health care when she underwent open heart surgery. The book takes readers through her diagnosis, stay in ICU, the cardiac ward, recovery at home, rehabilitation, and ultimately her return to work. Visit www.nursetilda.com to find out more.

Students start conversation about death and dying in Canada

Graduate journalism students at the University of Western Ontario visited palliative care units to interact with patients, their families and health-care providers to create a groundbreaking project called *Miles to Go*, a series of 15 personal stories that address death and

dying in Canada. The students behind these stories were part of the first-ever journalism course that focused specifically on dying. The stories (available in text format at www.cbcnews.ca/milestogo) explore how access to quality end-of-life care is dependent on a person's address, economic class, cultural and ethnic origin, and other personal factors. The students say the ultimate lesson is just how rich and textured and beautiful the end-of-life journey can be.

New website helps nurses, novice and seasoned

This spring, RNAO launched its newest website—*Careers in Nursing*—to help prospective nurses, as well as RNs at various stages of their career, find meaning, purpose and direction in their chosen profession. The site is geared to high school students who may be thinking



MEN in NURSING

More and more males are sharing details of their journey to nursing and encouraging others to discover what the profession has to offer.

BY JILL-MARIE BURKE

At 18, Nick Joachimides had his heart set on becoming a paramedic. Fast-forward 15 years to today and he will tell you that it was fate he didn't make it into that program. Instead, his high school guidance counsellor introduced him to nursing. Looking back, he realizes she must have recognized his listening skills, compassion for fellow students and outgoing nature. That's why she told him he was well-suited to the profession. When she encouraged him to do a co-op placement alongside nurses at a children's hospital, his first thought was: "Why would a man want to be a nurse?" At the time, he didn't have any knowledge of the work nurses do, but strongly believed the profession was only for women. The counsellor was persuasive and convinced him to try it out. His three-month placement at the Holland Bloorview Kids Rehabilitation Hospital in Toronto opened his eyes to a career he'd never considered, and directed him down a new path for his future.

"I worked with the most fantastic nurse," he remembers. "She changed my life. She was such a good role model in the way she interacted with the children. She was sound with her practice and she had fun with the kids." When he finished his placement, Joachimides says nursing was the only thing he wanted to do and he was determined to work at Bloorview when he graduated from Centennial College.

RNAO's Men in Nursing Interest Group (MINIG) co-chairs David Keselman and Daniel Ball say that more men should get the opportunity to learn about the profession's many rewards. Unfortunately, that's not the case. And it shows in the statistics. According to the College of Nurses of Ontario, only five per cent of employed RNs in 2010 were male. Among new RNs, the number was slightly higher. In 2010, males accounted for 10 per cent of the province's 3,611 new grads. It's a promising trend upwards, but there's still plenty of work to do.

Why aren't more men entering the profession? Keselman and Ball have given this question a lot of thought. They believe there are three reasons: false stereotypes about male nurses; misconceptions about the value of nurses' work; and a lack of visible role models.

"Showcasing men in nursing is important because we don't have public role models," Keselman says. "As people see more males in the profession, the stereotypes will continue to decrease." He adds one way to

Holland Bloorview RN Nick Joachimides, with Samantha Perry, never considered nursing until a school guidance counsellor suggested it.



increase visibility is to have male nurses attend high school career days.

Men who want to share their experiences with elementary, high school and mature students can volunteer for RNAO's Nurse Ambassador Program, which arranges for RNs to talk about the profession in schools and at public events. "We would like to recruit male nurses who are passionate about the profession to help us promote nursing as an exciting and rewarding career choice," says Karen Ellis-Scharfenberg, associate director of RNAO's Centre for Professional Nursing Excellence. There are currently 212 female nurse ambassadors and 31 males.

RNAO President David McNeil is one of only two male nurses in RNAO history to lead the association. He is also just the kind of high profile role model the profession needs. When he entered nursing school in Sudbury in 1984, he says people weren't shy about sharing their opinions about the type

of men who choose the profession. "In a blue collar town, where it was predominantly mining, there were strong stereotypes about male nurses," he says. "It's very different for men entering nursing today. Society is different."

He thinks the key to getting more men (and women) interested in the profession is to ensure parents and guidance counsellors are aware of the professional opportunities nursing has to offer. "It's a world of possibilities," he says. "It is intellectually engaging and nothing is ever the same. It doesn't matter if you're in

"Nursing gives me an opportunity to see all the facets of what it is to be human."

Nathan Kelly



Nathan Kelly chose nursing after seven years in manufacturing left him wanting more.

clinical practice, an administrative or leadership role, or education; the beauty of nursing is that the body of knowledge is constantly evolving. And if you're a person who likes to do things and be physical, you can do that, too. It's transferable expertise anywhere in the world."

Joachimides is grateful his guidance counsellor convinced him to explore a profession that wasn't even on his radar. He's had a 10-year career with Bloorview and is currently a clinical educator who teaches nurses, other members of the health-care team, patients and their families about managing pain. He also develops wound healing plans, and is working on a master's of Clinical Science in Wound Healing at the University of Western Ontario.

Joachimides is the type of role model MINIG would like more young people to encounter. Although young clients often mistake him for a doctor, he is quick to correct them. "I'm a very proud nurse," he says. And if he had his career to do over again, and couldn't be an NHL hockey player, he quips, "then I would 100 per cent, hands down be a nurse again. I think this was where I was meant to be."

While Joachimides pursued nursing right out of high school, Nathan Kelly chose the profession after a career in manufacturing. It was 2005 and he had been working as an industrial painter on the assembly line at a steel drum factory in Stoney Creek for almost seven years. He was comfortable, but felt something was missing. "The job wasn't deep enough for me. I wasn't getting the satisfaction I wanted and I wasn't making the contribution to society that I wanted to make."

He enrolled in the pre-health science program at Niagara College; where a male instructor, who happened to be an RN, suggested Kelly consider nursing. He began researching what it was all about and discovered that being a nurse was the best way for him to achieve his goal of making a difference in the lives of individuals, families and communities. In 2010, with the full support of his family and friends, he graduated from the BScN program at Brock University at the age of 33.

Kelly is a member of the nursing resource team at Niagara Health System's St. Catharines General Hospital site. It's a role he's had since his graduation, and one that means he's assigned to different units and floors throughout the hospital. He says the

role has given him an opportunity to develop a wide range of nursing skills. "In palliation, your leadership skills as a nurse come out because the family and patient are looking to you to understand what's happening," he explains. "On surgical floors, your assessment skills are put to the test and it's very busy." He says nursing gives him an opportunity to "see all the facets of what it is to be human."

Kelly has also discovered just how transferable his new skills are. Last year, he travelled to Haiti with the Canadian Medical Assistance Teams to provide nursing care after the earthquake. He is currently receiving an orientation from the Canadian Health Agency so he can nurse in communities north of Sioux Lookout. Working with clients in remote communities is one of the many goals Kelly plans to pursue over the course of his nursing career.

While Joachimides and Kelly discovered nursing thanks to academic advisors, Tarik Towfeq decided on his own that nursing was a good fit for him. The idea of a career in health care was planted in childhood, he says. In Iraq, where he grew up, his parents dreamed their sons would become engineers or doctors. These professions were well-respected, secure, provided a good income, and were seen as appropriate careers for men. Nursing wasn't considered an option.

When Towfeq moved to Canada as a young adult, he was interested in science and envisioned himself in a job where he would be caring directly for patients. During the second year of a health sciences degree at the University of Toronto, he began to explore nursing. He knew most nurses were women, but didn't have any preconceptions about men in the profession. He visited nursing schools in a number of cities and spoke to male nurses to get their perspectives on the career.

The diversity of nursing was appealing, but it wasn't the only attraction for Towfeq. In fact, the decision went much deeper. "I really wanted to do something meaningful that would help me grow, but also something substantial," he explains of his desire to contribute to the health of another human being. "Nursing is a good fit. You deal with people directly and it's to do with caring and being compassionate."

After completing the BScN program at the University of Toronto, Towfeq worked on Garden Hill reservation, a remote, fly-in community in northern Manitoba. Accept-

A world of opportunity in nursing

Passion, initiative and expertise allow nurses to pursue leadership positions at the bedside and in the boardroom.

RN positions himself for unique role in the OR

After doing a co-op placement in emergency during high school, Matt Dubuc knew he wanted to provide direct patient care as a nurse. He also knew he would take a different path from those colleagues he observed in emergency.

"I've always been attracted to the technical, hands-on...side of it," he says. "I'm kind of a procedural guy. I like getting my hands in there."

After getting his nursing degree from McMaster University, Dubuc carried on his education to become a nurse practitioner (NP). He was hired in thoracic surgery at St. Mary's General Hospital in Kitchener. It wasn't long before he decided he wanted to develop a better understanding of what happens in the operating room so he could better understand how that affects post-operative care. The hospital agreed to provide financial support so he could complete a Registered Nurse First Assistant (RNFA) program.

Dubuc now works with two thoracic surgeons to provide care for all patients undergoing testing, diagnosis or management of thoracic surgical procedures. He sees patients before surgery; assists during surgical procedures; talks to families after surgery; cares for patients on the floor; and helps with discharge planning. He also runs a post-operative clinic where he removes staples and orders x-rays.

"At the end of the day, you feel like you've been able to have a true impact on the outcomes for these patients because you've been able to see them through all aspects of their care."

ing the job was a practical decision since full-time nursing jobs were hard to come by in the mid-1990s. He also knew that practising in a remote community, and with more responsibility, would give him the experience he needed to apply for the nurse practitioner (NP) program, allowing him a broader scope of practice. But the benefits

From ICU to admin: RN impacts patient care

Before becoming an RN, George Fieber got a degree in education, spent two years playing in the Canadian Football League, and worked in his father's import automobile repair business in Thunder Bay. When a developer made an offer his father couldn't refuse, he sold the business and Fieber found himself unemployed. It was 1984, and there were no teaching jobs for the young Fieber. So he visited Confederation College and asked which professions were hiring. When he heard there was a nursing shortage, he promptly enrolled in the nursing diploma program.

After he graduated, Fieber spent 12 years working in intensive care at Thunder Bay Regional Health Sciences Centre (TBRHSC). He loved the role, and enjoyed being part of an interprofessional team. He then became a manager in the staff education department and, five years ago, took on a newly created position: professional practice leader. TBRHSC, he explains, is implementing five RNAO best practice guidelines and Fieber is involved in revising policies and educating staff.

These days, most of Fieber's work is administrative but he knows it's having a positive impact on patient outcomes. "I'm in charge of the implementation of best practices and evidence-based care and making that the foundation of all we do," he says proudly. "In the long run, that will have an important impact on the quality of life of everyone who comes through our organization."

he reaped were far greater than he had imagined. He says learning about the culture, language and values of the First Nations people, and discovering similarities to his own Islamic values, helped him feel more rooted in Canada.

After working as an RN for four years, Towfeq was ready to work more indepen-

Do male nurses care differently?

London RN Steven Holbert has never forgotten something a female colleague said to him at a conference a number of years ago. She told him that male nurses don't care for patients in the same way that female nurses do. He was taken aback. When it comes to caring, he says, "I don't see much difference between my peers who are female and those who are male. We know that men approach relationships a little differently than females," he adds, "but I don't know that it's gender so much as just how we're socialized and how we behave."

Establishing caring relationships with patients has been the foundation of Holbert's nursing career. For over 20 years he worked with children, adolescents and adults with mental health issues. He retired from the psychosis program at Regional Mental Health in London in 2009, but still conducts formal assessments to determine people's capacity to make decisions about property and personal care. He's always believed that in order to help people recover you must understand and support them. He says helping people achieve their goals was one of the most rewarding aspects of his career as a nurse in mental health services.

Holbert has fully embraced emotional caring, but are all men comfortable with this professional responsibility? Nathan Kelly doesn't think so. "In nursing, you have to show a caring, sensitive side which most men are reserved to show," he says.

RNAO President David McNeil says it's important for male and female nurses to be emotionally comfortable in the specialty they choose. "If you're not comfortable, there's no way you're ever going to make the client comfortable," he says. "In nursing, if you're not true to yourself, the client will always see that, particularly when they're at a point of vulnerability."



Tarik Towfeq (left) and Maurice Michelin monitor the progress of construction at their new NP-led clinic in Toronto.

dently. He completed the NP program at Ryerson University in 1998. His interest in Aboriginal health led him to Anishnawbe Health Toronto to work with Aboriginal, Métis and Inuit clients. It was a rich environment where, in addition to helping clients manage their chronic diseases and fight infections, he says he could learn more about native culture and traditional healing.

At Anishnawbe, Towfeq worked with Maurice Michelin, an RN who later completed the NP program at the University of Toronto. When Michelin decided to apply for funding to establish NP-led clinics in Toronto, he approached Towfeq to be his partner in the project. In August 2010, the two men received word that their application was among 25 approved for funding across the province. They will co-lead two clinics (a main clinic and a satellite location, both called Emery Keelesdale) and will provide primary care to clients. The satellite clinic will open in September 2011 and the goal is for the main site to be operational by spring 2012.

While all his nursing experiences have been meaningful and rewarding, Towfeq says this next chapter will give him an opportunity to significantly impact the health of his community. It's a responsibility he takes very seriously. "I feel very honoured and privileged to have an opportunity to be part of a project like this," he says. "I see it as an opportunity for nurses to provide leadership, not only in terms of the clinic but also in terms of being the primary care providers for their clients."

Since the fall, Towfeq and Michelin have stepped away from direct patient care to see to the business of opening the NP clinic. It's been challenging and exciting, Towfeq says, but he's ready for the day he will start to see patients there. "The most important thing (to me) is the notion that people in the community will be coming to a nurse to have their care." **RN**

JILL-MARIE BURKE IS COMMUNICATIONS OFFICER/WRITER AT RNAO.

NURSING WEEK 2011

NURSING: THE HEALTH OF OUR NATION

MAY 9-15

Statement to the Legislature

By The Honourable Deb Matthews, Minister Of Health and Long-Term Care

"Mr. Speaker, this is Nursing Week in Ontario. And May 12th is International Nurses Day. It's a wonderful opportunity to recognize nurses for their commitment, knowledge and compassion, and thank them for their relentless determination to improve our health-care system and — more importantly — the health of Ontarians. Nursing Week really is something to celebrate. And there's no better place to celebrate than in Ontario. If you understand health care and are committed to building the best possible health-care system, you know that you simply can't do it without nurses.

As we celebrate Nursing Week, my message to nurses is this: Ontario needs you. And this government is committed to support you at every stage of your career — no matter the setting in which you work. I know from my own personal experience with the health-care system as a daughter, mother and grandmother that nurses are vital to Ontario's health-care system. And I also know that other Ontario families can count on nurses' expertise, caring and diligence. For all that they do on behalf of Ontarians, I can't thank nurses enough."

Scarborough nurses give Premier, MPP an up-close look at what they do

On May 11, Premier Dalton McGuinty and Liberal MPP Gerry Phillips participated in RNAO's annual *Take Your MPP to Work* event in honour of Nursing Week. The pair visited with nurses at The Scarborough Hospital (Birchmount Site) for a tour of the maternity and intensive care units.



Above: Premier McGuinty (right) and Phillips visit the maternity ward to find out first-hand how family physician Vasima Ali (left) and RNs Kirsi Mynttinen (centre) and Sandra Newman (right) work together to bring thousands of new lives into the world each year.

Left: Pat Tamlin, interim patient care manager in the ICU at The Scarborough Hospital (Birchmount Site) (left), tells (L to R) Premier Dalton McGuinty, RNAO President-Elect Rhonda Seidman-Carlson and Liberal MPP Gerry Phillips (Scarborough-Agincourt) about the unit's history with SARS, including the fact that she worked in ICU during that time and was admitted with the respiratory illness.



(1) Sudbury Mayor Marianne Matichuk (seated), officially proclaimed Nursing Week in the City of Greater Sudbury. Joining her (L to R) were Paul-André Gauthier, RNAO's Region 11 representative on the Board of Directors, Bernadette Denis, Local Coordinator, Region 1, Local 002, Ontario Nurses' Association, Nicole Shank, Co-Chair of the Sudbury chapter's Nursing Week committee, and Maria Casas, co-president of the Sudbury chapter.

(2) RNAO President David McNeil (centre) joined members of the association's Lakehead chapter in Thunder

Bay for a Nursing Week Gala at Lakehead University. Local executive, including Carine Gallagher (left) and Pat Sevean presented him with an Amethyst Inukshuk in appreciation of his visit.

(3) Muskoka Landing Long-Term Care Home in Huntsville chose Nursing Week to recognize staff members for their spirit in leadership and excellence. The idea to offer awards was inspired by RN Janice Launchbury, who wanted to encourage her peers. The first two award recipients of the week were RPN Ashley Bouchard (right) and personal support worker Helen Aldred.



(4) During Nursing Week, RNAO hosted media conferences in Toronto, Thunder Bay and Cambridge to raise awareness of best practice guidelines (BPG) and the link between nursing excellence and quality patient care. In Toronto, RNs Ruby Gorospe (left) and Kerry Ann Caissie were invited to speak about how they use BPGs in their practice at St. Michael's hospital.

(5) Mental health RPN Madge Reece (centre, in purple) is the winner of the 2011 *Toronto Star* Nightingale Award. She joined the competition's other 'honourable mentions' to accept her



award at RNAO's Career Expo in Toronto May 13. From left to right: Julie Constantin, oncology nurse and honourable mention; Beth McCracken, RPN; Deb Houghting, Chair of the Nightingale Awards; Imajean Bajnok, Director of RNAO's IABPG program; Reece; Mona Desroches, palliative care nurse and honourable mention; Dan Parmigiano, transitional care nurse and honourable mention; and Colleen Lipskie, RN and senior policy analyst with the Ministry of Health's Nursing Secretariat.



MPP visits across the province

(Right) Minister of Health Deb Matthews (right) meets (L to R) Irene Ngu, Ashley Harvey, Carmen Lin, Andra Clayton and Carrie D'Entremont during her visit to The Hospital for Sick Children (Sick Kids) in Toronto on May 9. She talked to them about their roles in nephrology, multi-organ transplant, gastroenterology and nutrition.

(Below) NDP Leader Andrea Horwath (standing, third from right) visited nurses at Regent Park Community Health Centre on May 11. She received an overview of the programs and services the centre provides for new immigrants, the homeless, and individuals with mental illness. These include diabetes and hepatitis C education and treatment; a harm reduction clinic; the pathways to education program; child and parenting programs; and dental care.

(Bottom right) Saint Elizabeth hosted a home visit with Christine Elliott, Conservative MPP for Whitby (right), on May 12. RN Nancy Lefebvre, Saint Elizabeth Senior VP (left), introduced Elliott to RN Sandy Chou (second from left) and her young patient Stephanie Clayton. Mom Denise Clayton (second from right) talked about her daughter's experience with the health-care system.



NURSING WEEK 2011

NURSING: THE HEALTH OF OUR NATION MAY 9-15



During his Nursing Week visit to the emergency department at York Central Hospital on May 11, Richmond Hill Liberal MPP Reza Moridi gets a lesson on how to take a patient's temperature from nurse educator Palma Casciato-Hulbig (right).



On May 12, Nickel Belt NDP MPP France Gélinas (left) and MP Claude Gravelle (right) toured Villa St. Gabriel Villa, Sudbury's newest long-term care home. The site's administrator Gloria Richer (centre) introduced them to nurses, residents, family members and staff. In addition to seeing direct patient care, the pair discussed career opportunities within the sector, staff/resident ratios, and student activity.



Leeds-Grenville Conservative MPP Steve Clark visited the Community and Primary Care-Community Family Health Team in Brockville on May 13 to chat with RNs Cate Thake (centre) and Emmy Hart about their role on the team. He praised RNs for their "tireless" work, noting that "nursing isn't just a job, it's a calling."

AGM 2011

86th AGM makes history

NURSES CELEBRATE NEW POWERS THAT WILL IMPROVE QUALITY AND ACCESS FOR PATIENTS

RNAO hosted its 86th Annual General Meeting from April 7-9. Nurses who attended — and all nurses across the province — are thrilled with the government's April 8 announcement that will grant them new powers and responsibilities, and the opportunity to advance quality care. During his remarks at the AGM, Premier Dalton McGuinty announced that nurse practitioners (NPs) will now be able to admit and discharge patients from in-patient hospital units, helping to make the health system more efficient and saving time for clients.

"This is just one more step that we are taking together to make greater use of your abilities," McGuinty told more than 760 nurses.

In another move to recognize the expertise of nurses, McGuinty acknowledged his government's recent work to amend the *Public Hospitals Act* so that chief nurse executives have a seat on hospital boards and quality committees. "This will mean that your input is heard as decisions are made — not after," McGuinty said. He also revealed that the province is mandating all 37 public health units

in Ontario to appoint a chief nursing officer by 2012. "It only makes sense for us to create this leadership position for nurses. The truth of the matter is you are the backbone of public health."

The Premier acknowledged the commitment of nurses to improve quality of care for all Ontario families, and said he intends to continue to rely on the knowledge, skill and strength of nurses to build a stronger health-care system. "It's amazing how much our nurses can do for us if we only let them do it," he said to loud applause and repeated standing ovations.

During the three-day event, members also heard reports from President David McNeil and Executive Director Doris Grinspun about the association's achievements over the last year, and discussed resolutions brought forward by fellow members. They welcomed Rhonda Seidman-Carlson as the association's new president-elect and received accolades from Health Minister Deb Matthews, Conservative Leader Tim Hudak and NDP Leader Andrea Horwath during the event's opening ceremonies.



RNAO Board of Directors 2011-2012

Seated (L to R): Kathleen White-Williams, MAL Nursing Education; Rhonda Seidman-Carlson, President-Elect; David McNeil, President; Doris Grinspun, Executive Director; Norma Nicholson, Region 4

Back row (L to R): Jill Staples, Region 8; Una Ferguson, Region 10; Paula Manuel, Region 6; Beatrice Mudge, Region 7; Jacquie Stephens, Region 1; Sara Lankshear, Region 5; Paul-André Gauthier, Region 11; Cheryl Yost,

Region 2; Sheryl Bernard, MAL Nursing Practice; Kathleen Fitzgerald, Region 12; Maureen Cava, MAL Socio-Political Affairs; Ruth Schofield, Interest Groups Representative; Raquel Meyer, MAL Nursing Research

Absent: Donna Rothwell, Region 3; Michele Bellows, Region 9; Linda MacLeod, MAL Nursing Administration

Award winners recognized for going above and beyond

RNAO HONOURS MEMBERS WITH PEER RECOGNITION AWARDS

HONOURARY LIFE MEMBERSHIP

This award is conferred on long-standing RNAO members who have made outstanding contributions to nursing practice, education, administration or research at the provincial, national or international levels. This includes activities that promote the association among nursing colleagues, the government and other health-care partners. Two nurses have been selected for recognition in this category.



SHIRLEY AVERY has been a member of RNAO since 1978. During a career that focused on paediatrics and spanned almost 45 years, she moved from staff nurse, to patient care coordinator, to manager of nursing education, to clinical instructor within various university programs. She is

currently a clinical instructor for first-year BScN students in the St. Lawrence College/Laurentian University program. Valerie Grdisa, one of seven colleagues to support Avery's nomination, wrote: "Without Shirley in my life, I would not have likely started my master's degree...and even more probably, I would not have finished my doctoral studies...Not only did she introduce me to RNAO, she also opened my world to all that is possible within one's profession at a time when my professional lens had narrowed." Fellow nominator Janice Waddell wrote: "Shirley is such a pleasure to work with. She is an active contributor to team initiatives, nurturing the development of others, and takes pleasure in learning from others. You want Shirley on your team."



ADELINE FALK-RAFAEL has been an RNAO member for 25 years. Her contributions to the association and to the nursing profession are vast and have touched every area from clinical practice to research, teaching and political advocacy. She served as RNAO president during a critical time

in Ontario when SARS was threatening the safety of front-line nurses (2002-04). Her leadership ensured nurses' voices and experiences were heard and that system barriers that led to the spread of SARS were addressed. Adeline describes political advocacy as a "moral imperative" for nursing. She responds to every RNAO action alert, and in early 2000, began a mission to lobby government to extend the principles of Medicare to public health. Adeline pursued her baccalaureate to realize her dream of becoming a public health nurse in 1989. She earned her PhD in 1997 and has more than 30 publications to her credit. She has presented her work across Canada, the U.S. and Australia.

RNAO AWARD OF MERIT

This award recognizes registered nurses who have made outstanding contributions to RNAO and to the profession of nursing in Ontario. Winners demonstrate responsibility for professional development and are exemplary role models and mentors to peers. Two nurses have been selected for recognition in this category.



LISA BISHOP is described as a "tireless advocate" both locally and provincially. With a focus on mental health, Bishop tenaciously campaigns for resources and community programs for this vulnerable population. In their nomination letter, colleagues and fellow Brant-Haldimand-Norfolk chapter executive

members recount her determined focus on lobbying for mental health when meeting Ontario's health minister and premier at past AGMs. As an active member of other community organizations, Bishop was nominated (and became a finalist) for a *Woman of the Year* award in her community. She is applauded by peers for her commitment to RNAO. When she moved to Region 3 from Region 8, she "promptly became involved in our local chapter by volunteering to get right into the executive," says past-president Sandy Vos. "One of the best examples of mentoring and coaching is the way she takes new executive members under her wing as they develop greater leadership skills. She has a lot of knowledge and is a good mentor for anyone new in the chapter," says fellow executive member Barb Mead.



JANIS LEITERMAN encourages nurses to practise to the full scope of their education and experience. She is a proponent of evidence-based practice and led the Victorian Order of Nurses to become one of RNAO's seven original Best Practice Spotlight Organizations. As clinical leader for VON

during the 2003 SARS outbreak, Leiterman's quick thinking and collaborative skills helped her develop and implement an effective communications strategy. Knowing that rapid communication and access to information by nurses was imperative, Leiterman worked with VON senior management to invest funding in an email system every nurse could access. As a community health nurse, Leiterman's expertise also helped develop the standards of practice and certification exam that guide community health nursing today.

She has a master's degree in Public Administration and her colleagues consider her a source of knowledge and support.

LEADERSHIP AWARD IN NURSING ADMINISTRATION

This award honours a member who shows exemplary management skills in an acute, long-term, community, education, research or other setting. This individual actively implements ground-breaking ideas to enhance patient care, and demonstrates a commitment to improve the quality of health care.



ANGELA COOPER BRATHWAITE does not discriminate or play favourites when it comes to matters that impact nursing and patient care. She engages in advocacy on issues ranging from Medicare, to poverty and special diet allowances, gun registries, distracted driver legislation, hazardous

waste disposal, substance misuse, and the need for helmets while skiing, skating and snowboarding. During her tenure at Durham Region Health Department, Angela was a leader and mentor. She helped develop the vision and strategic direction for the *Prevention of Injury and Substance Misuse Program*. She encouraged and supported staff to apply the strategic directions to health promotion programs to prevent and reduce injuries and substance misuse in the community. With more than 20 years of experience in nursing administration, Angela has mentored and coached nurses and nursing students. She is a believer in participatory management, actively engaging staff in the decision-making process and affording everyone an opportunity to share input and concerns when decisions are made.

LEADERSHIP AWARD IN NURSING RESEARCH

This award is presented to an RNAO member whose work supports the implementation of innovative and progressive nursing practice that leads to positive patient and nurse outcomes.



SEPALI GURUGE is the first nurse researcher in Canada to develop a program of research on violence against women throughout the migration process. Women experiencing various forms of violence frequently come into contact with nurses. Over the last three decades, considerable nursing research has

emerged on the topic. However, limited Canadian nursing research is available. Recognizing the gap, Sepali worked with a group of nurse researchers to start the Nursing Centre for Research and Education on Violence against Women and Children at Ryerson University. She is currently serving on the panel that is revising RNAO's woman abuse best practice guideline. She is one of three nurses to have received a doctoral fellowship from the Canadian Institutes of Health Research (CIHR) in 2003. She completed her doctoral work at the University of Toronto and did her post-doctoral work at the University of Western Ontario. Sepali also holds a highly competitive New Investigator Award from CIHR's Institute of Gender and Health for her work in the area of violence against women.



Above: Premier Dalton McGuinty takes a moment to chat with McMaster University nursing students Jin Lee (left) and Marisa Kucha. Below: (clockwise from top left) Health Minister Deb Matthews, Conservative Leader Tim Hudak and NDP Leader Andrea Horwath address nurses at the AGM's opening ceremonies.



Award winners (continued)

LEADERSHIP AWARD IN NURSING EDUCATION (ACADEMIC)

This award is presented to the RN who excels as a nursing educator in a university or college. The winner enhances the image of nursing by encouraging critical thinking, innovation and debate on nursing issues, and acts as a role model and mentor.



KATHLEEN WHITE-WILLIAMS teaches her students how to apply evidence-based practice through appropriate use of nursing research, theoretical-based literature, and experiential learning. She has enhanced their learning experience by connecting research scholars with the students. This approach has given the students the option to engage in guided interviews with research scholars over a period of three months, culminating with written reflections and a scholarly poster presentation. Kathleen is a faculty advisor for post-RN nursing degree students at Ryerson University and preceptees in the final year of the University of New Brunswick-Humber College collaborative nursing program. She served two terms as Region 5 representative on RNAO's Board of Directors, and is currently serving her second term as the Member-at-Large, Nursing Education. Kathleen is writing her PhD dissertation on the experience of 4th year students as they connect with their patients.

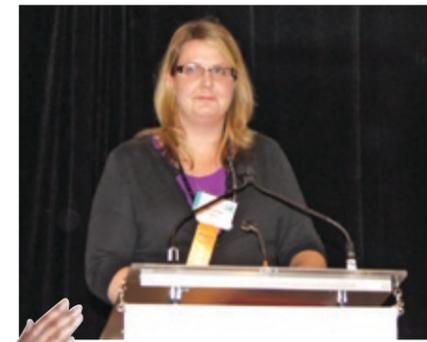
STUDENT OF DISTINCTION

This award is given to a nursing student who is a role model for professionalism and contributes to the advancement of RNAO/NSO within her/his nursing program. This student also acts as a resource for other nursing students.



KATHERINE GILBERT is a third-year student in the collaborative BScN program at Durham College/University of Ontario Institute of Technology. She has been instrumental in promoting RNAO activities on campus. With the assistance of faculty, she spearheaded the move to include Nursing

Students of Ontario (NSO) membership in the ancillary tuition fees at her school. Identifying the need for a mentorship program on campus, she established and sits as the inaugural chair of a nursing community club. The club welcomes all streams of nursing from both the practical and degree programs, and offers orientation activities and other programs to engage students. Gilbert also works as a youth advocate at a local shelter. As the only worker with a background in nursing, Gilbert says she is able to share her health promotion knowledge in an empathetic and non-judgmental manner. Her student colleagues describe Gilbert as passionate about vulnerable populations and of the need to reach out to them. As a young mother, Gilbert credits her success to the nurses who saw potential in her and offered her the encouragement she needed to further her education.



Far left: Ngoma Dance and Drum Ensemble treated participants at the opening ceremonies to a lively and boisterous performance. The ensemble travels and performs worldwide on behalf of Dance Immersion, which produces, promotes and supports dance and dancers of the African Diaspora. Top (left): Kimberley Ross, President of RNAO's Maternal Child Nurses' Interest Group (host of the 2011 AGM) provides welcoming remarks at the opening ceremonies. Top (right): Suzanne Finnie and Gayle Donner proudly display the corsages they received as Honourary RNAO Life Members. Middle (left): Isolde Daiski (left) and Ruth Robbio take in the festivities in advance of the AGM's official opening ceremonies. Middle (right): Irmajean Bajnok, director of RNAO's IABPG program (right), poses with Member Emeritus Catherine Keys (second from right) and husband Allan. Also pictured, voting delegate Janet Nevala. Bottom (left): Fourth-year Trent University nursing students don promotional T-shirts that read *Nurses for Nutrition* to raise awareness of their resolution to the AGM (see Resolution #1B, pg. 23). Bottom (right): Newly minted board member Paula Manuel (Region 6) (left) chats with Jennifer Yoon (centre) and former Provincial Chief Nursing Officer Vanessa Burkoski.



Top: Maria Negri, Marva McCalla and Sue Rebrick proudly show the voting delegate cards that allow them to vote on behalf of fellow Region 6 members. Middle: Representatives for the Diabetes Nursing Interest Group and the Ontario Association of Rehab Nurses are hard at work making decisions on behalf of their members. Bottom: Former board member Amarpreet Ahluwalia (centre) takes a break from her position at the head table to chat with Courtney Stoddart (left) and Shannon Wright. Left: RNAO's President-Elect Rhonda Seidman-Carlson publicly addresses the membership for the first time.

Media Award winners



The winners of RNAO's Annual Awards for Excellence in Health-Care Reporting were honoured at the President's Banquet on Apr. 8. They are: (L to R) Dick Miller, CBC Radio's *The Current*, Carly Weeks, *The Globe and Mail*, Hannah James, *Global Television*, Jillian Follert, *Oshawa This Week*, Paul Dalby, *Watershed Magazine*, Beatrice Politi, *Global Television*, Avis Favaro, *CTV National News*, Elizabeth St. Philip, *CTV National News*, Heather Rivers, *Woodstock Sentinel-Review*.



Caroline Nnamchi (middle row, black and white checked shirt); Amanda Poyntz (front row, left); Ayelit Gabler (back row, left); Mercy Ntwiga (front row, centre)

Students get inside look at RNAO

Three times each year, a small group of nursing students are selected to participate in an RNAO placement. The experience provides a unique opportunity to see the inner workings of the association. The spring placement provides a birds-eye view of the proceedings at the AGM. Here's what some participants had to say about the opportunity...

"I was able to see the amazing role RNAO plays in promoting social justice and equity by lobbying the government, and its role in advocating for sustainability and advancement of the nursing profession. I am happy to be a part of it."
CAROLINE NNAMCHI, York University

"The political underpinnings of the nursing profession became clear and, to this day, I am filled with motivation to make changes through practical and attainable means."
AMANDA POYNTZ, York University

"It was only through this experience that I really came to understand what RNAO does, and how powerful an organization it is. I was completely caught up in the excitement of all the changes being proposed and hearing all of the vast accomplishments that had been made over the past year. The icing on the cake was hearing the Premier. I felt like I was taking part in history. It was truly an opportunity that I will never forget."
AYELIT GABLER, York University

"I am more aware now of the opportunities for me to get involved and to stay informed. I can get involved with BPGs or policy and politics at Queen's Park. Attending the AGM was simply inspirational."
MERCY NTWIGA, University of Toronto

Award winners (continued)

RNAO HUB FELLOWSHIP

Sponsored by HUB, RNAO's home and auto insurance provider, this award offers recipients the chance to participate in a week-long, one-on-one placement with RNAO Executive Director Doris Grinspun.



Public health nurse **REBECCA HAR-BRIDGE** is a member of the Chronic Disease Prevention Tobacco Team at the Simcoe Muskoka District Health Unit. She works with youth to promote tobacco-free sports and recreation. An RNAO best practice champion in smoking cessation, and chair of the Simcoe

Muskoka Tobacco Cessation Coalition, Rebecca works with partners to ensure smoking is on the policy agenda. She speaks out in favour of publicly-funded nicotine replacement therapy and prescription tobacco cessation medications for all Ontarians. She also mentors nursing students through her agency's mentorship program and the CNA certification program. Rebecca is a voting delegate and executive network officer in communications for Region 5. She is also a member of two RNAO interest groups that focus on community nursing and the environment. As a workplace liaison, Rebecca recruited nine nurses during RNAO's 2010 membership year. She began her career as a personal support worker 22 years ago and has since completed her BScN, Master of Arts in Education and CNA certification as a community health nurse.

RNAO IN THE WORKPLACE AWARD

This award recognizes an Ontario health-care organization for its work to foster involvement of RNs in their professional association, its creation of a climate of professional partnership and quality work life, and its commitment to promoting professional development and research-based practice.



Toronto's **MOUNT SINAI HOSPITAL** has been selected as this year's winner. The hospital's nursing leaders recognize the expertise and knowledge of clinical staff and demonstrated a

commitment to increasing the voice of the staff nurse by recently implementing a new governance model. This ensures staff nurses are consistently included in identifying and developing initiatives and in decision-making activities that affect their practice. Professional development is encouraged and supported through bursaries and scholarships. The hospital's nursing department commitment to professional development is further enhanced with nursing education days so staff can update their knowledge and learn new trends in practice and policy. Last year, more than 80 per cent of all nurses took advantage of the program. In addition, the nursing department has demonstrated leadership by creating new knowledge and developing innovation. Last year, nurses led and took part in 11 funded research projects, had 19 peer-reviewed publications and 32 peer-reviewed abstracts accepted for presentations at local, national and international conferences.

Resolutions set a course of action for the coming year

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.

RESOLUTION #1

Submitted by RNAO Board of Directors

The Board of Directors recommends to the Annual General Meeting, the purchase of 150 Pearl Street, Toronto, for 4 million dollars.

STATUS: CARRIED

RESOLUTION #1B

Submitted by Professor Cathy Graham on behalf of 4th Year Trent University Nursing Students

THEREFORE BE IT RESOLVED that the RNAO lobby the provincial government to make breakfast programs mandatory in all elementary schools across Ontario as well as provide the funding necessary to ensure successful implementation of these programs.

STATUS: REFERRED TO RNAO'S BOARD OF DIRECTORS

RESOLUTION #2

Submitted by Lynda Monik on behalf of Essex Chapter

THEREFORE BE IT RESOLVED that RNAO undertake a review of the RNAO's internal processes to identify an efficient, transparent process that provides a more timely response to nurses and employers and includes an evaluative component.

STATUS: CARRIED

RESOLUTION #3

Submitted by Region 10

THEREFORE BE IT RESOLVED that RNAO develop a five-year business plan outlining the key francophone services it will provide to meet the needs of French-speaking Registered Nurses.

STATUS: CARRIED

RESOLUTION #4

Submitted by the Complementary Therapies Nurses' Interest Group

THEREFORE BE IT RESOLVED that RNAO lobby the provincial government for basic and ongoing educational resources to enable nurses to meet the CNO Practice Guideline for Complementary Therapies.

STATUS: REFERRED TO RNAO'S BOARD OF DIRECTORS

RESOLUTION #5

Submitted by Ontario Wound Care Interest Group

THEREFORE BE IT RESOLVED that the RNAO advocate to the Ministry of Health and Long Term Care for a comprehensive cross-sector interdisciplinary provincial wound care strategy, inclusive of sector-wide accountability for pressure ulcer prevention.

STATUS: CARRIED

AGM 2011



Top: RNAO Recognition Award winner Kathleen White-Williams introduces nursing students from Humber College to the excitement of the AGM. Middle: (L to R) RNAO Executive Director Doris Grinspun, President David McNeil and Canadian Nurses Association President-Elect Barb Mildon mingle in the moments before the procession of honoured guests enters the opening ceremonies. Below: RNAO Past President Mary Ferguson-Paré (right) listens to the AGM debate and discussion alongside Alliah Over (centre) and Kim Watson. Bottom of page: RNAO's Immediate Past President Wendy Fucile pins an Honourary Life Member corsage on Conservative MPP and former Health Minister Elizabeth Witmer.



Nurses give McGuinty budget 7 out of 10

The McGuinty government scored favourable marks for a number of measures contained in its spring budget. Unveiled on March 29, the document outlined the Liberal government's intention to set aside \$250 million over three years to fund services for children who experience mental health and addiction challenges. According to the Canadian Mental Health Association, one in five people in Ontario will develop a mental illness at some point in their life. RNAO Executive Director Doris Grinspun said the government deserves high praise for tackling an issue that has been ignored for years. RNAO was among many groups to provide recommendations to the government's *Select Committee on Mental Health and Addictions* back in the fall of 2009 when it urged the government to devote more resources for people who live with mental illness.

RNAO was also pleased with the government's financial commitment to extend breast cancer screening to women aged 35-49 who are deemed at risk of getting the disease. The move has the potential to reduce women's risk of death given the evidence that early detection can save lives. The association also credited the government for creating additional post secondary spaces and setting aside 15 per cent of the 60,000 new spots (9,000) for nursing programs. Grinspun called on McGuinty to ensure all the additional spaces are allocated as RN spaces given that Ontario has the country's second lowest RN-to-population ratio.



Nurses say yes to ban on junk food ads for kids

RNAO joined a number of health-care groups and endorsed a private member's bill introduced at Queen's Park at the end of March. NDP MPP Rosario Marchese wants to amend the *Consumer Protection Act* to prohibit commercial advertising of "unhealthy food and drink" targeted at children under the age of 13. Marchese says his bill is part of an effort to curb the growing number of overweight children in Canada. RNAO supports the initiative because young children can't defend themselves against persuasive advertisers. In addition to support from RNAO, Marchese has the backing of the Heart and Stroke Foundation, the Ontario Medical Association and the Canadian Diabetes Association. The bill went through first reading. When the legislature adjourned on June 2, the bill hadn't gone any further. A spokesperson in Marchese's office hopes it can be reintroduced after the provincial election.

RNAO was less than enthusiastic with a meagre one per cent rise in social assistance rates. Grinspun said the government appeared to be resting on its laurels on the poverty file. "You can't turn the corner on poverty without adequate investments in affordable housing, additional increases in the

minimum wage and higher social assistance rates. These are the investments that will make a difference in people's lives," she said, adding she was appalled that the government chose to invest millions of dollars building new mega jails when crime is decreasing and poverty is on the rise.

Preserving the public's access to information in hospitals

An amendment buried deep in the 2011 provincial budget legislation (*Bill 173*) was passed in May despite objections from RNAO and other health-care groups. The amendment deals with the kind of information that can be accessed through the *Freedom of Information and Protection of Privacy Act (FIPPA)*.

During an appearance before a legislative committee on April 21, RNAO President-Elect Rhonda Seidman-Carlson argued the amendment will restrict the public's right to request information about the quality of care in hospitals. If the government is serious about advancing its quality care agenda, the public deserves access to more information, not less, she told the committee.

On behalf of nurses, Seidman-Carlson argued the sweeping amendment effectively means hospitals do not have to release any documents or records related to the quality of health care, potentially leaving patients and families in the dark and without the means to get answers to complaints about care. Following her appearance in April, more than 500 RNAO members wrote letters to the Premier and MPPs to press the association's case.

The new rules go into effect on Jan. 1, 2012. **RN**

To find out more about *Bill 173*, visit www.rnao.org/Bill173 for speaking notes and the association's written submission before the legislative committee.

BY LESLEY YOUNG

A path best chosen

RN, VOLUNTEER EXTRAORDINAIRE AND ASPIRING NP ARIC RANKIN DISCOVERS AND PURSUES A PASSION FOR PREVENTIVE CARE.

AT 16, ARIC RANKIN WAS DIAGNOSED with ulcerative colitis, a form of inflammatory bowel disease. He spent three months in hospital and endured multiple surgeries. But something special came out of his first-hand experience with the health system — he decided he wanted to be a nurse. "I wanted to be an architect," he says of his ambitions prior to his diagnosis. "But the nurses who looked after me really inspired me. I got to thinking, 'I like biology. And I love talking to people. I want to be a nurse.'"

Rankin graduated from the University of Windsor in 2005 in the midst of a nursing shortage. Difficult circumstances (like the shortage) and unique experiences (like international volunteer work) have triggered positive change throughout his career, including his most recent decision to become a nurse practitioner. He doesn't waver from what matters most to him as he pursues this goal: a passion to provide preventive health care for those most in need.

His first full-time job as a staff nurse on the post-surgical care unit at the Children's Hospital of London Health Sciences Centre confirmed early on his desire to provide preventive care. "I recall leaving work and feeling disheveled and grateful if I got through work without a patient

dying, rather than feeling like I accomplished good health promotion and illness prevention."

Rankin became president of RNAO's Middlesex-Elgin chapter in 2006, relishing the chance to advocate on behalf of nurses and patients. During

communication component, working with moms, dads, siblings and step-parents is so dynamic and enriching because I help to empower *them*."

Still, his long-term career plans were uncertain. An avid traveler, Rankin took advan-

in Africa, and then in January 2010, when he traveled to Haiti nine days after the earthquake, he discovered what it would be like to be a primary care provider. "Working so closely with colleagues, applying advanced scope of practice,

made me realize not only that I wanted to gain that knowledge but also that it was right for me. At that point, I thought 'I am nurse practitioner bound.' And it's not just because of my international exposure. There are many patients in Ontario without primary care providers."

With the decision made, Rankin wasted no time. He began the Primary Care Nurse Practitioner Program part-time at the University of Windsor in the fall of 2010 just a few months after getting married. Despite being gifted a few prestigious awards for all his volunteer work that include financial support, going back to school requires some sacrifice. Rankin has shifted back to part-time while squeezing in studies.

Through sheer perseverance, Rankin will complete his studies in 2013 at the age of 30. Where does he see himself when he is 50? "I am not sure. But I do know that even if I won a lottery I would still be working as an NP." **RN**

LESLEY YOUNG IS A FREELANCE WRITER AND EDITOR IN AURORA.



Three things you don't know about Aric Rankin:

1. He can play the bagpipes, the guitar and juggle.
2. He felt "most alive" after jumping the world's highest commercial bungee jump (216 metres) in South Africa.
3. He loves peanut butter and banana sandwiches.

his four years in that role, he worked full-time in pediatric care at London Health Sciences Centre Pediatric Medical Day Unit and then the emergency department. "I loved working with families. Just the whole

tage of the ability to combine his love of nursing and travel by volunteering abroad. Two experiences in particular led to his biggest career decision yet. Spending the summer of 2009 in a HIV/AIDS camp

Reporting elder abuse

CAN AND DOES THE LAW PROTECT NURSES WHO COMPLY WITH LEGAL, PROFESSIONAL AND ETHICAL OBLIGATIONS TO REPORT ELDER ABUSE?

REGISTERED NURSES UNDERSTAND the dilemma they may face when reporting elder abuse, particularly if they know or believe their employer wants the incident swept under the carpet. It's the proverbial "caught between a rock and a hard place." Should a nurse fulfill her/his professional, legal and ethical obligations to the patient and to the public by ensuring proper reports are made to the Ministry of Health and Long-Term Care (MOHLTC)? If investigations are carried out, their employer may make life miserable and/or smother the future career of a law-abiding nurse.

In 2008, an Ontario RN complied with the law and with her professional and ethical obligations after she was informed by other concerned employees that there had been abuse of an elderly resident, who suffered from dementia. After hearing that her employer had failed to report the abuse, this nurse reviewed the requirements with her supervisor, who became hostile and demanded she tell him how she had found out about the abuse.

Although aware of it, the employer had not reported the abuse and tried to convince the RN it was not necessary. She called MOHLTC and was told a report was, in fact, mandatory. An investigation followed and confirmed there had been abuse. Despite a non-abuse

policy for residents, the whistleblower policy of the employer, and MOHLTC legislation that requires reporting, the employer accused the nurse of insubordination. Her position was then "eliminated" and they terminated her employment. Her performance evaluations had been above expectations until this incident, and she had 19 years of service for the employer.

How can the law allow this to happen? How can employers be prevented from harassing,

"HOW CAN EMPLOYERS BE PREVENTED FROM HARASSING, DEMEANING OR TERMINATING HEALTH-CARE PROFESSIONALS BECAUSE THEY TAKE THE STEPS THEY ARE OBLIGATED TO TAKE BY LAW?"

demeaning or terminating health-care professionals because they take the steps they are obligated to take by law? Fundamental ethical issues like this are interesting to study in classrooms, but when they actually happen to you, they can be devastating, isolating and financially ruinous. Can the law help you?

Fortunately, the provisions of the *Long-Term Care Homes Act* and its predecessor legislation make it an offence to retaliate against employees who comply

with this reporting requirement. MOHLTC has the power to charge employers who contravene the legislation.

The nurse in this case sought legal advice, obtained support from RNAO, and publicly sued her former employer in the Ontario Superior Court of Justice. She sought reinstatement or a full range of damages. MOHLTC became aware of her termination and started its own investigation. After nine months of battling in the civil action, she was

reinstated to her former position. As well, MOHLTC laid charges against the employer.

This victory of reinstatement is an important one, but perhaps equally important is the fact that MOHLTC has independently decided to charge and prosecute the employer for wrongful retaliation against the RN, a decision that was made in light of the nurse's rightful compliance with the law. The trial is scheduled to take place in September.

Regardless of the outcome of this trial, the fact that MOHLTC is prosecuting should be seen by health-care professionals as proof that it is serious about protecting the rights of the elderly and other disadvantaged people who have legal protections under provincial legislation. It should also be seen as support for the protection of health-care professionals who are working in the trenches, trying to uphold the law in their workplaces.

Prosecutions such as this can create concrete protection against bullying, harassment, and implied/actual threats against law-abiding nurses by employers. The message is clear: employers can and will be prosecuted and punished if they are convicted of violating these laws, and if they try to prevent or punish compliance by health professionals with their legal, professional and ethical obligations. We all know that reinstatement is key, from the perspective of co-workers, but also to ensure that the justice system can truly protect those who do the right thing. **RN**

FAY K. BRUNNING AND COLLEEN J. BAUMAN ARE LAWYERS AT SACK GOLDBLATT MITCHELL LLP (WWW.SGMLAW.COM) IN OTTAWA.

Watch for this legal column as a semi-regular feature in the magazine throughout 2011.

2011

AUGUST

August 7-12

HEALTHY WORK ENVIRONMENTS SUMMER INSTITUTE

Blue Mountain Resort
Collingwood, Ontario

SEPTEMBER

September 15

WORKLOAD AND STAFFING WORKSHOP

Location TBC
London, Ontario

September 18-23

CHRONIC DISEASE MANAGEMENT FALL INSTITUTE

Hockley Valley Resort
Orangeville, Ontario

OCTOBER

October 3

LEADERSHIP FOR NEW GRADS WORKSHOP

Location TBC
Toronto, Ontario

October 18-19

EXCELLENT CARE FOR ALL: EVIDENCE-BASED PRACTICE AND QUALITY IMPROVEMENT CONFERENCE

Intercontinental Toronto Centre
Toronto, Ontario

October 28

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Metro Hall, 55 John Street
Toronto, Ontario
For information: 416-426-7029, 1-866-433-9695, reg.inig@firststageinc.com, or info.inig@gmail.com
Online at inig.rnao.ca

September 22-23

RNAO BOARD OF DIRECTORS' MEETING

RNAO Home Office
Toronto, Ontario

September 24

RNAO ASSEMBLY MEETING

Hyatt Regency
Toronto, Ontario

So you've had a car accident...



An accident, no matter how minor, can be very stressful and confusing. Things you would normally think to do or say can easily be forgotten. Cut this out and keep a in your glove box, purse, or wallet so you'll be prepared!

TIPS

- It is important to stay calm.
- Always call the police if:
 - someone is hurt
 - you think any other driver may be guilty of a Criminal Code offence, such as drunk driving
 - there is significant property damage
- If it is safe, try to move your car to the side of the road, out of traffic. If you can't drive the car, turn on your hazard lights
- **Regardless of the circumstances of the accident, never admit fault for the accident, sign any document regarding fault or promise to pay for the damages**
- Call your broker if you have any questions. HUB offers clients claims counselling – advice on whether to make a claim and the implications of filing the claim.

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CLASSIFIEDS

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Retirement planning issues which you may wish to discuss: HOOP Pension Plan, Canada Pension Plan, RRSP, RRIF & TFSA, Taxation, Investments, Estate Planning. As a certified and licensed financial planner, I have over 20 years of consulting/planning experience with a fee-based practice. For an appointment call Gail Marriott, CFP, EPC, at 416-421-6867.

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

The SPRINT Meals on Wheels program pays tribute to our long-time volunteer, Grace White, RN, who passed away March 24, 2010. She has been an inspiration to many other nurses and volunteers who help deliver meals to seniors in our community. We will miss you, Grace. www.sprint-homecare.ca.

Current home-care franchisee looking to sell Cambridge/Guelph and Kitchener/Waterloo territories. Are you interested in owning your own business? Are you looking to enter into an industry that is growing? The demand for private home care is increasing as baby boomers age. As a nurse, you have the skills needed to help keep these individuals living at home with independence and dignity. Call 519-577-3183 or email cambridgeguelphfranchise@gmail.com.

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The Nursing Education Initiative (NEI)

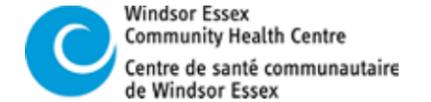
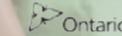
NEI is a program funded by the Ontario Ministry of Health and Long-Term Care to provide funding to nurses who have taken courses to increase their knowledge and professional skills to enhance the quality of care and services provided within Ontario.

Applications are available for individual nurses and nurse employers for grants up to a maximum of \$1,500 per cycle, per nurse. Please note that funding is not guaranteed.

If requests for funding exceed the budget available, priority will be given to nurse applicants who have incurred the cost themselves.

RNAO Registered Nurses' Association of Ontario
L'Association des infirmières et infirmiers autorisés de l'Ontario
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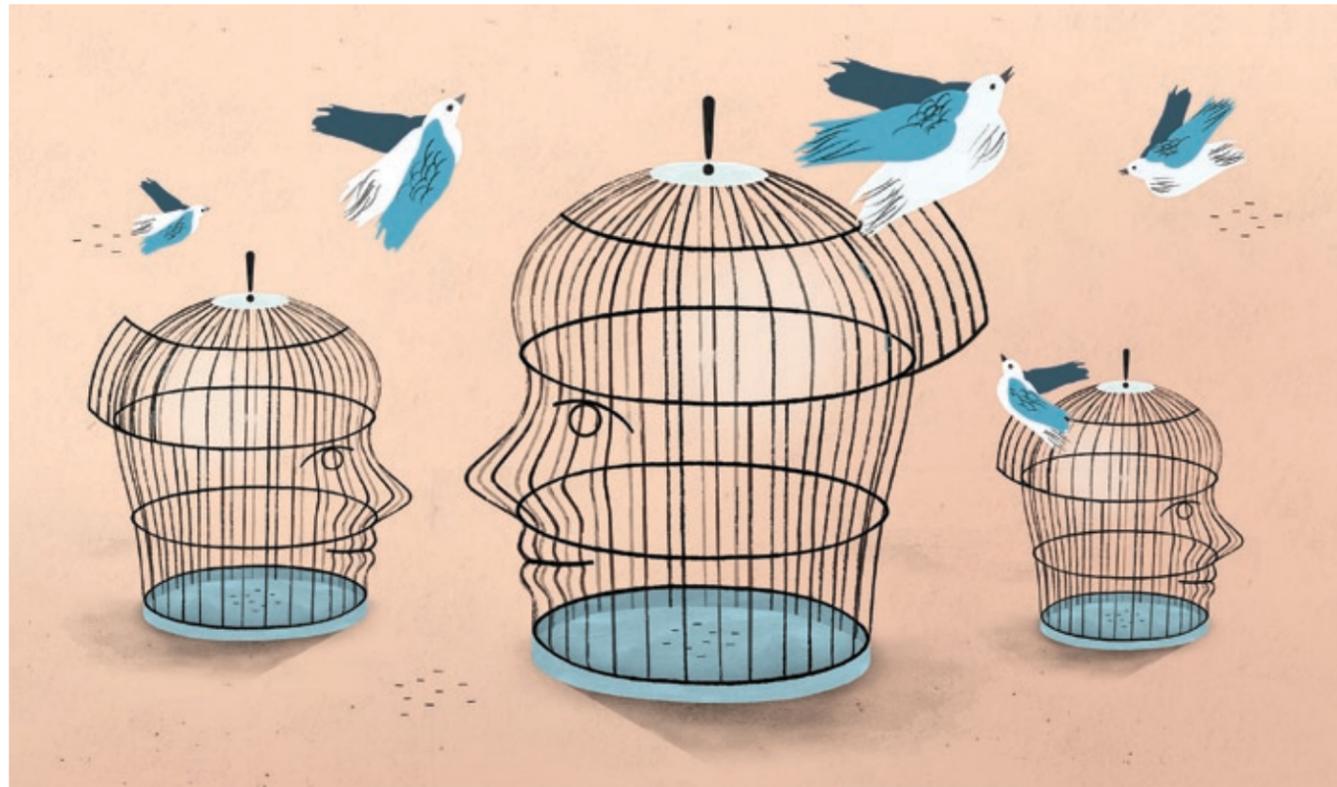
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What nursing means to me...

AS A NEW GRAD WORKING IN MENTAL HEALTH, I REMEMBER TELLING COLLEAGUES that when I had children I would be able to handle any type of physical disability. Mental illness, I quipped, was something I hoped I would never have to deal with in my family. Years later, my son would be diagnosed with Asperger Syndrome, a high functioning form of autism. We encountered misdiagnoses, stigma and adversity. But through it all, I acted as my son's case manager; and with the help of some great practitioners, he now lives a happy, productive life.

Through those difficult years, I wondered how others — unfamiliar with the health-care system — might manage against the same frustrations we faced as a family. I frequently vowed that I would use my nursing knowledge to help others facing similar challenges. Fortunately, I've been able to do that.

DROP US A LINE OR TWO

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

In 2005, I met Robert.

He was referred to me after several episodes of cutting himself and a suicide attempt

requiring hospitalization on a psychiatric unit. He was diagnosed with Asperger Syndrome. Robert was laid off from the job he held for nine years. He was depressed and struggling with low self-esteem. He thought everything that happened to him was his fault. During our sessions, Robert talked about his life and

how he felt different from others. I helped him validate his feelings, reframe his thinking, and implement strategies to increase his morale and his mood.

Robert has stopped all self-harm behaviours. With a boost to his self confidence, he began to apply for jobs. We role-played job interviews and a few months later, he proudly informed me that he found work in his field. We practised social skills and recently Robert told me he is well-liked at work. He faces new situations with confidence and boasts that he can now "think of solutions to the problems I face."

Three months after meeting Robert, I met his wife, Michelle. A lovely woman with an intellectual disability, Michelle participated in our sessions and later told me their marriage was strengthened as a result. The sessions gave them both the courage to face family and friends with assertiveness and confidence.

A short while ago, I received an email from Robert and Michelle: "You help us figure out the answers to our questions. You bring out the best in us. We are grateful for that. Thanks."

I, too, am grateful for the chance to make a difference in their lives. **RN**

FERN LEE QUINT IS A PSYCHIATRIC CRISIS NURSE AT NORTH YORK GENERAL HOSPITAL. SHE ALSO RUNS A PRIVATE PRACTICE, COUNSELING INDIVIDUALS, COUPLES AND FAMILIES AFFECTED BY MENTAL ILLNESS.

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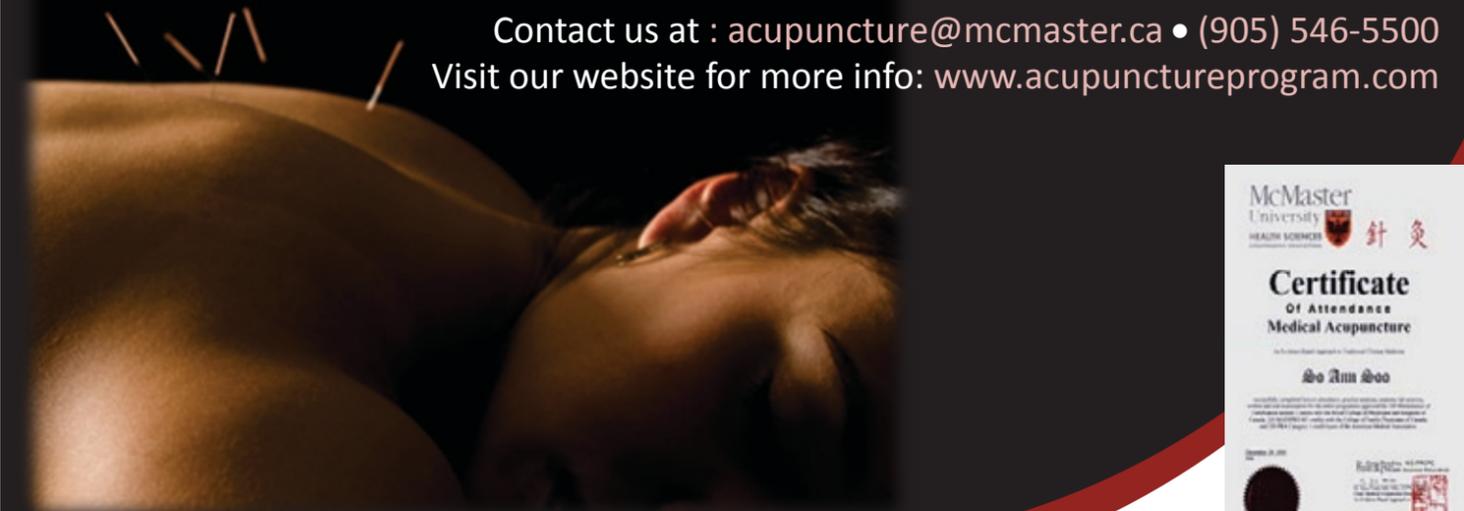
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