

# REGISTERED NURSE JOURNAL

## A Day in the Life

Two RNs at opposite ends of the province offer a glimpse of life by the bedside, and a lesson that staff nursing is anything but ordinary.

**07:10**

OTTAWA, ONTARIO



**15:30**

FERGUS, ONTARIO



Be sure to visit HUB at the RNAO AGM!



## You're among friends at HUB!

94% of RNAO members  
who choose HUB International's  
group home & auto insurance program,  
stay with HUB!

- ♥ Preferred rates
- ♥ Exclusive RNAO member discounts
- ♥ Professional Claims Counseling
- ♥ Electronic applications
- ♥ Free, no-obligation quotations
- ♥ Recognized RNAO partner

Ask a fellow RNAO member... "Do You Have HUB?"

# 877.598.7102

Look for regular tips inside RNAO's electronic newsletter *In The Loop*



# CONTENTS

## FEATURES

### 12 COVER STORY

#### A day in the life

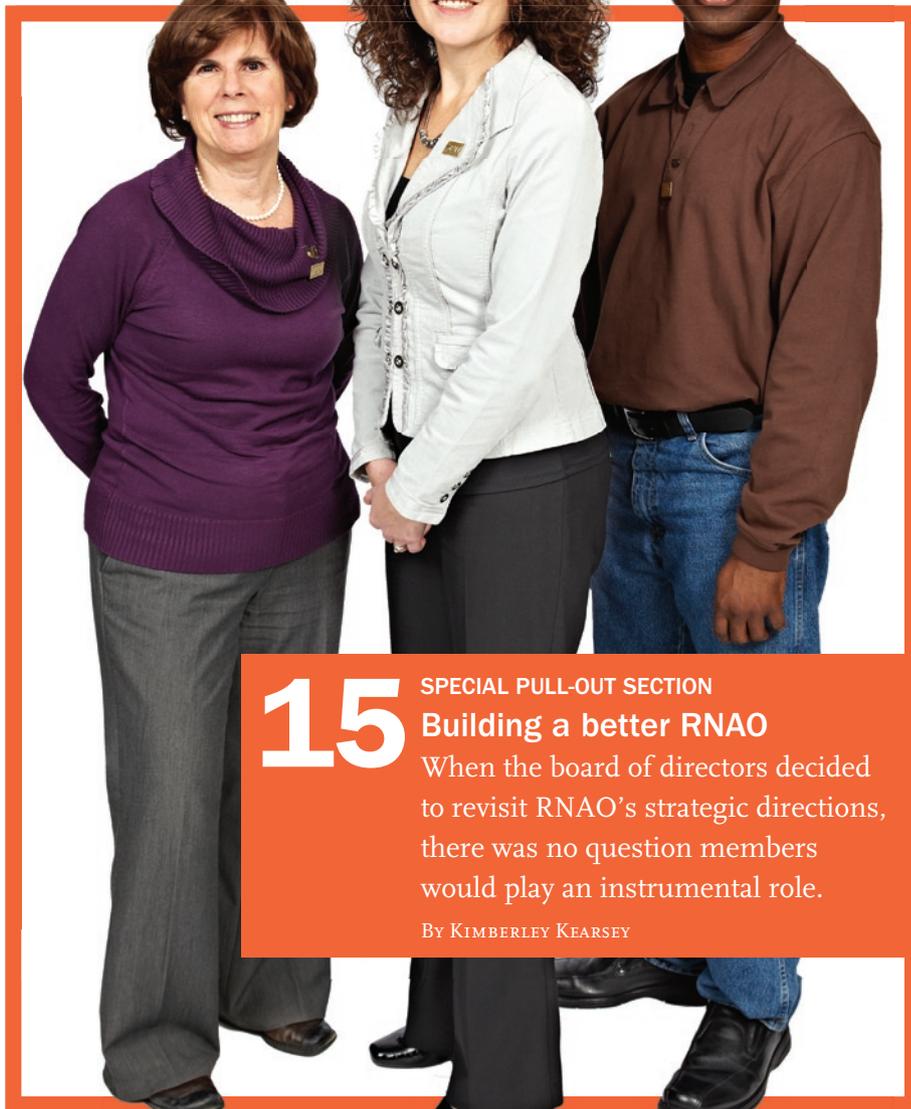
Take a walk in the shoes of staff RNs Jean Anderson and Brenda Dunkerley. You may be surprised by what you find.

By MELISSA DI COSTANZO

### 20 Advocacy in action

A record 71 MPPs participate in the annual gathering of nurses and politicians at Queen's Park.

By MELISSA DI COSTANZO



# 15

### SPECIAL PULL-OUT SECTION

#### Building a better RNAO

When the board of directors decided to revisit RNAO's strategic directions, there was no question members would play an instrumental role.

By KIMBERLEY KEARSEY

## THE LINEUP

- 4 EDITOR'S NOTE
- 5 PRESIDENT'S VIEW
- 6 CEO DISPATCH
- 7 MAILBAG
- 8 NURSING IN THE NEWS
- 9 NURSING NOTES
- 11 RN PROFILE
- 26 CALENDAR
- 30 IN THE END



Registered Nurses' Association of Ontario  
L'Association des Infirmières et Infirmiers autorisés de l'Ontario



# 20



# 30



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

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

EDITORIAL STAFF

Marion Zych, Publisher  
Kimberley Kearsey, Managing Editor  
Melissa Di Costanzo, Writer  
Stacey Hale, Editorial Assistant

EDITORIAL ADVISORY COMMITTEE

Ruth Schofield (Chair), Chris Aagaard,  
Sheryl Bernard, Kelly Kokus,  
Sandra Oliver, Cheryl Yost

ART DIRECTION & DESIGN

Fresh Art & Design Inc.

ADVERTISING

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

SUBSCRIPTIONS

*Registered Nurse Journal*, ISSN 1484-0863, is a benefit to members of the RNAO. Paid subscriptions are welcome. Full subscription prices for one year (six issues), including taxes: Canada \$36 (HST); Outside Canada: \$42. Printed with vegetable-based inks on recycled paper (50 per cent recycled and 20 per cent post-consumer fibre) on acid-free paper.

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

CANADIAN POSTMASTER

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

RNAO OFFICERS AND SENIOR MANAGEMENT

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

Rhonda Seidman-Carlson, RN, MN  
President-Elect, ext. 504

Doris Grinspun, RN, MSN, PhD, LLD(hon), O.ONT  
Chief Executive Officer, ext. 206

Robert Milling, LL.M, LLB  
Director, Health and Nursing Policy, ext. 215

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

Irmajean Bajnok, RN, MScN, PhD  
Director, International Affairs and Best Practice Guidelines Programs and Centre for Professional Nursing Excellence, ext. 234

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

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

Louis-Charles Lavallée, CMC, MBA  
Director, Information Management and Technology, ext. 264



EDITOR'S NOTE KIMBERLEY KEARSEY

## A little learning goes a long way

WHEN I BEGAN WORKING AT RNAO more than 11 years ago, I knew very little about nursing. One of the most intriguing and educational experiences I had in those early months of my career came when I shadowed two community health nurses, one in Toronto and one in Kincardine. That experience helped me to understand the profession a little bit better, and provided me with a glimpse of life as an RN.

The newest member of our editorial team, Melissa Di Costanzo, was offered a similar opportunity earlier this year. She shadowed two staff nurses, one in Fergus and another in Ottawa. Observing two RNs with the same job title as they engage in vastly different practices revealed to her – and now to readers – the multiplicity of skills required in staff nursing. Her feature (page 12) provides a wonderful reminder of the many layers of complexity that make this profession so fascinating.

The experiences and perspectives of RNs will always be varied and diverse, especially as they relate to everyday

challenges at the bedside. However, some of the broad, overarching issues that affect the profession are consistent from sector to sector. Perhaps that's why RNAO's role as the voice for the profession is so important (page 20). Your board of directors recognizes that, and embarked on strategic planning late last year that involved talking to members about what RNAO is doing well, and where it needs to improve. The results of that strategizing, and the views that you shared, are revealed in a special pull-out section in this issue (page 15).

As any nurse knows, continuous learning makes for a better RN. That same mantra applies at RNAO. Whether it's our newest writer in the communications department or our board of directors and leadership team; learning just a little bit more about the lives of RNs will only make us better at what we do. **RN**



## Presidency in review

I FIND IT HARD TO BELIEVE THIS is my last column as your president. The past two years have been exhilarating, educational, intense and enjoyable. Let me reflect on what we've accomplished.

Thanks to RNAO's strong leadership and partnership with NPAO, nurse practitioners are now seeing patients in primary care nurse practitioner-led clinics. Twenty-one of the 26 funded clinics are up and running and the remaining five will soon open their doors. Our evidence-based advocacy also led to the removal of barriers that prevented NPs from practising to their full scope. Now, they can prescribe medications based on their scope and expertise, not based on a list. NPs' new legislative authority to admit, treat, transfer and discharge inpatients in the hospital setting will revolutionize hospital care, enriching the patient experience and improving access and flow throughout the system.

We forever changed the role of nurse executives by ensuring chief nursing executives are members of hospital boards and quality committees. And, we added a critical voice to Ontario's public health units by advocating for chief nursing officers in all units across the province. RNAO led this change in partnership with the Community Health Nurses' Initiatives Group, the Nursing Leadership Network, the Council of Academic Hospitals

of Ontario, and the province's Association of Nursing Directors and Supervisors in Official Health Agencies.

Our work with another group, the RN First Assistant Interest Group, resulted in funding for an additional 37 new RNFA positions for a total of 79. We are now focused on how to further strengthen our health system by ensuring many more nurses

**“OUR PARTNERSHIPS HAVE BEEN BROAD AND STRONG, BOTH WITHIN AND OUTSIDE THE NURSING FAMILY.”**

practise at full scope. This is why we launched RNAO's *Primary Care Nurses Task Force*, which will recommend adjustments to the role of RNs and RPNs so that we can improve access to quality primary care and achieve better health outcomes for Ontarians and the health system.

Our platform, released well before last October's provincial election, saw all parties adopt many of our health policy recommendations. Politicians know where we stand on the need to ensure our air is clean and free of dangerous toxins. By partnering with other health and environmental groups, we can proudly say that six dirty coal units are now idle, and overall usage is down ahead of Premier McGuinty's pledge to phase out coal-fired electricity

generation. We won't rest until all are closed.

Thanks to RNAO's ongoing advocacy, politicians also better understand the link between poverty and health. We will continue working with government and opposition parties to ensure the vulnerable among us have a voice, opportunity, and the means to live with dignity as active members of society.

We will also continue to work hard to shift the emphasis of our health system so that it focuses not only on illness care, but to a greater degree on health promotion and disease prevention. Of course, we must continue to be there for those who are acutely or terminally ill. However, if we succeed in shifting the focus to these other areas, we will inevitably achieve greater health outcomes and healthier populations. As the chief nursing executive for a large hospital in the north, I embrace this need for change.

Our partnerships have been broad and strong, both within and outside the nursing family. The voice of each and every member is part of RNAO's DNA. The board and staff have listened attentively to your

responses to the strategic directions survey (page 15) and we are acting on it, and will continue to do so. Your feedback about how far we have come and where we have yet to go is invaluable.

I want to thank all members, the assembly, and the board for their magnificent contributions. I want to end by thanking Doris Grinspun, as the successes I've mentioned are only possible through the joint leadership style that embodies the association. That is why, on March 3, 2012, your board made the unanimous decision to change the title of RNAO's executive director to that of chief executive officer (CEO), a title fitting with the association's tremendous growth and the outstanding influence and impact that Doris has achieved in nursing, health and health care in Ontario, Canada and abroad.

As I hand over the responsibilities of president to Rhonda Seidman-Carlson, I feel fulfilled and invigorated, knowing that you are in full control, and well-served by a strong board and a team of expert staff led by our CEO. **RN**

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



## Voices heard and heeded

IN THIS ISSUE OF THE *JOURNAL*, WE bring you the results of RNAO's strategic planning, which began eight months ago under the leadership of RNAO's President David McNeil. It was a comprehensive and in-depth process, and its summary can be found in our special pull-out section of this issue (page 15). As your CEO, it is my role to work with RNAO's expert staff to make the board's new strategic vision a reality. And, although the new directions outlined on page 18 will only come into effect after voting delegates weigh in on them at April's annual general meeting, it's my pleasure to update you on a few of the operational changes that are already taking shape in response to members' insights.

First, let me thank very much David, whose exquisite focus on good governance during the strategic planning, and throughout his entire tenure as our president, has led to a stronger RNAO. Extensive thanks also to each board member for their intense work and commitment to engage with members at every stage of the process.

Thanks also to RNAO members for their constructive feedback. Staff at home office are mapping out next steps, and are acting on various initiatives that members told us are important. For example, you said you wanted fewer political action alerts. You also asked that we limit the number of urgent alerts. While eliminating the sense of urgency is not always

possible – action alerts by their very nature are urgent – you will now be able to choose which action alerts you want to receive, if any or all. Whether you're interested in nursing issues, health care, social determinants of health or environmental health issues, we will tailor our

**“THERE IS AN INCREASING APPETITE FOR ENGAGEMENT FROM MEMBERS, AND WE MUST NURTURE IT WITH MORE AND MORE OPPORTUNITY.”**

engagement strategies to your needs, while continuing to build on the tremendous contribution members make to shaping nursing, health and social policy.

Almost 80 per cent of members who responded to our survey last fall told us they are 'satisfied' or 'very satisfied' with RNAO. This is exciting news, and we are eager to move the barometer even higher. You told us you want to see point-of-care nurses reflected at the forefront of all we do. This *Journal* is one of our most valuable tools for sharing your stories, and we will increase the profile of staff nurses (60 per cent of our overall membership) in all sectors of health care. We will also profile colleagues in advanced clinical practice roles, management and executive positions, educators, policy makers, researchers and political players. Our stories will always focus on a single motto: every nurse is a leader. In this

issue, you will meet two staff nurse leaders, both of whom invited us to see first-hand what a day in their working lives looks like (pg 12).

Members asked us to improve our website, and we are well on our way to delivering results that will impress.

Our IT department will unveil RNAO's new and improved website at our annual general meeting in April. You said you want an easier way to navigate resources online, and you will see an interactive and engaging site that has been built from the ground up with you in mind. It is designed to evolve; catering to members' changing needs.

There is an increasing appetite for engagement from members, and we must nurture it with more and more opportunity. Whether through educational offerings, gatherings such as our annual general meeting, or interest group and chapter meetings, we need to reach members everywhere in Ontario. You told us you want more educational offerings, available locally, and at a lower cost. This is important to you, so it is important to us. And that's why, in March alone, we offered 12 webinars, free of charge, and 87 other outreach

activities attracting almost 4,000 nurses to participate. And, this is why we will continue our live-streaming of the AGM on the web, and in 2013 will also introduce an interactive component for our AGM, allowing members to be involved in the event through satellite locations. We want members to participate in the proceedings, ask questions, provide comments, and receive feedback from various e-locations that are linked to the on-site AGM.

RNAO's Best Practice Guidelines (BPG) Program is a success story for the public and nurses alike. You were generous in your survey responses, praising our BPGs and asking for more. This is why RNAO's board and assembly were thrilled to hear Ontario's Health Minister Deb Matthews express, once again, her high regard for RNAO's BPGs. In March, the minister announced funding to support NQuIRE (see page 20), that will ultimately show the correlation between nursing practice based on BPGs and improved patient outcomes.

“These guidelines,” the minister said in the legislature, “have been translated into multiple languages and are improving care right around this planet.” Yes, they are. And so are we as a collective voice in action.

Thank you and kudos to our members. **RN**

DORIS GRINSPUN, RN, MSN, PhD, LLD(hon), O.ONT, IS CHIEF EXECUTIVE OFFICER 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

## National campaign prompts more health-care professionals to get vaccinated

RE: A shot in the arm, November/December 2011

As your article acknowledges, health-care workers can carry the influenza virus and not even know it. We were concerned about the low rates of immunization amongst our staff last year, so we implemented a national campaign called "Get It! Don't Spread It!" with a goal to have at least 75 per cent of our staff across the country immunized. We exceeded that goal. In fact, some of our long-term care homes achieved nearly 100 per cent immunization rates. I would like to commend and congratulate our staff on their commitment to advancing the safety of our elderly residents. We also commend RNAO for promoting this simple, but all too often overlooked, infection control and prevention initiative.

Kathy O'Reilly, RN  
VP, Quality and Performance Improvement, Extencicare (Canada) Inc.

## Explanation needed (and given) after regulators look to U.S. to develop entry exam

RE: Decision over RN entry exam sparks criticism, Policy at Work, January/February 2012

The plan by Canada's nursing regulators to select an

American, computer-generated exam for licensing registered nurses in Canada is appalling. Where is the information and the final evaluation from the open discussions and public forums that ought to have driven such a drastic shift in Canadian health policy? Did

## "THE PLAN BY CANADA'S NURSING REGULATORS TO SELECT AN AMERICAN EXAM FOR LICENSING REGISTERED NURSES IN CANADA IS APPALLING."

the Canadian Nurses Association (CNA) have an opportunity to study and compare its current licensing exam and protocols to the proposed exam and its administration by the National Council of State Boards of Nursing? Did CNA have ample opportunity to propose updates and changes to suit the regulators? Was there a rush to judgment or was this a vindictive decision, hastily made because of CNA's longstanding monopoly to prepare the exam? A thorough explanation is required. The well-being and health of Canadians could be compromised by this unilateral and unusual move.

Millie Craig, RN (retired)  
Brockville, Ontario

Canadian nurse regulators have the legislated mandate to regulate the nursing profession in the public interest. Regulators must

determine the appropriate exam method and continually ensure it is valid, psychometrically sound, and legally defensible. Regardless of the geographic location of the exam provider, Canadian regulators must ensure the exam tests competencies for

the Canadian nursing profession. Regulators must also ensure the exam provider can administer a high quality exam, keep it current with changing practice competencies, ensure security, and deliver a product that is cost effective and technologically reliable. Cultural values and knowledge of legal and system issues varies across borders. For this reason, the exam focuses on the competencies of nursing practice, which do not vary across boundaries. CNO is committed to involving nurses and students in discussion about the purpose of an entry exam, the role of the provider, accountabilities of the regulator, and how Canadian nurses and educators will participate in the development of the exam.

Deborah Jones  
Manager, Communications,  
College of Nurses of Ontario (CNO)



## Nobody wants to be dictated to

RE: Personal experience informs my perspective on challenges in the north, President's View, January/February 2012

Although I was very happy to read David McNeil's promise that RNAO will continue to address social determinants of health in First Nations communities, I was concerned by the tone he took when stating "while it is true that many First Nations communities no longer wish to be dictated to, and want to make their own decisions, there is much politicians can do to ensure that happens." When have Aboriginal people ever wished to be dictated to? It is our government's devastating colonial policies such as the *Indian Act* and residential schools that have caused so many of the pervasive social problems that plague First Nations communities. We need to stand with First Nations people in demanding from our government the same rights to good housing, food, education and self-determination as all other Canadians.

Kim Van Herk, RN  
Ottawa, Ontario

Read these and other stories in our digital version of *Registered Nurse Journal*. Members automatically receive a digital copy of the magazine at press time. To unsubscribe, log on to your RNAO account and change your settings.

# NURSING IN TH



## Hamilton RNs use humour to heal body and mind

Psychiatric nurses **Sharron Orovan-Johnston** (left) and **Adrienne Sloan** prescribed plenty of laughter at their annual *Giggles and Grins* conference in February. The Hamilton RNs, who have hosted the event in their hometown for the last 18 years, hope to encourage people to lighten up and laugh as a means of healing. The pair say that throughout their careers in mental health nursing, they have often relied on humour to cope with the stress and pressures of the job. Their goal of spreading

laughter has gone beyond the bedside too. In 1994, the comedy-duo convinced Hamilton City Council to declare the first week of February *Lighten Up Week*. The recent conference, which featured guest speakers and comedians, helped to raise money for *Grandmothers of Steel*, a Stephen Lewis Foundation-led initiative to assist grandmothers in Africa who care for adults and children affected by HIV/AIDS. (*Hamilton Spectator*, Feb. 3)

### Swift response to Drummond report

Nurses across Ontario responded quickly to the recommendations in the austerity report from Don Drummond, the economist hired by the provincial government to offer advice on trimming public sector spending. RNAO President **David McNeil** and Chief Executive Officer **Doris Grinspun** expressed disappointment in the report's recommendation to tender specialist services to private, for-profit entities. However, they applauded its advice to bring primary care under the control

of Local Health Integration Networks. "We've long said that more integration is needed to ensure people have timely access to a primary care provider..." Grinspun told *Sudbury Northern Life*. She praised Drummond for acknowledging the central role nurses play in the health system, and recognizing the potential for improved health outcomes and cost savings by expanding their role (Feb. 21).

Trenton NP **Tammy O'Rourke** said Drummond's recommendations for more family health teams and more training and responsibility for nurses and

NPs are right on the mark (*CJBQ-AM, Belleville*, Feb. 20). RN **Natalie Bubela**, CEO of Muskoka Algonquin Healthcare, which manages the Bracebridge and Huntsville hospitals, said the report is very consistent with her organization's strategic plan to increase home care for the elderly and bring in electronic health records. (*Bracebridge Examiner*, Feb. 22)

### Ornge scandal

**Barb Linkewich** and **Rhonda Crocker-Ellacott** spoke to *The Globe and Mail* about the costly practice of providing nurses on

Ornge air ambulance flights. The newspaper reported that the province's air ambulance service does not have enough paramedics to staff its helicopters and airplanes, forcing hospitals to ask nurses to act as escorts for patients. The cash-strapped hospitals must dip into their operating budgets to pay the nurses' wages, including overtime. They also have to backfill their shifts when they are short staffed. Often, nurses are flown out of their communities and are left to find their own way home. "It's a huge issue for us," said

Linkewich, Chief Nursing Officer at Sioux Lookout's Meno Ya Win Health Centre. "We are not in the transportation business. We provide patient care in hospitals," she told the *Globe* (March 5). The province's troubled air-ambulance service has been criticized in recent months for its operational problems, poor patient care and financial practices, including lavish salaries and a network of for-profit companies and affiliates.

## Brockville RNs embrace new nursing vision

**Cindy Patterson, Heather Crawford** and nursing staff at Brockville General Hospital (BGH) set their sights on crafting a new *Nursing Vision Statement* in February. "We wanted a new professional vision for our nurses, so we asked all of them for positive feedback on their work," said Patterson,

BGH Interim Clinical Manager of Surgical Services at the Charles Street site. "The new nursing vision is a clear voice of all our nursing staff," said Crawford, VP of Clinical Services and Chief Nursing Executive. It now hangs in all of the clinical work areas across the hospital, and reads: "Collaborative nursing professionals who deliver patient/family-centred care through nursing excellence, supported by accountability, autonomy and ongoing professional development." (*St. Lawrence EMC*, Feb. 9)

## Healthy and affordable smiles

NP **Connie Foster** is linking North Simcoe Muskoka residents to much-needed pro-bono dental work as part of the *Vibrant Smiles Partnership Program*. She works at a Community Health

## NURSING NOTES

### RNAO helps shape national agenda on clinical guidelines

Canada's premiers are working directly with health providers, including nurses and physicians, to strengthen our health system. The Council of the Federation (CoF), the body representing the country's premiers, announced in January the *Health-Care Innovation Working Group* to focus on three areas: clinical practice guidelines (CPG), scope of practice for health-care providers; and human resources management. Given the robustness and impact of RNAO's Best Practice Guidelines (BPG) Program, CoF and its two national partners, Canadian Nurses Association (CNA) and Canadian Medical Association (CMA), requested RNAO join the CPG working group. "RNAO is Canada's leader in developing clinical best practice guidelines for nurses, and supporting their uptake and sustainability," RNAO CEO Doris Grinspun says. "These guidelines are applicable to all other disciplines." The group, which meets weekly, will report back to CoF by May 20, and will provide a final report in July 2012. Since its inception in 1999, the BPG Program has produced 48 BPGs that have been adopted provincially, nationally and internationally. "We are very proud to partner with RNAO on this CoF initiative," says CNA CEO Rachel Bard, adding "clinical practice guidelines lead to improved care for Canadians and help us maintain a high quality of care as the norm across many jurisdictions. Through the development of guidelines, nurses are contributing to better health outcomes and better value for our population."

### NP toolkit: a resource for employers

Thanks to RNAO's leadership, Ontario is the first jurisdiction in North America to legally authorize NPs to admit, transfer, treat and discharge hospital in-patients in an effort to improve the patient's experience and system effectiveness. To ensure this legislated change, and the extended authority of NPs, is fully understood, and to aid in utilization of NPs to their full scope of practice, RNAO launched a taskforce in collaboration with the Nurse Practitioners' Association of Ontario (NPAO) to develop a toolkit for employers. Led by NPAO's Michelle Acorn, and Vanessa Burkoski of London Health Sciences Centre, with help from RNAO policy analyst Sara Clemens, the group released the toolkit in February, offering employers guidance on how to fully utilize NPs in an acute care setting. For more information, visit [www.RNAO.org/NP-toolkit](http://www.RNAO.org/NP-toolkit).



(From left) **Cindy Patterson** and **Lorraine White**, Brockville General Hospital (BGH) Nursing Practice Council co-chairs, and **Heather Crawford**, BGH VP Clinical Services and Chief Nursing Executive, share a "vision" for what nursing at BGH is all about.

# NURSING IN THE NEWS

## OUT AND ABOUT



Representatives from the Australian Nursing and Midwifery Federation (ANMF) visited Toronto in March to sign an agreement with RNAO to become a Best Practice Spotlight Organization (BPSO) Host. Robert Bonner, ANMF Manager of Industrial and Education Services (second from left), and Elizabeth Dabars, ANMF Chief Executive Officer/Secretary (fourth from left), were the primary signatories on an agreement to oversee the implementation of best practice guidelines in various facilities across Australia. Also present for the signing: Irmajean Bajnok, Director of RNAO's Best Practice Guidelines Program (left); CEO Doris Grinspun (centre, left); President-Elect Rhonda Seidman-Carlson (second from right); and President David McNeil.

## LETTER TO THE EDITOR

*In response to an article about whether or not it is prudent to allow seniors to drive without retesting, RNAO President-Elect Rhonda Seidman-Carlson wrote a letter to the Toronto Star to highlight the role medications can play in a senior's ability to stay safe behind the wheel.*

## Driving gives seniors independence

*Re: Reaching the end of the road, Feb. 13*

Not only is it important for primary care providers to discuss driving with their older patients and to assess those where risk has been identified, but it is also important to look at the role medications may be playing in some of the changes in judgment, response time, and reasoning. Most community dwelling older adults are on eight to 12 medications. While each medication might be needed, the interplay of these drugs and the changes in the body's ability to process medications can make the cognitive changes more pronounced. It is crucial to examine medications before considering taking away someone's driving freedom.

Rhonda Seidman-Carlson  
Markham, Ontario

Centre (CHC) in Midland, which has partnered with Hygienics Studio to provide dental work for low-income patients registered with the CHC. "Our purpose is to make this preventative care more accessible by breaking financial barriers," Foster told the *Midland Free Press*. (Feb. 2)

## Lab work done by humans is better for patient health

**Ross Sutherland** and **Shirley Roebuck** voiced their concern about the proposed closure of lab services and replacement of lab technicians with point-of-care devices at the Chatham-Kent Health Alliance. In February, Sutherland and Roebuck were panelists at a town-hall meeting that was called to discuss the controversial proposal. Roebuck said emergency department nurses would be required to operate the devices, which she said are expensive and not always accurate. "Patient treatment depends on accurate lab results," she added, "and lab technicians are the experts." (*Chatham Daily News*, Feb. 6)

## Delisting OxyContin

RNAO Chief Executive Officer **Doris Grinspun** expressed concern about the provincial government's decision in March to remove public funding for OxyContin and begin the transfer to its newer, harder-to-abuse formulation, OxyNEO, without first ensuring treatment is available to help people addicted to the powerful painkiller. "Nurses are deeply concerned about the thousands of people whose suffering will only increase if they cannot get

proper access to treatment," she said at a Feb. 29 press conference organized by the Nishnawbe Aski Nation (NAN). The group is seeking government supports for a potential mass withdrawal in their community due to the delisting of the drug. NAN said up to 70 per cent of people in some Ontario First Nations communities are addicted to OxyContin and now face painful withdrawal symptoms. (*CBC online*, Feb. 29)

## Clean needles

**Denna Leach** said intravenous drug users are exchanging dirty needles for clean ones at an increasing rate in Grey-Bruce. The Owen Sound RN and program manager for the Health Unit's needle exchange program, which aims to reduce the spread of hepatitis and HIV, said the message is getting out, and users are beginning to trust the program. About 240 people, who can remain anonymous,



have used the program. The only question they're asked: what's your age and drug of choice? The information is being collected for statistical reasons. "Substance misuse is a disease," Leach said. "There are reasons why people choose to use substances, and we choose to provide them (with) treatment and medication," she told the *Owen Sound Sun Times*. (Feb. 29)

## Discovering the link between nursing and healthy policy

SAMANTHA FOX WAS QUESTIONING HER CAREER CHOICE, THEN REALIZED JUST HOW INFLUENTIAL RNS ARE AT THE POLITICAL LEVEL.

SAMANTHA FOX ALMOST BECAME A nursing school drop-out.

The 23-year-old was in her second year of nursing at the University of Western Ontario (UWO), completing a practicum in general surgery at London's Victoria Hospital, when she became disenchanted and discouraged. She met a patient who was having half his leg amputated because of a gangrenous infection in his foot. When she learned he was homeless, had diabetes and couldn't afford his medication, and that most of his other leg was amputated for the same reason a year earlier, Fox grew frustrated and began to question working in a health-care system she felt didn't pay enough attention to prevention.

"We weren't doing health promotion...we weren't teaching," she remembers, adding that nurses have a responsibility to advocate for their patients. "That's something we're taught from day one." Fox looks back on the experience now and realizes it was a turning point. "We should have been advocating for him to go somewhere where he could take care of himself," she says. "If that means that we have to advocate for better funding for programs, then that's what we have to do."

Fox walked away from nursing school for one year. Fearful of

losing her degree, she returned, albeit reluctantly. But thanks to the structure of UWO's program, she had an opportunity to experience community and family nursing in her third year of studies. This, she says, reignited her passion for the profession. "I remembered why I started in the first place: I like caring for people," she says.



In her final year, Fox was introduced to political advocacy through a placement at London's Ealing Public School. She and three fellow nursing students met with youth and discovered many feared for their safety on the busy road where the school was located. Fox and her classmates brought this information to city council and council had

crosswalk buttons installed, road lines repainted, and called for police to survey traffic. She saw the results of their advocacy unfold before her eyes.

Fox wanted to learn more about political advocacy, and visited Ottawa last summer to chat with MPs and the Prime Minister at a conference she says changed her life. It was at this event that Fox met former London-area MP Terry Clif-

Ambassador program, an initiative they hope will motivate youth to cast ballots during elections. Fox co-ordinates the program out of its home base in London, Ont., although its influence stretches across the country. She hopes to use her new-found political knowledge to influence nursing colleagues as well, noting she doesn't often hear a lot of political banter between RNs. She wants to remind nurses of the important role they can play in the political arena.

For now, Fox is finishing up her nursing studies and doing a placement in labour and delivery at the Victoria Hospital. She is only just acquainting herself with the political advocacy work of RNAO, and hopes to one day become more involved in events like the *Annual Day at Queen's Park*. In terms of the direction of

### Three things you don't know about Samantha Fox:

1. She enjoys archery.
2. She has a weakness for romantic movies. Her favourite: *Ever After*.
3. Her dream job is Minister of Health and Long-Term Care.

ford, the founder of Global Vision, the not-for-profit organization hosting the event, and a firm believer in the need to engage more youth in the political process. The two discussed nursing and community action, and bounced around the idea of creating a program to encourage youth to vote and get more involved in their communities. Since that meeting less than a year ago, Fox and Clifford have launched the Global Vision Riding

her career, she's not quite sure where she's headed just yet, but she knows any questions she once had about her career choice have all been answered. Her passion for the profession is stronger than ever.

"The only way I would get out of nursing is if all the problems of the health-care system were fixed," she says, laughing. "I don't think that's going to happen any time soon." **RN**

MELISSA DI COSTANZO IS STAFF WRITER FOR RNAO.

# A Day in the Life

BY MELISSA DI COSTANZO

Remove overwrap and ready for use. After giving the overwrap a check for minute leaks by feeling container, minute leaks are found. discard solution as the filter may be impaired.

EXP 08/08 7 LOT J6B674

Jean Anderson is an emergency nurse in the Town of Fergus. Brenda Dunkerley works in acute surgical care more than 500 kilometres away, in the heart of Ottawa. They may work on opposite sides of the province, but geography isn't the only thing that sets them apart. RNJ shadowed each of them on one shift to get a glimpse of just how different they are despite having the same job title. We watched as their interactions with patients and staff unfolded, and talked to them about the challenges that define a day in the life of a staff nurse...

## JEAN ANDERSON, 55

Emergency Department  
Groves Memorial Community Hospital  
Years of experience: 36



For Jean Anderson, working as a nurse is like getting paid to go and have fun.

This Fergus RN is so passionate about the profession, her license plate reads “Jeanurse.” Her email address contains the same moniker. Anderson has worked in emergency nursing for 25 years. She thrives off of the energy, learning experiences and unexpected nature of the ER, and especially enjoys being in a rural setting, where every shift is varied, and always challenging.

On average, 26,000 patients visit Groves Memorial Community Hospital’s emergency department each year. Staff at this rural hospital has seen it all, Anderson says: from accidents on the farm, to births in the back of pick-up trucks. “It’s amazing what comes in here,” she says. And that’s what keeps her going.

It’s 7:30 a.m. on a chilly Wednesday in January, and Anderson is ready to begin her seven-hour shift. The 13-bed ER is unusually quiet, she observes: one patient has been admitted, and the waiting room is empty. “On a typical day, at this time, three-quarters of the beds are already full,” she says. Anderson gathers with five other nurses for a recap of what happened in the department over the night shift. She learns it was quiet, and expects much of the same today.

Her hunch is correct. The first patient comes in an hour later, requiring an iron supplement. Anderson starts an IV.

CONTINUED ON PAGE 14

## BRENDA DUNKERLEY, 47

Acute Surgical Unit  
Ottawa General Hospital  
Years of experience: 24



A typical work day for Brenda Dunkerley isn’t easy. It’s 12 hours long. Three 30-minute breaks give her a chance to rejuvenate, eat, and sometimes catch a nap.

For the last three years, the OrLéans RN has taken on these difficult shifts at Ottawa General Hospital for one reason: she loves to provide hands-on, bedside care to patients who – most of the time – progress quickly and go home. These individuals frequently arrive on the acute surgical unit with bowel cancer or ostomies. Dunkerley’s job is to keep an eye on their post-surgical care needs. And she gets to work right away.

It’s 7:10 a.m. on a Wednesday, and Dunkerley is set to start her day. It will be a busy one because she’ll be caring for four patients – her usual workload. She begins at the bedside, one-on-one with the RN who was on night duty. Dunkerley gets a run-down of each patient’s progress or regression. The night nurse shares the results of the patient’s last trip to the washroom, or the last time they felt nauseous. Dunkerley rapidly takes notes as the patients quietly listen. They appreciate this bedside reporting because they feel included, she explains. Dunkerley also appreciates it because she’s seen a positive response from patients, and keeping them comfortable and happy is important to her.

Once the hand-over is complete, Dunkerley takes stock of the unit. Each of the 40 beds is full, and there are 11 admissions pending once patients are discharged. Three hours

CONTINUED ON PAGE 19

By 9 a.m., all but four of the beds are occupied, though Anderson says this is still slower than normal. She prefers a faster pace, since the hustle and bustle will keep her busy and engaged.

Anderson doesn't work according to assigned patients. She "does what needs to be done," and frequently helps other nurses manage their workloads. Just like the other RNs in the department, she wears a number of different hats at the hospital, and one is sometimes that of custodian. In fact, it's not uncommon for Anderson to strip and clean the beds and other surfaces because cleaning staff work limited hours. "I like to keep emergency room (beds) ready, because you just never know what's going to come through that door," she says. She also often functions as a clerk, triage nurse, and lab technician, picking up certain aspects of these jobs because, as she says: "who else is going to do it?"

"We do all kinds of everything. That's why I like it," she says.

## SKILLED IN MORE THAN NURSING

That becomes obvious later in the morning, when the doctor-on-duty calls for Anderson because he needs an extra set of hands wrapping a splint around an elderly woman's foot. Anderson helps the woman out of the wheelchair and onto the bed. She holds the foot in place while the doctor wraps the splint. In larger hospitals, casting technicians would be administering the splint. Next, Anderson and a nursing colleague head to another treatment room to start an IV on a six-month-old baby, a tricky task because the child's veins are tiny. This is something a pediatric nurse would normally be tasked with, Anderson notes. She loves the challenge and need for versatility.

It's "a whole different kettle of fish" from what would be required in an urban setting, she adds.

Throughout the day, Anderson checks on patients, tidies work areas and stocks supplies when she has a free moment. These are luxuries on a slow day, and yet she's conducting herself with the same high energy and sense of urgency that's necessary when things get busy. She's almost always on her feet, barreling from one room to another. At one point, she bounces between the reception and triage desks, located side-by-side. Since the clerk is on break, Anderson steps in to register patients at one work station, while triaging at another. One moment she's questioning a woman who may have a urinary tract infection, and the next she's asking a patient for their health card.

On busy days, Anderson admits the process is "not pretty," because nurses are rocketing from one area to the next, sidestepping



Emergency RN Jean Anderson says that her crazy work hours leave many colleagues wondering where she gets the energy.

one another to avoid colliding in the small space. The waiting room and entrance become congested as patients and family members rush in and out. "That's a typical day – very busy, with a multitude of tasks to keep your eye on," she says. But Anderson is used to it. "I've been doing it so long, it's how I function."

Surviving on five hours of sleep is also something this RN has grown accustomed to. The self-proclaimed "night owl" is comfortable staying awake until midnight, but notes it took some practice to get used to it. "You have to do shift work as a student, so you learn early in your career how to cope," she explains. Today, Anderson will be off by mid-afternoon, but rather than head home, she will go straight to one of the other three hospitals where she picks up extra hours. At most, this mother of four and grandmother to five has worked a 90-hour week.

At least, it's 60 hours. She recognizes it's not a life all staff nurses yearn for, but says the issues of fatigue or burnout don't bother her.

"People tell me I'm insane; they all think I'm crazy," she says with a laugh, and then gets serious. "But if I thought it was affecting my patients, I wouldn't be doing it. There's a need. So I fill the need."

Over the course of the next two days, Anderson will have very few hours to herself. She will work two days, back-to-back, and a total of 29 hours. She says she's willing to work "these crazy hours" for two more years because she and her husband are paying off the mortgage on their dream property: a piece of land in Wellington County complete with farm animals, a large garden, and apple orchard.

## PRECIOUS SPARE TIME

During the precious spare time that she does have, Anderson is still engaged in activities related to nursing. She is vice-president of the local *Nursing Shortage and You* committee, which informs the public and lobbies the government about the reality of the nursing shortage. She is not afraid to share her views on nursing issues with colleagues or prominent political figures. She's particularly passionate about standards of practice and about strategies to make patient charting quicker and easier. Anderson has contemplated a master's degree, but thinks she'd graduate too close to her target retirement date. She's decided, instead, to pick up the tab for

**"You have to do shift work as a student, so you learn early in your career how to cope."**

her son's master's degree, should he choose to further his education (he's also a nurse). As long as she's learning, Anderson says she's happy. She will write the nephrology nursing certification exam in April. Although she has yet to decide her next chapter in life, she's sure it will also involve nursing in some capacity. A few possibilities: travel nursing in Europe or Hawaii, or nursing in Africa. It is, after all, "what I do," she says. "I'm a nurse." **RN**

# Members help to build a better RNAO

RNAO's board of directors takes on the task of revitalizing the association's strategic directions, and looks to members for insight.

BY KIMBERLEY KEARSEY

IN THE SUMMER AND FALL OF 2011, RNAO MEMBERS WERE ASKED TO SHARE their opinions and perspectives on the work of the association. Thousands of nurses completed an online survey, and more than 100 participated in a focus group. The views and interests of nurses have helped to set in motion a new set of priorities for the association.

The reason for the survey can be traced back to the spring of 2011, when RNAO's board of directors and senior leadership team set a five-year goal to revisit and revitalize RNAO's ENDS (strategic directions). The group agreed it was imperative to actively seek member input, especially given the importance

RNAO places on being a member-driven organization.

A focus group, which included representatives from RNAO's chapters, regions and interest groups, met shortly after the survey closed in September. And finally, all-day retreats with RNAO's board of directors and senior leadership team, as well as home office staff, offered a chance to review the results and brainstorm next steps.

Once the results of these exercises were compiled, board members engaged in validation focus groups at the chapter, region and interest groups level. What follows is a snapshot of what you said, and where we're headed in the years to come...



## THE SURVEY

Almost 2,500 nurses responded to RNAO's online survey. The majority (50.3 per cent) were staff nurses. Educators represented 17 per cent of respondents, while administrators made up 14 per cent. More than three-quarters of RNs said they are satisfied or very satisfied with their membership, saying what they value most is the provision of education, access to legal assistance, the energy and insight with which RNAO offers political action, advocacy on behalf of RNs, and best practice guidelines.

Constructive criticism is a part of any survey and is vital for improvement. Members did not shy away from sharing their views on what the association can do better. Most suggestions related to continuing education, specifically the need to reduce the long wait for funding reimbursement, and to offer access to education in areas of the province outside the Greater Toronto Area. Requests were also made to limit the number and nature of action alerts, and to ensure that in addition to advocating on broad health policy and health system issues, the association focus first on the issues affecting RNs.

Respondents were also asked the likelihood that they would continue their membership for the next three years. The vast majority said they will definitely or likely continue. Less than 16 per cent said they were unsure or would not, one third of those citing retirement as the reason.

A surprising revelation of the survey was the lack of involvement or satisfaction at the interest group and chapter level. More than 80 per cent of respondents said they were only slightly or not involved in their interest group, while 65 per cent said they were not involved in their chapter. Dissatisfaction with both was high: 45 per cent for interest groups and just over 40 per cent for chapters.

## THE FOCUS GROUP

Assembly members participating in the focus group last fall were asked to consider eight questions related to membership. What would happen if RNAO ceased to exist? In response to this, they concentrated on the troubling likelihood that the profession would lose its voice without RNAO. Many wondered who would step up to represent nurses. Although there are other nursing organizations, none has the same mandate for advocacy and political action as RNAO.

Do specific groups of nurses need/want more RNAO attention? The assembly felt all

## HOW SATISFIED ARE YOU WITH YOUR RNAO MEMBERSHIP?



\*Due to rounding, totals are more than 100%

**2,465**

NUMBER OF MEMBERS WHO COMPLETED THE ONLINE SURVEY

**51**

PERCENTAGE OF SURVEY RESPONDENTS WHO WORK IN THE HOSPITAL SECTOR

**23**

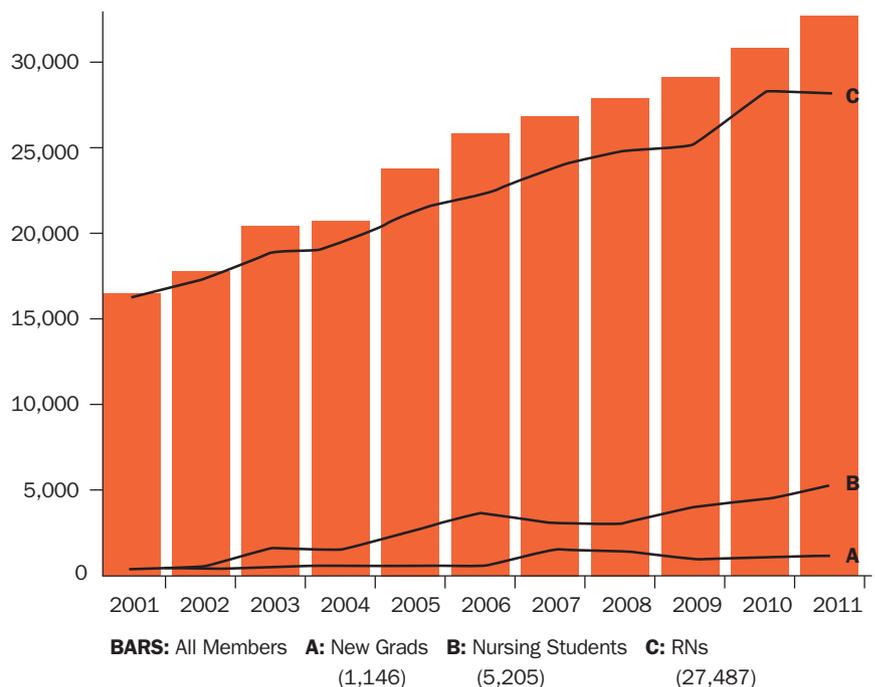
AVERAGE NUMBER OF YEARS SURVEY RESPONDENTS HAVE BEEN IN PRACTICE

### TOP 10 THINGS MEMBERS SAY THEY VALUE MOST ABOUT RNAO...

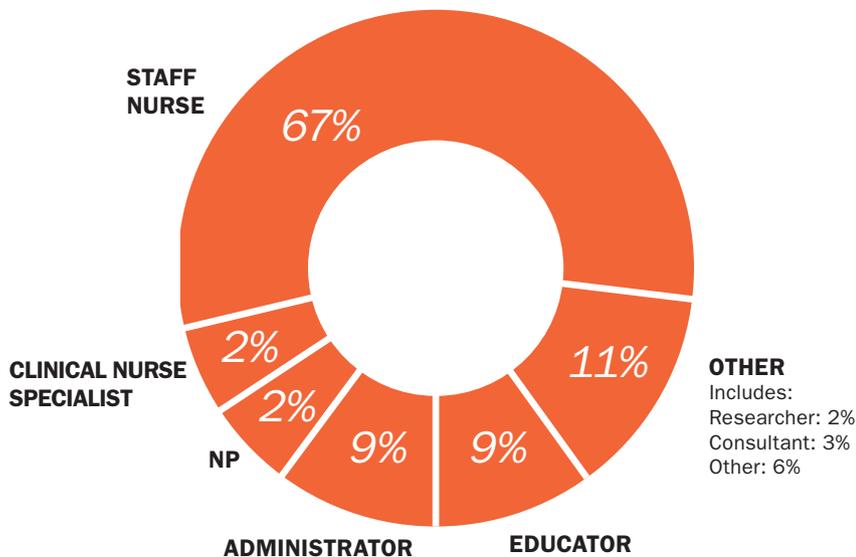
- 1 EDUCATION AND INFORMATION... 2 LEGAL ASSISTANCE...
- 3 POLITICAL ACTION... 4 BEST PRACTICE GUIDELINES... 5 ADVOCACY...
- 6 PROFESSIONAL/COLLECTIVE VOICE... 7 NETWORKING/SENSE OF BELONGING... 8 ADVOCACY FOR DETERMINANTS OF HEALTH...
- 9 INTEREST GROUPS... 10 ACCESSIBILITY OF HOME OFFICE STAFF

### RNAO MEMBERSHIP 2001-2011

On Oct. 31, 2011, there were 32,692 RNAO members



## RNAO MEMBERSHIP BY ROLE 2012



### TOP 10 ISSUES THAT RNAO SPEAKS OUT ON THAT MEMBERS SAY/AGREE ARE IMPORTANT TO THEM...

- 1 BEST PRACTICE GUIDELINES (BPG)...
- 2 HOME CARE...
- 3 PRIMARY CARE...
- 4 STAFF/SKILL MIX...
- 5 HEALTHY WORK ENVIRONMENT BPGs...
- 6 POVERTY...
- 7 EDUCATION...
- 8 WAGE PARITY...
- 9 HOUSING...
- 10 STOPPING PRIVATIZATION

**65**

PERCENTAGE OF RESPONDENTS WHO ARE **NOT** INVOLVED IN THEIR LOCAL CHAPTER

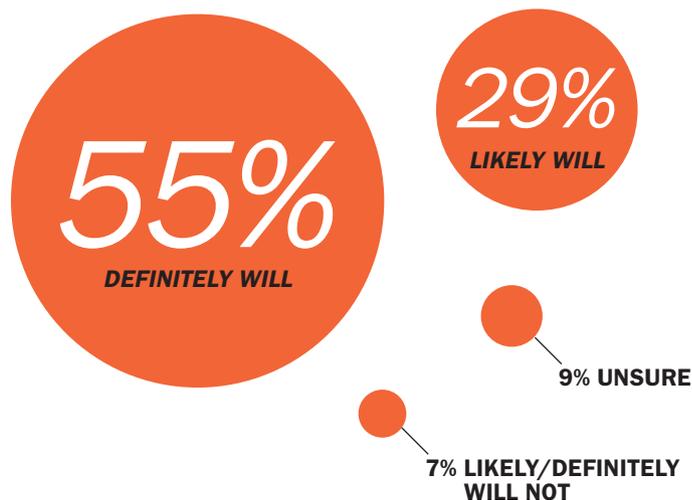
**83**

PERCENTAGE OF RESPONDENTS WHO ARE **NOT** INVOLVED IN THEIR INTEREST GROUP

**11**

AVERAGE NUMBER OF YEARS SURVEY RESPONDENTS HAVE BEEN RNAO MEMBERS

### WILL YOU CONTINUE YOUR RNAO MEMBERSHIP?



nurses need attention from the association. Students, novice RNs, mid-career nurses, late-career nurses, whether at the bedside or in senior leadership roles, share the desire to feel important. They agreed, however, that devoting attention to public health and long-term care nurses, as well as RNs working in rural and remote settings, Franco-phone nurses, and international graduates would be especially beneficial.

The group was asked to discuss broad health and service issues, as well as nursing issues, that require more action. In terms of broad issues, they agreed more action is needed to enable full utilization of nurses' scope of practice, with specific focus on sectors such as corrections, remote nursing, home care and mental health. They also want to see more action on health promotion, chronic disease management, and health-care system duplication and fragmentation. On nursing issues, there was consensus that more attention be paid to issues such as workload, pay equity, and support for continuing education.

While discussing strategies for recruitment, the group felt strongly about encouraging existing members to wear their RNAO pin, and to approach colleagues about the benefits of membership. Other strategies: better promotion of the legal assistance program, and the difference between it and professional liability insurance; improvements to the website; greater promotion of the role/value of the RN; and more materials that highlight the benefits of membership.

During discussions about some of the challenges that lie ahead, assembly members agreed the public is not likely to know about RNAO. This is problematic and could threaten or limit its work. A second challenge: maintaining student memberships. The group suggested one way to address this is to build relationships with more universities and colleges to include student membership as part of enrollment fees, as some universities already do.

"As an association that represents RNs who join voluntarily, we are accountable to you," CEO Doris Grinspun says. "This survey, in some respects, reaffirms we're headed in the right direction. In other respects, your feedback has reshaped the direction we'll take in the future. That's invaluable to RNAO. As for its value to members overall, it shows the voice of each member is important, and heard." **RN**

# Members to vote on strategic directions at AGM

One of the first and most tangible steps taken by RNAO's board of directors to address member comments in the survey was to strike a committee to review the mission, values, tagline and ENDS (strategic directions) of the association. The following will be discussed by voting delegates at RNAO's annual general meeting this April:



## DRAFT PROPOSED MISSION

Our mission is to foster knowledge-based nursing practice, promote quality work environments, deliver excellence in professional development, and advance healthy public policy to improve health.

We promote the full participation of present and future registered nurses in improving health, and shaping and delivering health-care services.

## DRAFT PROPOSED VALUES

- We believe health is a resource for everyday living and health care is a universal human right.
- We respect human dignity and are committed to diversity, inclusivity, equity, social justice, democracy and voluntarism.
- We value leadership in all nursing roles across all sectors, in order to advance individual and collective health.
  - Through collective leadership, we collaborate with nurses, government, organizations and the public to advance healthy public policy.

## DRAFT PROPOSED TAG LINE

Speaking out for nursing.  
Speaking out for health.

Voting delegates will also have a chance to review the new strategic directions of the association (also known as ENDS). Once approved, all of RNAO's work will be directly linked to one or more of the following goals:

## DRAFT PROPOSED ENDS

- Engage with registered nurses and nursing students to stimulate membership and promote the value of belonging to their professional organization
- Advance the role and image of nurses as members of a vital, knowledge-driven, caring profession, and as significant contributors to health
- Speak out on emerging issues that impact on nurses and the nursing profession, health and health care
- Influence healthy public policy to positively impact the determinants of health, supporting Medicare and strengthening a publicly funded, not-for-profit health-care system.

(L to R) RNAO President-Elect Rhonda Seidman-Carlson, President David McNeil and CEO Doris Grinspun provided instrumental leadership throughout the review of the association's strategic direction.

PHOTO: JEFF MIRK

into her shift, an “overcap” patient is added to the mix, taking up a section of the hallway because there are no free beds elsewhere.

“These beds are always full,” she says. “It’s a rare occurrence if they’re not.”

Generally, there are about six admissions to the acute surgical unit each day, which amounts to about 15,000 patients per year. The four who are under Dunkerley’s care today have an array of issues: one has undergone multiple abdominal surgeries, while another had an ostomy reversal. The third was admitted following a bowel resection; and the fourth has vertigo (a condition that requires treatment on a medicine unit, but all of the beds there are full). It’s not unusual, Dunkerley says, to see patients who belong elsewhere in the hospital, but the level of care is no different from that she offers patients who do belong on the unit. The only exception is the absence of surgical issues that need monitoring.

Dunkerley begins each day by completing her physical assessments. She asks her patients if they’re experiencing any pain, if they’re feeling nauseous, and records the information. She checks their breathing, blood pressure and temperature. And, finally, she doles out medication.

During a visit with one patient, she catches a glimpse of something on the white board in a patient’s room. The unit recently acquired these boards as a way to share information like the name of the nurses and the expected discharge date. They’re updated daily by nurses working on the unit. “Brenda” is scribbled beneath the patient’s name, accompanied by a playful doodle. She spots the cartoon and the spiral earrings dangling from its ears, laughs and says “but I’m not wearing earrings today.” The patient smiles. Dunkerley is a knowledgeable nurse and a team player, and she also keeps staff and patients laughing, especially during hectic times, says clinical manager Maureen McGrath. This relieves tension and keeps everyone smiling, which contributes to the unit’s cohesiveness, she adds.

## BATTLING FATIGUE

The morning is wrapping up and Dunkerley still has to change the dressing on one of her patient’s wounds. It’s an hour-long task, so to ensure the procedure goes smoothly, she calls for assistance from another nurse. Dunkerley enlists the help of other RNs to mitigate the stress that can stem from a heavy workload and hectic mornings. The early period is often the busiest part of her day because, in addition to completing physical assessments and handing out medication, Dunkerley checks the doctors’ orders, patients’ blood work results, and washes her patients.

Although the nurses on this unit work independently for most of the day, the camaraderie of the



**As an RN on an acute surgical unit, Brenda Dunkerley monitors patients with bowel cancer or ostomies.**

team is evident over lunch. Five RNs talk about the challenges of the night shift. “Patients think you’re sleeping,” says Dunkerley in amazement, pointing out the night is just as busy as the day.

She works two day shifts followed by two night shifts. Then, she has five days off. At the end of a 12-hour day shift, during which she’s almost always on her feet, Dunkerley goes home and heads straight to bed. Working nights, she admits, is more difficult. Coming off the 7:30 p.m. to 7:30 a.m. shift is hard because you have to readjust your sleep schedule, she says. For Dunkerley, it helps to combine three 30-minute breaks into one 90-minute nap during the night. “It makes a big difference,” she says. “Not everybody does it, but it helps me get through.”

The physical repercussions of shift work are difficult, but there is another kind of challenge that accompanies

this line of work, Dunkerley says. Compassion fatigue. She recalls one patient in particular who had complications from surgery. He would get better, and then experience setbacks. He ended up staying months, which isn’t typical on a surgical unit, where the average stay is about one week. He was patient and kind, even if she was delivering bad news that would delay his discharge, Dunkerley recalls. “Sometimes, there are days you feel like you haven’t done enough, even though you’ve done everything you can,” she says. The patient is doing much better, Dunkerley notes, but it took time for him to recover.

While providing care, Dunkerley tries to maintain an invisible barrier that allows her to maintain her composure. But it sometimes helps to unload emotions. “There are certain patients I think of a lot because they’ve gone through so much,” she says. “I’ll go home and...try to figure out what I could have done differently to help them if things didn’t go well.”

## ON THE HOME FRONT

As the evening hours approach and the day wraps up, Dunkerley begins thinking about life outside of the hospital walls. Today, she has to pick up her son from his taekwondo lesson. With two children at home, Dunkerley has found it challenging to raise them while doing shift work. She used to work part-time on day shifts and eight-hour evening shifts to remain involved in some of their extracurricular activities. Now that they’re in their teens, Dunkerley has eased back into a mix of day and evening work.

Despite the many challenges of shift work, Dunkerley has had more than two decades to adjust, and continues on because she enjoys being at the bedside. She says she wanted to be a nurse when she was a young girl, and feels as though she’s made a difference in her patients’ lives. “I couldn’t imagine doing anything else.” **RN**

MELISSA DI COSTANZO IS STAFF WRITER AT RNAO.

**Fatigue is one of the biggest challenges for staff nurses. RNAO has developed a BPG to help. Visit [www.RNAO.org/nursefatigue](http://www.RNAO.org/nursefatigue) for more.**

For the 13th consecutive year, RNs converge on Queen's Park to provide MPPs with an important reminder of the connection between nurses, better health outcomes, and reduced system costs.

BY MELISSA DI COSTANZO



NDP Leader  
Andrea Horwath

# ADVOCACY

**IN** February, Ontario's Liberal government received advice from economist Don Drummond on how and where to trim spending in the public sector to address the province's increasingly challenging financial situation. The release of Drummond's recommendations – contained in what many refer to as his austerity report – was well timed with RNAO's annual visit to Queen's Park on March 1. Many of his proposed recommendations for savings in health care are in line with what RNAO has been saying for years, including allowing nurses to work to their full scope. In fact, RNAO was saying as much when it met with Drummond last September as one of the first stakeholders to provide insight and perspective as he started his research for the government. The release of his report provided a springboard for conversations between the 150 nursing and nursing student leaders and the record 71 MPPs who agreed to meet with them to get ideas on how to strengthen publicly funded, not-for-profit health care.

Each politician attending the *13th Annual Day at Queen's Park* received a copy of *Advocating for Vibrant Communities*, a set of briefing notes outlining the policy priorities and positions of RNAO.



# IN ACTION

Among the issues up for discussion: enabling RNs in all sectors to practise to their full scope; increasing the supply of RNs; increasing the share of RNs working full-time to reach the 70 per cent target by 2015; funding for 50 new nurse practitioner-led clinics; and the expansion of existing NP-led clinics. Among the key health-care priorities nurses asked MPPs to contemplate: safeguarding publicly funded, not-for-profit health care; utilizing best practice guidelines to deliver high-quality, evidence-based care; and ensuring every Ontarian has access to a primary care provider.

MPPs, including eight cabinet ministers, met in small group settings with RNs who were prepared to press demands that will make the health system more efficient and cost-effective, and address social and environmental determinants of health.

Health Minister Deb Matthews, Progressive Conservative Leader Tim Hudak, PC Health Critic Elizabeth Witmer and NDP Leader Andrea Horwath spoke to the group throughout the day. With an opportunity to ask questions following most of the presentations, nurses raised important concerns on issues that resonate with the profession. In her speech, Horwath cautioned RNs to be wary of the short-term fixes proposed by Drummond. "We

## EXCITING ANNOUNCEMENT CAPS OFF QP DAY

On March 1, Minister of Health Deb Matthews announced funding for a new database that will help to measure the effectiveness of clinical best practice guidelines. "I'm very happy to share with this House some news that I shared with the nurses this morning," she told members of the legislative assembly during question period. "Our government is partnering with the RNAO in funding an initiative called the NQuIRE Initiative. NQuIRE will establish a central database of nursing-sensitive indicators for RNAO's clinical best practice guidelines. These guidelines have been translated into multiple languages and are improving care right around this planet. This new program, NQuIRE, will play a significant role in understanding the full impact of RNAO's best practice guidelines program on quality of care for the people of Ontario." The news was greeted with applause by members of all three parties.

## MEETING WITH AN MPP: UP CLOSE AND POLITICAL

There were dozens of small group meetings with MPPs during RNAO's 13th Annual Day at Queen's Park. RNJ sat in and observed as Cabinet Minister Linda Jeffrey, whose portfolio includes seniors, met with three members and one of RNAO's policy analysts to discuss Ontario's aging population. Here's what happened...

**Thirty minutes:** that's how long Paula Manuel, Alisha Aggarwal, Melissa Northwood and Sara Clemens have to communicate RNAO's key messages to Liberal MPP Linda Jeffrey.

They're hoping to ask how the government will alleviate financial pressures on seniors. "We have to be efficient (with our time)," Manuel notes as they prepare for the visit the evening before. The others nod in agreement: they've done this before.

Eighteen hours later, the group is seated in Jeffrey's office at Queen's Park. After introductions, Manuel says: "we're interested in your thoughts and vision about what the Liberals are going to do to better integrate (continuity of care) for seniors." Jeffrey notes her primary seniors' portfolio responsibility is with the *Retirement Homes Act (RHA)*. She is working with stakeholders to move regulations under the legislation one step closer to being passed.

RNAO is one of those stakeholders, and in May 2010 made a submission on the *RHA* to the Standing Committee on Social Policy. The association called for a cap on the health services that can be provided by retirement homes, and effective oversight and accountability to be provided by the new regulatory authority.

Manuel asks: "Are we (nurses) helping you enough?"

Jeffrey admits she doesn't "...know what RNAO's position is on the *Retirement Homes Act*," but will follow up. She says she'd like to get a sense of nurses' concerns: "I encourage you and your members to drop an email, or keep in contact."

Jeffrey briefly chats about the value of collaborating with stakeholders in her riding (Brampton-Springdale), and Manuel makes a mental note to take the minister's contact information to Norma Nicholson, RNAO's region 4 representative and a nurse in that riding. Manuel shifts the focus and asks for an update on the Liberal committee that was to have been assembled to discuss minimum wage in preparation for the 2012 budget. It's not moving forward at the moment, Jeffrey replies.

Before everyone knows it, the meeting is ready to wrap up, and Jeffrey repeats that she is "very interested" in having an ongoing conversation with RNAO about the seniors portfolio and the *RHA*.

After bidding goodbye, the nurses gather in the hallway. Everyone is excited that this MPP wants access to nurses' expertise, and is interested in following up. "She doesn't (seem) to care about (political stripes)," says Aggarwal earnestly. "It's about people for her. It's about community."

To read reactions from members who sat in on meetings with NDP and Conservative MPPs, visit [www.RNAO.org/QPDay](http://www.RNAO.org/QPDay).



Don Drummond speaks to nurses in March

have to make sure that we are not looking, for example, to the private sector to be more involved in our health-care system," she said. "That is a short-term fix that will cause us long-term problems, and will erode our health-care system." RNAO has vocally opposed Drummond's recommendation to consider tendering specialist services to 'private, for-profit entities,' because such a move will steer the province towards health-care privatization.

Examining two-tier health care is something Matthews is not open to, she said during her address. "On my watch, we're going to build the continuum of care at the community. We're going to focus on excellence. We're going to focus on evidence. We're going to get the best value for every dollar we spend on health care," she said. "I cannot do that without the support of nurses."

Scope of practice was one of the hottest topics at the event. Paul-André Gauthier, region 11 board representative, stepped up to the microphone to speak to Matthews after her address. He expressed his concern that nurses and nurse practitioners in primary care are not working to their full capacity. "We have to make sure RNs and nurse practitioners are doing much better in improving access to services," he said. "I hear you loud and clear," responded Matthews.

"Expanding the scope of practice for nurses...that's just common sense and smart health care," Hudak said to applause during his speech.

Claudia Mariano, president of the Nurse Practitioners' Association of Ontario, an RNAO interest group, spoke about NP-led clinics that are at capacity, and asked Hudak if his party would assist in securing more NPs per clinic (six, as opposed to four). She also asked about adding more RNs and RPNs. Doing this will allow NPs to take on more patients who are waiting for primary care providers.

CONTINUED ON PAGE 24

Looking to the private sector ...is a short-term fix that will cause us long-term problems, and will erode our health-care system.”

NDP LEADER **ANDREA HORWATH**

We’re going to get the best value for every dollar we spend on health care. I cannot do that without the support of nurses.”

HEALTH MINISTER **DEB MATTHEWS**

Expanding the scope of practice for nurses...that’s just common sense and smart health care.”

CONSERVATIVE LEADER **TIM HUDAK**



Conservative MPP Toby Barrett (top, centre), NDP MPP Rosario Marchese (above, right), and Liberal MPP (and nurse) Soo Wong (below, centre) were among the many politicians who met with nurses and nursing students in small group sessions. (Below, left) Katie Dilworth, President of RNAO’s Community Health Nurses’ Initiatives Group, was one of many members with questions following Deb Matthews’ keynote address.





Nursing students from across Ontario attended RNAO's Annual Day at Queen's Park to get a taste of the political advocacy of the association. They participated in the small group meetings with MPPs, and had the opportunity to witness the raucous behaviour of provincial politicians during question period in the Legislative Assembly.

Hudak, who took notes throughout, said he appreciated Mariano's question, and mentioned RNAO CEO Doris Grinspun and President David McNeil have raised this issue with the party. "I think we need to expand the scope of practice for nurses, and better utilize nurse practitioners in the province of Ontario," he said. "I think it's sensible."

Speaking specifically to NP-led clinics and NPs working on family health teams, Hudak said: "How do we get the best bang for our buck? What's going to be in the best interest of the patient at the end of the day (in terms of) affordability and the limited envelope we have?" Expanding the use of NPs, whether through the clinics, or through stronger roles on family health teams, is something Hudak said he supports.

For the first time ever, participants of RNAO's Annual Day at Queen's Park were able to fill the seats of the Legislative Assembly for question period, a time for the opposition parties to hold the government to account. RNs leaned forward in their seats and listened with both attentiveness and surprise as MPPs traded barbs over Ornge, the province's scandal-plagued air ambulance service.

Rachel Schrijver, RNAO's region 6 policy and



#### TOP TWEETS

"Thank you @RNAO for your work. #Ontario's nurses are the world's best nurses. We're proud of all you do. #onpoli" @Deb\_Matthews



"@RNAO really enjoyed being there, thanks for having me" @timhudak



"The Legislature welcome the RNAO; thanks to RNs for your dedication + hard work in providing health care" @SooWongMPP

To watch videos of Health Minister Deb Matthews and the party leaders, and to see Don Drummond's speech to assembly members on March 2, visit [www.RNAO.org/QPDay](http://www.RNAO.org/QPDay).

political action representative, was in one of those seats and said she was pleased to hear NDP Health Critic France Gélinas ask Matthews about the ministry's plan to address the ongoing structural issues in nurse practitioner-led clinics. "I can absolutely undertake to work with RNAO and with the Nurse Practitioners' Association of Ontario, as we have done in the past, to continue the work to strengthen this new model of care," responded Matthews. "Will we need to continue to improve that model? Absolutely."

In terms of the political landscape going forward, President McNeil and CEO Grinspun stressed that nurses

will need to continue to collaborate with all three parties, and must remain firm on key issues. "This is vitally important because it will help the association steer health care in a positive direction," Grinspun said, adding RNAO could never have gained the power and political influence it holds today without the determination of its members.

"We are not shrinking violets, and the system needs us more than ever," Grinspun said. "There's no greater opportunity than a minority government to work together," echoed McNeil. **RN**

MELISSA DI COSTANZO IS STAFF WRITER FOR RNAO.

# RNAO RECOGNITION AWARDS

Susan Yates, president of RNAO's **Wellington chapter**, admits that at the beginning of last year, the local executive decided it would scale back on its responsibilities. "There were things going on in everyone's lives," she explains, adding that hectic work schedules and family commitments contributed to the decision. As the group soon learned, it's hard to slow this chapter down. "You know what? We couldn't (slow down)," she laughs. "When the opportunities presented...we just had to follow through."

Last year was one of Wellington's busiest years yet, and the efforts of its members did not go unnoticed. The group picked up RNAO's *Chapter of the Year* award, which goes to the chapter that shows dedication to the association by involving its members in RNAO initiatives.

Wellington chapter members "...are ready and willing to represent the association: they have been interviewed by reporters on a number of topics, including environmental issues and home care, and have spoken at community events about poverty and end-of-life care," RNAO President David McNeil says. He went on to acknowledge the group's work on poverty. "This group has mentored and inspired members."

Yates says the "exciting" win highlights the group's efforts, but that the real reward is seeing the impact the chapter is having within the community. Membership numbers are increasing, which means there are more voices speaking out for nursing, and speaking out for health. "At the end of the day, that is really what keeps driving us forward," Yates says.

**The Nurse Practitioners' Association of Ontario** (NPAO) was recognized with RNAO's *Interest Group of the Year* award, given to a group that demonstrates teamwork and leadership, influences decision-makers and involves members in RNAO activities. "We are humbled by this award, and look forward to continuing to work to ensure accessible health care for all Ontarians," Claudia Mariano, president of the group, says. "NPAO

has been fortunate for...the visionary leadership of those NPs who have committed their time and energy to move our association forward." Legislative change that RNAO and NPAO advocated for last year, now means NPs can practise to their full-scope, and can admit, treat, transfer and discharge hospital in-patients. The group also feted the opening of more NP-led clinics.

NPAO's leadership team is "...committed to working together with RNAO to influence important policy decisions," McNeil said

before presenting the award. "Its board members are involved in a number of working groups, cultivating key relationships with government officials...as well as multiple provincial and national health-care associations to advance nursing roles and improve patient care."

Hamilton RN **Leanne Siracusa** also received recognition in the form of a *Leadership Award in Political Action*. "It is a very slow process when you're working on influencing change in the political system," she acknowledged. "It's nice to be recognized, even for the small steps that I'm taking." The link between poverty and health motivates this RN, who says years of working in the community and seeing people struggling with poverty pushed her to become involved. On many occasions, Siracusa partnered with RNAO's Senior Policy Analyst Lynn Anne Mulrooney, who was instrumental in moving many initiatives forward.

"Whether she is writing an editorial for publication in the *Hamilton Spectator* about poverty and housing strategies, or participating in community forums, Leanne is constantly engaged in political action initiatives that improve the health of communities and have a positive effect on nursing," says McNeil.

Siracusa says the recognition will only continue to motivate her: "There are so many great things nurses are doing. To be singled out when I know there are lots of other great things going on... it's humbling." **RN**



**(Top)** Representatives of RNAO's Wellington chapter, 2011 *Chapter of the Year*, describe last year as "one of its busiest years yet." **(Centre)** Leanne Siracusa accepts her *Leadership Award in Political Action* with thanks to RNAO Policy Analyst Lynn Anne Mulrooney (right). And **(bottom, L to R)** Claudia Mariano, Michelle Acorn and Daria Parsons accept the *Interest Group of the Year* award on behalf of the Nurse Practitioners' Association of Ontario.

To view photos from RNAO's 13th Annual Day at Queen's Park, head to [www.RNAO.org/facebook](http://www.RNAO.org/facebook).

# CALENDAR

## APRIL

April 26-28

**RNAO ANNUAL GENERAL MEETING**

Hilton Toronto  
Toronto, Ontario

## MAY

May 3

**NURSING PROFESSIONALISM  
IN COLLABORATIVE TEAMS**

Workshop  
Toronto, Ontario

May 7-13

**NATIONAL NURSING WEEK**

Nursing – The Health of Our Nation

May 11

**NURSING WEEK EXPO/  
CAREER FAIR**

Hosted by RNAO  
Toronto, Ontario

## JUNE

June 4-7

**NURSING: CARING TO KNOW,  
KNOWING TO CARE  
INTERNATIONAL CONFERENCE**

The Inbal Jerusalem Hotel, Israel  
www.israel.rnao.ca

June 11-15

**DESIGNING AND  
DELIVERING EFFECTIVE  
EDUCATION PROGRAMS**

Extended Workshop  
Ottawa, Ontario

June 28-29

**RNAO BOARD OF  
DIRECTORS MEETING**

Home Office  
Toronto, Ontario

## JULY

July 8-13

**BEST PRACTICE GUIDELINES  
FOUNDATIONAL INSTITUTE  
BEST PRACTICE GUIDELINES  
ADVANCED INSTITUTE**

Blue Mountain  
Collingwood, Ontario

## SEPTEMBER

September 21-22

**RNAO ASSEMBLY AND BOARD  
OF DIRECTORS MEETINGS**

Hyatt Regency on King  
and RNAO home office  
Toronto, Ontario

Unless otherwise noted, please contact [events@RNAO.org](mailto:events@RNAO.org)  
or call 1-800-268-7199 for more information.



**Schulich**  
School of Business  
York University  
Executive Education Centre



## Certificate in Clinical Leadership

Ontario's Premier Clinical Leadership program - define  
and hone your Clinical Leader competencies.

Developed for Clinical Managers, Professional Practice Leads,  
Healthcare Managers and Leaders.

[www.hlln.ca/clinical-leadership](http://www.hlln.ca/clinical-leadership)

(Nurses can receive up to \$1500 off this program.)

Our program will help you:

- Create high impact teams that improve clinical outcomes
- Achieve your strategic goals
- Generate high energy and sustainable responses to change  
...And More!



CANADIAN COLLEGE OF  
HEALTH LEADERS  
COLLEGE CANADIEN DES  
LEADERS EN SANTÉ

MAINTENANCE OF CERTIFICATION

**Program Sessions:**

**Summer: June 18 - 22, 2012**

**Fall: November 12 - 16, 2012**



redefine THE POSSIBLE.

## CLASSIFIEDS

### PROMOTE CRUISE VACATIONS, ENJOY TRAVEL PERKS

Turn your passion for travel into a rewarding endeavour; join Expedia CruiseShipCenters, Canada's #1 cruise specialist. Enjoy the flexibility to set your own time, and work from anywhere selling dream vacations, while enjoying travel perks. For more information, call Mary or George at 905-274-7447 or email us at [portcredit@cruiseshipcenters.com](mailto:portcredit@cruiseshipcenters.com).

### CERTIFIED PROFESSIONAL CANCER COACH PROGRAM

McMaster University – Hamilton, Ontario – April 23-27, 2012

This five-day certificate program is open to nurses and medical professionals. Upon certification, coaches are eligible to work in private practice as an integrative cancer coach practitioner. Influence/encourage positive results for oncology patients in treatment. For full program details/outline, visit [www.pcciprogram.com](http://www.pcciprogram.com). Maximum 12 students. For further information, [jcmarsall@cogeco.ca](mailto:jcmarsall@cogeco.ca), [www.cancerwipeout.com](http://www.cancerwipeout.com), or 905-560-8344.

### A SMART WAY TO STUDY FOR THE CNPE

Frontline Education's Canadian NP Exam Family (CNPE) Online Preparation Course. With Jenna Verenka, RN(EC), MN. Course dates 2012: May 24/25, June 21/22, July 12/13, 09:00-16:00 EST. Includes: two-day live course; 24/7 access to the online e-learning portal; study tools, online practice questions; collaborate with a student online discussion forum. Email [frontlinenp@gmail.com](mailto:frontlinenp@gmail.com) to register. Cost: \$300. Pass the CNPE with confidence by studying *smarter not harder*. Est. 2007.



2011 18360

## Imagine the Possibilities

If you're looking for meaningful work, where you can develop your skills and career alongside the best talent, then look no further than Revera, a leader in seniors' care and services.

Visit our website for career opportunities [reveraliving.com](http://reveraliving.com) or email [careers@reveraliving.com](mailto:careers@reveraliving.com)



[reveraliving.com](http://reveraliving.com)

Revera: Canadian owned for 50 years with more than 250 locations.

# Are fees **tax deductible**?

Every year at this time, members ask: Are my RNAO fees deductible? The answer: it depends.

If you are **employed**, RNAO and Interest Group fees **do not** qualify as a deduction from salary since they are not necessary to maintain professional status recognized by law.

**Self-employed** registered nurses are permitted to deduct expenses incurred for purposes of earning business or professional income. It is a matter of satisfying Canada Revenue Agency that payment of voluntary membership fees are expenses incurred to earn such income.

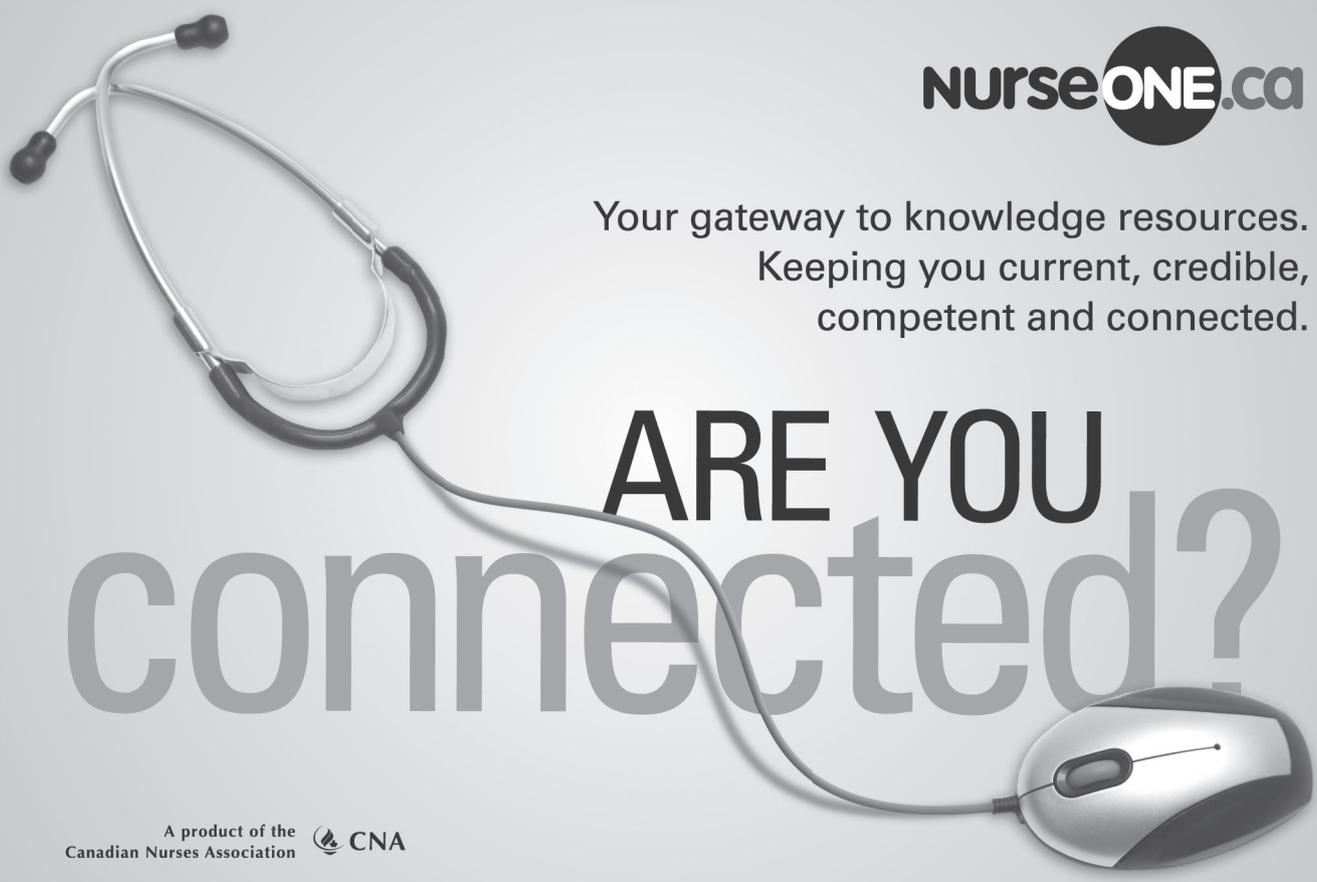
It's best to seek professional advice if you are unsure about your circumstances.

## NURSEONE.ca

Your gateway to knowledge resources.  
Keeping you current, credible,  
competent and connected.

# ARE YOU connected?

A product of the Canadian Nurses Association  CNA





## YOU ARE INVITED TO ATTEND PARISH NURSING MINISTRY INFORMATION FORUMS

Hosted by InterChurch Health Ministries Canada &  
Elora United Church, Faith Gospel Church & Sharon-Hope United Church

Who should attend? Registered Nurses, Congregation Members, Clergy, and  
any others interested in health and healing ministry

The purpose of the forum is to educate participants about Parish Nursing Ministry, the role of the Parish Nurse, and the role of *ICHM* to promote Parish Nursing Ministry as well as to Educate and Support Parish Nurses and faith communities in the implementation and maintenance of this ministry.

Please call 1-888-433-9422 or email [info@ichm.ca](mailto:info@ichm.ca) to register. There is no charge to attend.  
Visit our website at [www.ichm.ca](http://www.ichm.ca)

Tuesday, April 17, 2012

6:30PM to 9:15PM

Elora United Church

75 Geddes Street

Elora, ON N0B 1S0

RSVP by Thursday, April 12<sup>th</sup>

Wednesday, April 25, 2012

6:30PM to 9:15PM

Faith Gospel Church

518 Cochrane Road

Hamilton, ON L8K 3H5

RSVP by Friday, April 20<sup>th</sup>

Tuesday, May 1, 2012

6:30PM to 9:15PM

Sharon-Hope United Church

18648 Leslie Street

Sharon, ON L0G 1V0

RSVP by Thursday, April 26<sup>th</sup>

## Centre for Advanced Studies in Professional Practice

### LEAD PRACTICE CHANGE. BE AN INNOVATOR

The Lawrence S. Bloomberg Faculty of Nursing at the University of Toronto offers advanced educational opportunities for nurses and other health care professionals to expand their knowledge in clinical practice, education, leadership, research and informatics.

#### PROFESSIONAL DEVELOPMENT COURSES

**Integrating New Graduates in Nursing into the Workforce**—April 24, 2012

**Advanced Critical Care Competencies through Simulation**—April 26-27, 2012

**Chronic Pain Self Management Program**—June 5-8, 2012

**Teaching and Learning Using Simulation**—July 9-10, 2012

#### EXAM PREPARATION COURSES

**CRNE Exam Preparation Course**—Toronto April 28-29, 2012

**Exam Prep for Practice Assessment**—

**A Simulation Course for Nurse Practitioners**—May 4, 2012

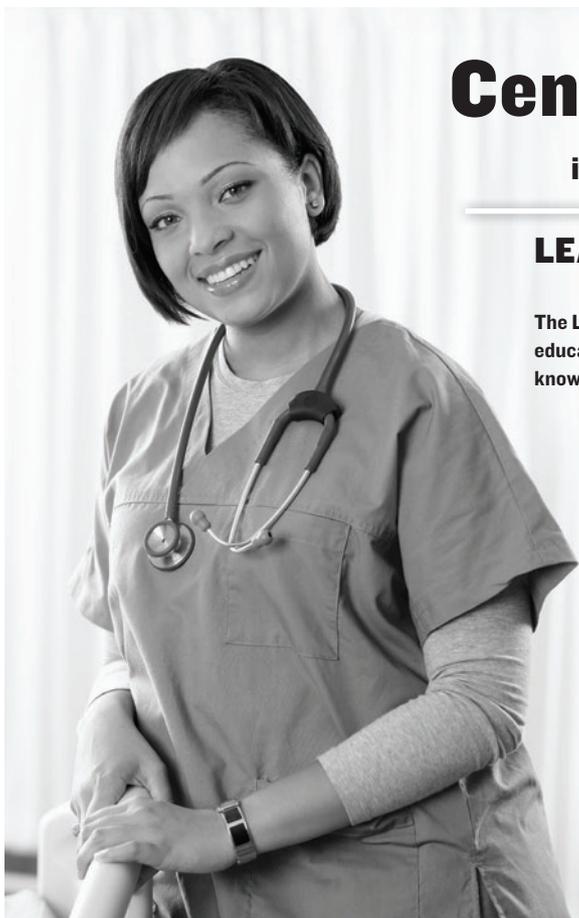
For the latest information about our programs visit [Bloomberg.nursing.utoronto.ca/CASPP](http://Bloomberg.nursing.utoronto.ca/CASPP)

 Follow us on Twitter @UofTNursing



**BLOOMBERG**

LAWRENCE S. BLOOMBERG  
FACULTY OF NURSING  
UNIVERSITY OF TORONTO





*I want to see where my career will take me. That's why I decided to work for Alberta Health Services. There's really no limit to what I can accomplish here.*

*what's your reason?*

#### **NURSE PRACTITIONER — FAMILY CARE**

Alberta Health Services (AHS) is currently recruiting for Nurse Practitioners, Family Care that are active, provincially licensed, and have current experience for a number of positions in Northern Alberta.

There are many reasons why choosing AHS is right for you.

For starters, AHS is one of the largest healthcare systems in Canada, responsible for overseeing the planning and delivery of health supports, services, and care to more than 3.7 million Albertans.

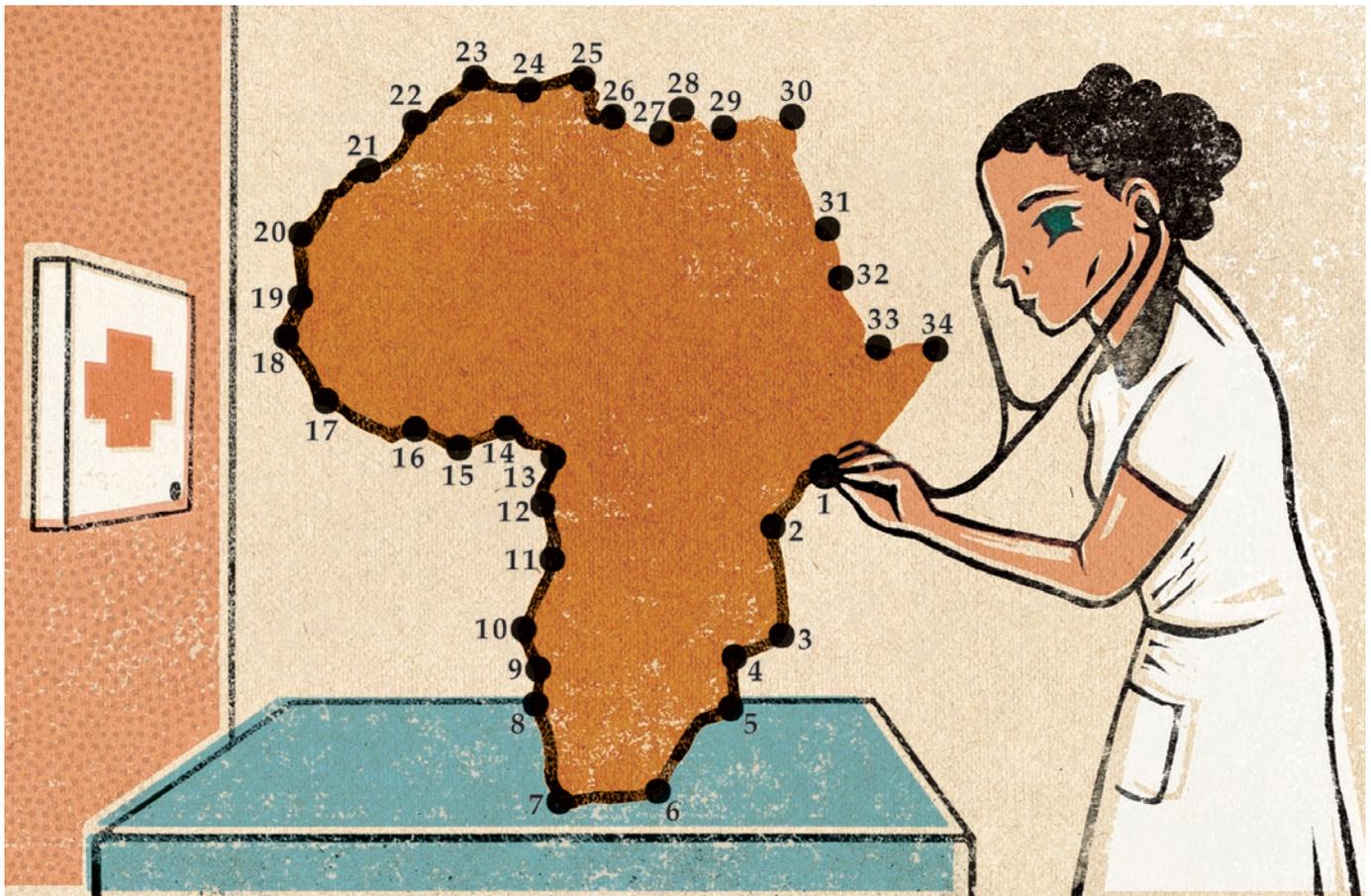
What's more, working at AHS enables a better quality of life, not only for our staff, but also their families – providing the kind of lifestyle that you'll only find in Alberta. AHS values the diversity of the people and communities we serve, and is committed to attracting, engaging and developing a diverse and inclusive workforce.

#### **REQUIREMENTS**

- Must hold an active practice permit as a Nurse Practitioner, Family All Ages with the College and Association of Registered Nurses of Alberta.
- Must hold a baccalaureate degree in nursing, a masters degree is preferred. Current ACLS and BCLS certifications are required. 3-5 years recent RN nursing experience as well as primary healthcare experience are assets.

#### **ADVANTAGES**

- excellent management terms and conditions - lapp
- flexible benefit plan
- paid yearly professional licensure
- 5 management paid leave days
- work life balance
- relocation assistance
- full time or part time positions
- new & established facilities
- opportunities for growth
- flexible hours
- Diverse workforce



## What nursing means to me...

WHILE STUDYING NURSING AT MCMASTER UNIVERSITY, I ORGANIZED AN international placement for myself in Ugunja, a rural town in Western Kenya. It was here that I began to form a deeper understanding of the interconnectedness of health. I recall one revealing conversation with the director of Ugunja's community centre, a facility without running water or electricity. I asked him: What are the top priorities here? "Many western people have asked me that," he said, "and it is hard to answer because there are so many

priorities, and all of them are of equal importance."

It suddenly hit me: when facing a population that

lacks so many basic needs, trying to identify the priority is virtually impossible. I began to connect the dots. Water and sanitation are connected to health. The roads, animals, and weather are connected to health. The economy is connected to health. Politics, education and advocacy – these too are connected to health. Everything is linked and inseparable, like woven fabric.

I returned to Africa in September 2011 to work as an intern with *Save the Mothers* in Uganda. This organization is dedicated to training professionals to advocate for maternal and child health in a country that has one of the highest maternal mortality rates in

the world. Nurses in Uganda witness injustices on a daily basis: women dying in labour because they cannot pay for transport; women dying from post-partum hemorrhage because the hospital has run out of blood. One nurse told me she has not had a raise in over 20 years, but she perseveres because she is passionate about her work.

Advocacy in Africa is carried out by ordinary people. You don't have to have years of experience to be an advocate. You need a voice, and you need an audience. Some of the most impressive advocates for maternal health in Uganda are not in positions of power. They are not trained, eloquent public speakers. They are not persuasive writers. They just know change is necessary, and they want to contribute to making things better. Their persistence and commitment will change the course of maternal health in Uganda. They are an example for all of us.

As nurses, we are in a unique position – whether in Africa or Ontario – because we see what is happening at the bedside. We can use this knowledge to help influence change at a system level. **RN**

KATHARINE MORRISON IS CURRENTLY FINISHING HER INTERNSHIP IN UGANDA. SHE RETURNS TO CANADA IN MAY, AND HOPES TO PURSUE A MASTER'S DEGREE IN PUBLIC HEALTH IN THE FALL.

# What Ontario's Nurses Should Know About Critical Illness Insurance

Insurance is one of those things that no one really wants to talk about, but is a necessary safeguard in our lives. Critical Illness Insurance is an important component in your financial safety net. We see everyday the effects a critical illness can have on an individual and a family – we can protect ourselves at least in part by making sure that our finances will not be yet another burden at an already difficult time.

Briefly, Critical Illness Insurance is a living benefit. You are your own beneficiary – this is not for anyone else – this is for you. For a group of people who spend their lives caring for others, this is something you can do for yourself. There are no restrictions imposed by the insurance company or anyone else on how you use your funds when your claim is paid. You do not pay tax on the payment you receive. The money is yours to aid in your recovery, whatever that might look like. It could be hiring a nanny to help out with the kids and the house, taking a long overdue family vacation, or buying a new car. The choice is yours.

#### Here are a few stats to consider:

- An estimated 70,000 Canadians will have a heart attack this year. Most will survive.
- 75% of stroke victims survive the initial event
- 40% of Canadian women, and 45% of Canadian men will develop cancer in their lifetimes.
- There are approximately 1,000 new cases of Multiple Sclerosis diagnosed in Canada every year.

These are catastrophic illnesses. When you survive, there will likely be a period of time you are unable to work and not receiving your full pay. You need to maintain your standard of living – the mortgage and the bills don't decrease when your pay does. Even Long Term Disability Insurance only pays a portion of your pre-disability salary. Critical Illness Insurance can fill that gap.

There is a pre-existing exclusion clause that states no claim would be paid if :

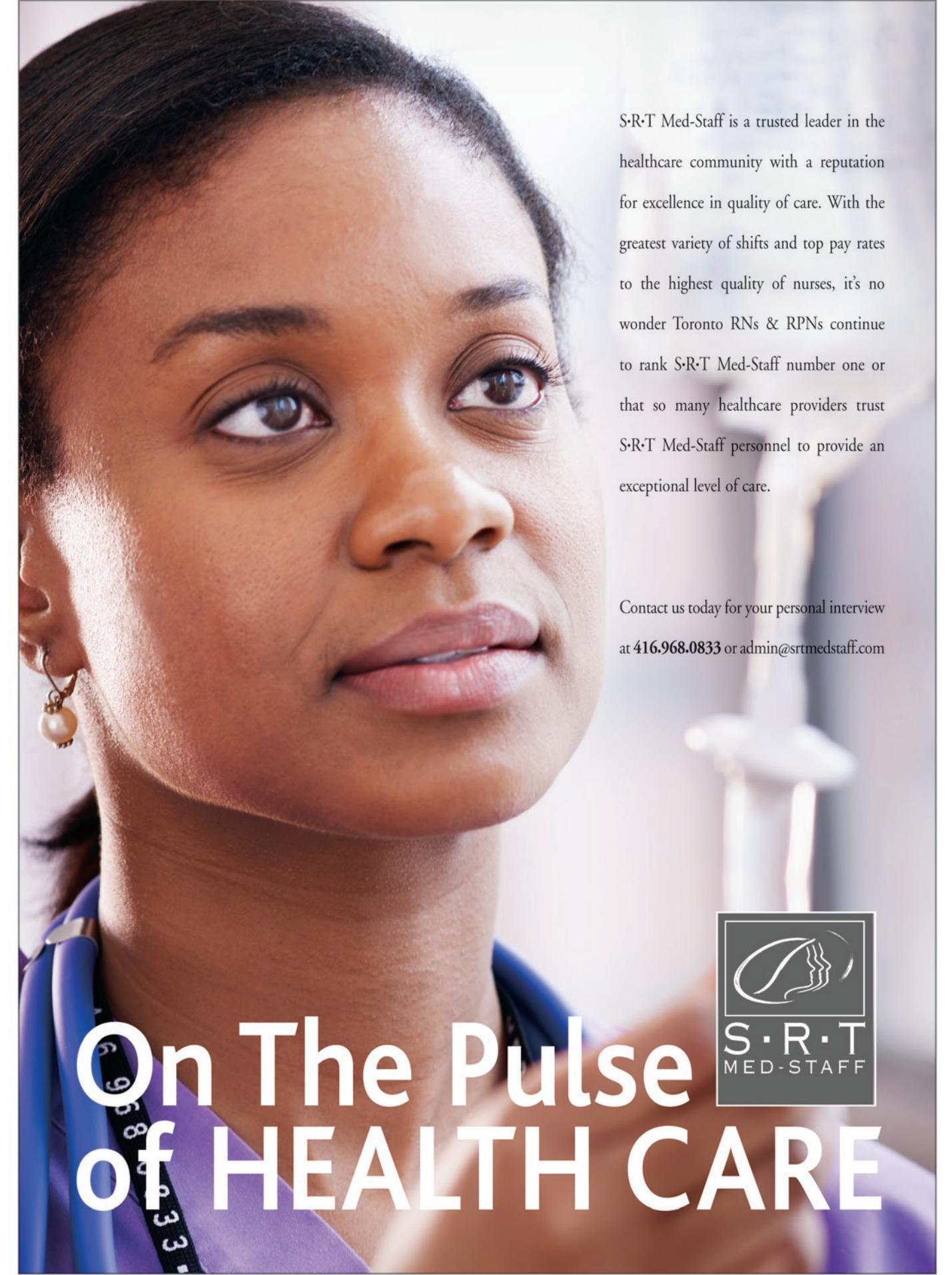
the existence of symptoms which would cause an ordinarily prudent person to seek diagnosis, care or treatment within twenty-four (24) months period preceding the insured person's effective date of coverage; or an illness or condition for which the insured person, during twenty-four (24) months prior to the effective date of his coverage incurred medical expenses, received medical treatment, took prescribed drugs or medicine or consulted a physician.

#### THIS INSURANCE COVERS THE FOLLOWING CONDITIONS:

Alzheimer's disease  
Aortic surgery  
Aplastic anemia  
Bacterial meningitis  
Benign brain tumour  
Blindness  
Cancer (life-threatening)  
Coma  
Coronary artery bypass surgery  
Deafness  
Dilated cardiomyopathy  
Fulminant viral hepatitis  
Heart attack  
Heart valve replacement  
Kidney failure  
Loss of independent existence  
Loss of limbs  
Loss of speech  
Major organ failure on waiting list  
Major organ transplant  
Motor neuron disease  
Multiple sclerosis  
Muscular dystrophy  
Occupational HIV infection  
Paralysis  
Parkinson's disease  
Primary pulmonary hypertension  
Severe burns  
Stroke (cerebrovascular accident)

No one wants to think about getting a critical illness, but it happens everyday. You see it with the patients you care for everyday. The diagnosis is more than enough stress. Protect yourself, look after your family and enjoy the peace of mind that if it happened to you, you have the tools to get through it. There will be more information coming soon on a new Critical Illness program that will be offered by the Registered Nurses' Association of Ontario through their affinity partner Morneau Shepell.

**MORNEAU  
SHEPELL** 



S·R·T Med-Staff is a trusted leader in the healthcare community with a reputation for excellence in quality of care. With the greatest variety of shifts and top pay rates to the highest quality of nurses, it's no wonder Toronto RNs & RPNs continue to rank S·R·T Med-Staff number one or that so many healthcare providers trust S·R·T Med-Staff personnel to provide an exceptional level of care.

Contact us today for your personal interview at **416.968.0833** or [admin@srtmedstaff.com](mailto:admin@srtmedstaff.com)



# On The Pulse of HEALTH CARE