

Using the power of nurses' clinical expertise to strengthen the profession



This fall, while attending a function in Toronto, I was exiting the ladies' room and encountered a woman who had collapsed. She appeared to be in cardiac arrest. It's been many years since I've found myself in this kind of life or death situation but I was able to provide life saving support until an ambulance arrived. Thanks in part to me, and to my CPR partner on the scene – Dr. Alex Jadad – the woman is now recovering at Sunnybrook Hospital.

This experience brought into sharp focus something I've always believed: nurses' clinical knowledge is at the centre of everything that we do. This belief is one that defines me as a nurse, and it's something I've carried with me through all of my professional roles.

Helping to save that woman's life also made me realize just how much I miss the clinical environment – my biggest passion.

When I first started as your executive director almost 12 years ago, I remember after a few months I started to feel a nagging void. It didn't make sense to me at first because I was honoured and excited to be at the helm of our professional association, and meeting so many amazing nurses energized me. I gave it some more thought and realized it was because I was missing patient care and the clinical setting.

That's why, for my first three years at the association, I made a point of either working once a week directly with patients in the areas of my clinical expertise (rehabilitation, gerontology and neurology) or shadowing nurses in other clinical environments. In no time I was back to my usual, upbeat self.

This renewed involvement in the clinical world not only helped nurture my soul and my intellect, it also represented an important opportunity to build on our association's ability to make connections with members, and find out firsthand what's important to Ontario RNs. In turn, it enriched my work

with RNAO staff, the board of directors, committees, the assembly and general members to develop a strong understanding of what nurses need on the policy front to be able to deliver outstanding care.

So many policy initiatives at RNAO can be linked to the clinical world. The Best Practice Guidelines (BPG) Program, launched almost a decade ago, was created to foster clinical expertise. Healthy work environment BPGs are being created to enable nurses to be their best when providing

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clinical care. And the 70 per cent full-time employment initiative affords nurses the opportunity to offer their clinical expertise to patients who will benefit from continuity of caregiver.

Over the years, my role as executive director has become so intense – and my time so scarce – that working with patients is impossible and opportunities for shadowing nurses infrequent. Once again I find myself craving that direct clinical contact. That's why I've decided that any future visit I make to our local chapters must include at least a couple of hours during which I will tag along with nurses as they carry out their day-to-day clinical work.

The first such encounter will be with community nurse Alison McCubbin, who works with Saint Elizabeth Health Care's (SEHC) mental health team. I met Alison during an event where MP Peggy Nash was briefed on the importance of home care and heard about the experiences of frontline nurses from SEHC and VON. I will accompany

Alison as she nurses members of Toronto's homeless community, and I will gain more exposure to what she calls her "tiny corner of the world." I know Alison will teach me a lot and that knowledge will directly influence our advocacy for social justice.

Another opportunity is already confirmed for Nursing Week. I will return to Listowel, a rural community in southwestern Ontario, where I will meet with RNs Nancy Rozendal and Jean Anderson. These two nurses will help me gain a deeper understanding of their clinical work with patients in rural Ontario hospitals, where you need to be proficient in a number of specialties at the same time.

During Nursing Week, I will also meet with nurses at the Children's Hospital of Eastern Ontario, where I will shadow colleagues as they nurse babies and children. I must confess that this scares me a bit, as pediatrics has been the only clinical area of nursing I have avoided for fear it would be too much for my soul.

I'm looking forward to these and other clinical engagements in the weeks and months to come, and to sharing my learnings with you in future columns. But for now, I reflect on my experience this fall, just outside that ladies' room in Toronto. I'm grateful to have been in the right place at the right time. Ironically, my invitation to that event was in recognition for my public policy and advocacy work. However, as I was walking down the hallway and leaving to go home, I couldn't help but think about the woman I helped save. It was such a powerful reinforcement that the strength of nursing comes from our clinical knowledge. As for me and your other colleagues in education, administration, research, and policy, we are here to support and strengthen clinical practice. For it is your work at the bedside, on the street, and in the community that keeps us inspired to fight for more, and makes us all proud to be nurses. **RN**

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