



# ONTARIO CORRECTIONAL NURSES' Interest Group



Speaking out for correctional nursing.

## WINTER EDITION 2015

### A MESSAGE FROM THE PRESIDENT

As we embark on a new membership year, I welcome our newest OCNIG members and thank those renewing for their continued commitment to the interest group. I also wish to thank our outgoing President, Evelyn Wilson for her excellent leadership over the past two years. OCNIG made huge strides under Evelyn's leadership and I am grateful that she continues to be involved. The 2015-2016 executive has four vacancies (see page 2) and we are looking for correctional nurses that can contribute one hour per month to the work of the group. Could that be you?

Results of a recent survey of OCNIG members indicated the highest priority for correctional nurses was professional development and so in keeping with the needs of our membership, we will make education the main focus of our newsletter. Whatever your learning style, we hope you will take advantage of the correctional nursing articles within and explore the many opportunities for on-line and in-person educational opportunities.

On behalf of the OCNIG Executive Committee, I wish you all Happy Holidays and all good things in the new year!

Shirley Kennedy  
President OCNIG



#### THE OCNIG EXECUTIVE

Shirley Kennedy  
President

Evelyn Wilson  
Past President

Christine Bintakies  
Finance and Membership ENO

Ian Clarke  
Provincial MAL

Laurel Fleming  
Federal MAL

Maggie Northrup  
Youth Justice MAL

Vacant  
Communications ENO

Vacant  
Policy and Political Action ENO

Vacant  
Community Forensics MAL

Vacant  
Associate MAL, Nursing Student

# OCNIG NEEDS YOU!

Do you enjoy speaking out for correctional nurses and correctional health care? Are you an advocate for change?

We are looking for correctional nurses to join the Ontario Correctional Nurses' Interest Group's Executive Committee to help guide the future of the interest group.

For 2016-2018, OCNIG is seeking candidates for the following positions:

- ◆ President (provides leadership to the interest group)
- ◆ Communications Officer (maintains Facebook profile, website and produces the quarterly newsletter)
- ◆ Member, Policy and Political Action Officer (represents OCNIG at RNAO events such as Queen's Park Day)
- ◆ Member-at-large, Forensic Nursing (shares forensic nursing perspective)
- ◆ Member-at-large, Nursing Student (shares nursing student perspective)

Candidates must be members in good standing with RNAO and hold current OCNIG membership.

If you are interested in standing for any of the above positions, please send an email to: [ontariocorrectionalnurses@gmail.com](mailto:ontariocorrectionalnurses@gmail.com) by Jan. 18, 2016 at 5:00 p.m.

\*The term of office for all positions is two years.

*We need YOU!*





## Best Practices in Wound Care Institute: Minding the Gap

Sunday, February 28 ( 4 pm)  
to  
Friday, March 4, 2016 (1 pm)

**Hilton Hotel, 6361 Fallsview Blvd, Niagara Falls, ON**

This institute provides opportunities to learn about the best practices in wound care through interactive dialogue with experts and through case studies, demonstrations and hands-on application labs.

The foundational stream builds on your clinical expertise using best practice guidelines related to wound care!

### **Mission**

To reduce the physiological, psychological, and the fiscal burden of wounds throughout Ontario by building clinical expertise using best practice guidelines (BPGs) related to wound care.

### **Goals**

- To reinforce the concept of evidence-based practice to the front-line clinician;
- To review and clarify nursing best practices as it relates to skin tears;
- To enhance the participants' understanding of the range of wound care products and services available to clients; and
- To review and apply specific BPG recommendations through didactic, case and skill-based labs.

*COST FOR MEMBERS: \$2,655.50 CAD*

*COST FOR NON-MEMBERS: \$3683.80*

\*Cost includes workbook and materials, accommodation and all meals except for one dinner.

To register go to:

<https://myrnao.ca/civicrm/event/info?reset=1&id=202>

## NURSING INSIDE

# What is Your Correctional Nurse Work Style?

*By Lorry Schoenly RN PhD*

A major challenge for many in correctional nursing is adjusting to the work environment. A correctional facility is not run like a hospital and health care is not the primary mission. Correctional officers often have different goals and worldviews than healthcare staff. Nurses can have difficulty assimilating into the organizational culture while maintaining a professional nursing perspective. That's why I found this research about the work styles of jail nurses so interesting.

Hardesty, Champion, and Champion interviewed 26 registered and licensed practical nurses working in jails in three northern states. Patterns and themes emerged as the transcribed interviews were analyzed. One interesting finding was a proposed typology of jail nurse work styles. This typology chronicles the adjustment of a new nurse to the correctional culture and the effect of that adjustment on their ability to function successfully. The categories are based primarily on the balance the nurse is able to gain practicing professionally while under-

standing the security perspective and organizational culture.



Check out this continuum of jail nurse work styles and see if you can find yourself, or some of your nurse colleagues, in the descriptions.

### Idealist

- Rejects or fails to understand the security perspective
- Nursing perspective is the primary consideration
- Poorly socialized to the custody staff culture

### Realist

- Acknowledges and respects the security perspective
- Nursing perspective remains the primary consideration
- Socialized to the custody staff culture

### Situationalist

- Alternates between the security and the nursing perspective
- Nursing perspective is optional
- Not yet socialized to the custody staff culture

### Acceptor

- Accepts the security perspective
- Minimally acknowledges the nursing perspective
- Socialized to the custody staff culture

### Identifier

- Extreme acceptance of and identification with the security perspective
- Considers nursing perspective not applicable in a jail environment
- Well socialized to custody staff culture

So, what is the optimum work style?

The researchers do not clearly note the best work style and suggest that more research is needed. My vote is for the Realist style as this nurse is able to maintain a professional nursing perspective while understanding the perspective of correctional officers and socializing to the correctional culture. This provides an atmosphere of respect and understanding among peers while allowing for professional nursing practice.

*Photo Credit: © boule1301 – Fotolia.com*

## CONNECTING WITH CORRECTIONAL SERVICES CANADA NURSES!

In November, OCNIG Members At Large, Laurel Fleming (Federal) and Ian Clarke (Provincial) attended RAO Kingston Chapter's Annual General Membership Meeting.

Ian and Laurel were able to promote the mandate of OCNIG with nurses from the Kingston Chapter, to respond to questions asked and to share OCNIG's 2014/15 achievements. It was a great opportunity to liaise with correctional nurses working in the federal system and we hope it results in greater participation by our CSC colleagues!



# Educational Opportunities

## Therapeutic Nurse-Client Relationship: An On-Line Learning Module

At the core of nursing is the therapeutic nurse-client relationship. The College of Nurses of Ontario's Therapeutic Nurse-Client Relationship Revised 2006, Practice Standard describes the expectations for all nurses in establishing, maintaining and terminating a therapeutic relationship.

The objectives of CNO's on-line learning module are to:

1. Identify the five components of the nurse-client relationship;
2. Describe how nurses maintain boundaries within the nurse-client relationship; and
3. Identify strategies that protect clients from abuse.

This on-line learning module is a great contribution to your participation in Quality Assurance and can be found at: <http://www.cno.org/en/learn-about-standards-guidelines/educational->

## Addressing Substance Use: Level 1 Champion Workshop

Friday, January 22, 2016 08:30 am - 16:30 pm  
Ramsey Lake Health Centre  
41 Ramsey Lake Road, Centre Tower, Main floor  
(2nd Level) Room 2041-2045, **Sudbury**

### Workshop Objectives:

- Review and identify the recommendations as outlined in RNAO's best practice guidelines related to addictions and mental health
- Learn effective guideline implementation strategies provided in the RNAO's Implementation of Clinical Practice Guidelines Toolkit
- Discover the role of a addictions and mental health champion and engage in networking opportunities
- Gain knowledge of the impact of social determinants of health on addiction and how to integrate evidence based addictions care into practice
- Increase awareness of available addictions and mental health resources

If you have questions contact: Kyle Dieleman, RNAO Project Coordinator at: [kdieleman@rnao.org](mailto:kdieleman@rnao.org)

Cost for Members: \$0.00 CAD



# 2016 College of Nurses of Ontario Committee Appointments



Now is the time to participate in nursing regulation. It's important that correctional nurses be involved. Take advantage of the opportunity to volunteer for one of CNO's statutory committees!

As a member of a statutory committee you will:

- Bring the perspective of correctional nursing to the committee;
- Help make important statutory decisions affecting nurses and those applying to become nurses;
- Advance your knowledge of nursing regulation; and
- Contribute to public confidence in nursing regulation and the nursing profession.

To volunteer for a statutory committee, fill out the online form before **5 p.m. on December 18, 2015**.

**The form can be found at: <https://www.cno.org/en/iframes-for-web-apps/committee-volunteer-application/>**

Council will appoint committee members in March 2016. New committee members will start in June and serve for three years.

For more information about the specific roles and time commitments of statutory committees, go to: <http://www.cno.org/en/what-is-cno/councils-and-committees/committee/2015-committee-appointments/>

# RESPONDING TO ANGRY INMATES

By Lorry Schoenly RN PhD

*During a sick call visit for lower back pain, a patient begins shouting at the nurse that no one is helping him with his pain. "I need something stronger than these baby pills!", he shouts as he stands up and puts his face in front of the nurse.*

Dealing with angry patients is a challenge, especially when you have a patient population prone to anger management issues like many of our inmate patients. Successfully managing anger in others is mostly about your own response to the anger as Dr. Melissa Caldwell discussed in a recent Correctional Nursing Today Podcast "De-Escalating Critical Incidents". A while back I wrote a post on dealing with inmate anger and recently came across some new research on response to anger that may help make your work life calmer. Neuroscience is providing some helpful direction for those of us confronted with angry patients. Much of the findings noted here come from the books "*Handbook of Emotional Regulation*" and "*Crisis Negotiations: Managing Critical Incidents and Hostage Situations in Law Enforcement and Corrections*".

## Stay Calm

Dealing with a tense and angry patient can easily make you react in kind. It is natural to reflect a similar emotion yet if you stay calm the patient is less likely to escalate. This takes practice

and self-awareness. Studies in neuroscience show that the answer is not to suppress your own anger, though. Suppressed emotions don't help the situation and can actually continue to escalate the confrontation. Venting your angry response, of course, doesn't help either. Distracting yourself from the emotion was actually found to be the most helpful method for staying calm. How would that work in a patient interaction like the case above?

## It's Not About You

Neuroscientists found that reappraising the situation was of the most benefit. Reappraisal is the consideration of alternative explanations of a situation. Reconsider the situation from the patient's perspective: he is in pain; he is under a lot of stress. In other words, focus on the underlying cause of the anger.

Smart parents do this all the time with toddler temper tantrums. Rather than confronting the emotion, they ignore the tantrum and consider possible causes such as overstimulation. Sometimes a brief time-out is all a child needs to regain control. This concept can work for out-of-control adults, too.

## Slow Things Down

Crisis negotiators advocate slowing down the conversation to help the angry person get control of their emotions and to show a desire to actively listen to them. Your response can be as simple as stating that you would

like to help but need them to speak slowly so that you can understand. Slowing down the conversation helps the person gain control of their emotions while you get organized to respond effectively.

## **Response Toolkit**

Crisis negotiators use active listening techniques to diffuse emotional situations. Active listening is established through body language and verbal response. Here are some verbal responses that show an angry patient that you are listening to them.

**Acknowledge:** “It sounds like you are frustrated with your treatment.”

**Paraphrase:** “The medications you are now taking are not helping your back pain.”

**Open-ended Questioning:** “Let’s work on this. Tell me more about your back pain.”

The Texas Medical Association has a resource for handling patient confrontations with some verbal communication techniques that can help with an angry patient. Here are three techniques they recommend:

**Wish I Could:** “I wish I could give you stronger pain medication, but we first need to establish the cause of your back pain.”

**Agree in Principle:** “I agree that we need to get your back pain under control. Although I can’t give you other pain medication, here is what we can do.”

**Broken Record:** If the patient continues to try to get their way, don’t come up with new reasons why you can’t do it. Instead, restate the same response with slight variation.

Oh, by the way, these techniques work well in all areas of practice and life. Try them when communicating with angry co-workers or family members!

*Photo Credit: @master1305*



# MANAGING BULLYING IN THE WORKPLACE



**January 19, 2016**

**8:30 am to 4:30 pm**

**Radisson Hotel Admiral Toronto-  
Harbourfront**

**249 Queen's Quay West, Toronto, ON**

This workshop is for all nurses in all sectors. You will gain knowledge and skill in preventing, identifying and responding to bullying in the workplace. Workplace bullying is a significant concern in health care organizations and skills gained through this workshop will help improve workplace interactions to support positive work environments. This course focuses on the role conflict may play in professional relationships and the application of management and prevention strategies to address bullying. After participating in this workshop, the learner will be able to:

- Identify a personal understanding of bullying and the role conflict plays in professional relationships;
- Describe the prevalence of bullying in the workplace and its negative impact;
- Discuss the legislative requirements related to bullying in the workplace;
- Apply management and prevention strategies to address bullying; and
- Describe the RNAO and other resources available to support prevention and response to bullying in the workplace.

The workshop features:

- opportunities for networking;
- small group discussion; and
- access to resources to support practice.

Light breakfast and lunch are included.

**Cost: \$226.00 (Members)**

**\$299.45 (Non-Members)**

**To register got to: <https://myrnao.ca/civicrm/event/info?reset=1&id=222>**

# RENAL UPDATE FOR NURSES

NursingLinks.ca is offering 3 sessions in Ontario!

Toronto: April 18, 2016

London: April 25, 2016

Ottawa: April 26, 2016

This one-day workshop includes the following topics:

## **Why Embryologic Development of the Kidney is Important**

The Mesenchymal Ridge; Clinical Correlations with Ototoxicity and Renal Failure

## **The Requisite Review of A & P of the Kidney**

- Arterial and Venous Supply of the Kidney
- The Functioning Unit of the Kidney — the Nephron
- The Five Major Functions of the Kidney

## **What you Need to Know about the Most Common Primary Disorders of the Kidney**

Acute and Chronic Pyelonephritis; Nephrotic Syndrome; Acute and Chronic Renal Failure; Atherosclerosis of the Renal Artery; Nephrotoxic Drugs; Acute - Kidney Stones; Upper and Lower Urinary Tract Infections; Polycystic Kidney Disease; Renal Cancer

## **Role of the Kidney as the “Innocent Bystander” in Various Systemic Disorders**

The Diabetic Kidney; The Kidney in Heart Failure; The Kidney in Sepsis- Systemic lupus Erythematosus and Lupus Nephritis; Rhabdomyolysis; Glomerulonephritis; DIC; HUS (Hemolytic Uremic Syndrome)

## **The Interpretation of Lab Tests used to Diagnose and Follow Patients with Renal Disease**

BUN, Creatinine, Potassium, Phosphorus, Sodium, Urinalysis, Ultrasound, Specific Gravity, Proteinuria, Microalbuminuria; Electrolyte Imbalances (Sodium & Potassium and Phosphorus), Hypertension, Anemia; Correlate the Signs and Symptoms with the Specific Kidney Disorder

## **Drugs that Affect the Kidney**

- Nephrotoxic Drugs (NSAIDs, Acetaminophen, Antibiotics); and
- Diuretics, ACE Inhibitors, ARBs, Radiocontrast Agents

To register go to: [http://www.nursinglinks.ca/frameset\\_main.html](http://www.nursinglinks.ca/frameset_main.html)





**Our warmest thoughts and  
best wishes for a wonderful  
Holiday Season and a very  
Happy New Year !**

*Shirley*

*Evelyn*

*Jan*

*Maggie*

*Laurel*

*Christine*