

NURSING IN THE

RNs recommend comprehensive approach to fight childhood obesity

With the childhood obesity rate in Canada on the rise, RNAO recently unveiled the second edition of its *Primary Prevention of Childhood Obesity* best practice guideline (BPG). Toronto RN **Lorraine Telford** appeared on Global TV's *The Morning Show* to discuss the BPG, released May 14. Telford, one of the BPG panel leads, says the rate of childhood obesity has doubled in the last 25 years, so the panel "looked at ways to prevent the problem, rather than treat the problem." About 30 per cent of Canadian children are either overweight or obese. Telford says the new guideline recommends a comprehensive approach to fight childhood obesity, including policy changes to combat the "obesogenic" culture of sugary snacks and sedentary activities (*Global TV*, May 14). Kids who lack regular physical activity can face serious health complications in the future, says Toronto Public Health's **Carol Timmings**, the guideline panel's other lead. "Being sedentary is a risk factor not only for...obesity, but also for other diseases like cardiovascular disease (and) diabetes," she told CBC's *The National*. (May 20)



Lorraine Telford (above, left) and Carol Timmings (left) are co-leads for RNAO's revised childhood obesity BPG. They were invited by Global TV and CBC, respectively, to talk about the guideline, and what it means for children's health and wellbeing.

More staff, education needed to limit sedation of seniors

Revelations in April that Ontario nursing homes are sedating a large number of residents with antipsychotic drugs highlight the need to improve long-term care in the province.



A *Toronto Star* investigation found roughly one third of residents across 300 long-term care homes were being administered "risky drugs" such as olanzapine, quetiapine and at least 10 others. The newspaper reported the medications were often used to calm agitated or aggressive residents, though the drugs were not approved by Health Canada for elderly patients with dementia. RNAO CEO **Doris Grinspun** says the province needs to double the number of nurses working in

long-term care, so staff won't have to rely on antipsychotic drugs to manage agitated residents (*Toronto Star*, April 15). "Despite the many caring personnel working in homes across the province, the sad reality is that most homes are poorly funded and inadequately staffed," she added in a letter-to-the-editor published by the newspaper (April 26). Grinspun applauded the Liberal government for its pledge to introduce 75 new nurse practitioners (NP) into long-term

care, saying more NPs will "improve the quality of care residents receive, including reducing falls, the need for restraints, and unnecessary transfers to hospitals."

Oncology nurse receives cancer treatment in her own unit

A battle with breast cancer has taught oncology nurse **Cindy Barrett** about the other side of health care. The 37-year nursing veteran says receiving cancer treatment has given her a new

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BY DANIEL PUNCH

appreciation for what patients endure. “I absolutely have sympathy for the nastier side effects. It’s given me a different perspective,” says Barrett, who has undergone surgery, chemotherapy and radiation while being treated by her colleagues at Royal Victoria Regional Health Centre. In October, Barrett was diagnosed with breast cancer in the same breast from which

says some of her most valuable education came during a three-month placement at Sanctuary, a downtown London church and refuge for the city’s poor. Though Sanctuary doesn’t provide clinical services, Walsh said the experience changed her perspective on health care, and on poverty. “(The poor) are the same as everybody else, they just have a different set

of resources,” says Walsh, who now works in a Stratford ICU. Sanctuary hosts two nursing student placements each semester, and was recently honoured with the 2014 Agency Award from the Council of Ontario University Programs in Nursing. It was recognized for providing

exceptional learning experiences to nursing students. Walsh says she was struck by how little faith in the health system many of Sanctuary’s homeless clients have, adding that many of them fear they will be judged in health-care facilities. “You have to get to know every patient, regardless of what they look like...before you can make any judgments,” she says. (*The Londoner*, May 14)

NP pay in hospitals beats community compensation

Ontario nurse practitioners (NP) are being drawn from community clinics to hospitals and long-term care homes, where they can earn up to



Cindy Barrett, left, is an oncology nurse battling cancer with the help of friends and co-workers, including Mary Ellen Love.

she had a tumour removed 21 years ago. She says the transition from caregiver to care receiver has been difficult, but the kindness of her fellow nurses has helped her cope. Barrett’s co-worker, **Mary Ellen Love**, even surprised her with a brand new \$1,000 wig when she began losing her hair due to chemotherapy. “I look at my co-workers and know we care about our patients and we care about each other,” Barrett says. (*Barrie Advance*, April 1)

Nursing students learn what it means to be homeless and in need of care

Recent Western University nursing grad **Catherine Walsh**

Letter to the editor

Ottawa RN, **Cathy A. McKim**, responds to an Ottawa Citizen article about a new book purporting to reveal slang used by health-care professionals. (April 26)

Long-time RN has never heard insensitive hospital slang

I have worked as a registered nurse for 25 years and have never heard or used any of the terms quoted in this article and revealed by Dr. Brian Goldman, an emergency physician at Mount Sinai Hospital in Toronto, in his new book, *The Secret Language of Doctors: Cracking the Code of Hospital Slang*.

Perhaps Goldman’s experience working in the ER, a uniquely stressful environment, leads him to believe that such language is pervasive, but it is not. Its use may have been more prevalent 30 years ago, but the health profession, along with the rest of society, has become more sensitive to the impact of words. Please don’t leave readers with the impression that their personal and medical challenges are discussed flippantly.

\$20,000 more per year. The Sudbury District Nurse Practitioner-Led Clinic – the province’s first NP-led clinic – has lost four NPs to higher paying jobs over the last four years, says clinic director **Jennifer Clement**.

“Unfortunately, it can come down to money,” she says. “NPs realize that if they stay in their current job, they can make more money as a (registered) nurse than a nurse practitioner.” NPs in community clinics earn about \$74,000 to \$89,000 annually, which isn’t reflective of their training or scope of practice, says NP and Laurentian University professor **Roger Pilon**. “An RN who has less responsibility



and a smaller scope of practice...can make even more than that,” he says. NPs across the province are making the move away from community clinics, and Pilon says this can be disruptive for patients. “The patient becomes familiar and comfortable with their nurse practitioner as their primary health-care provider (and) has to start over again.” (*CBC Radio Sudbury*, April 23) **RN**