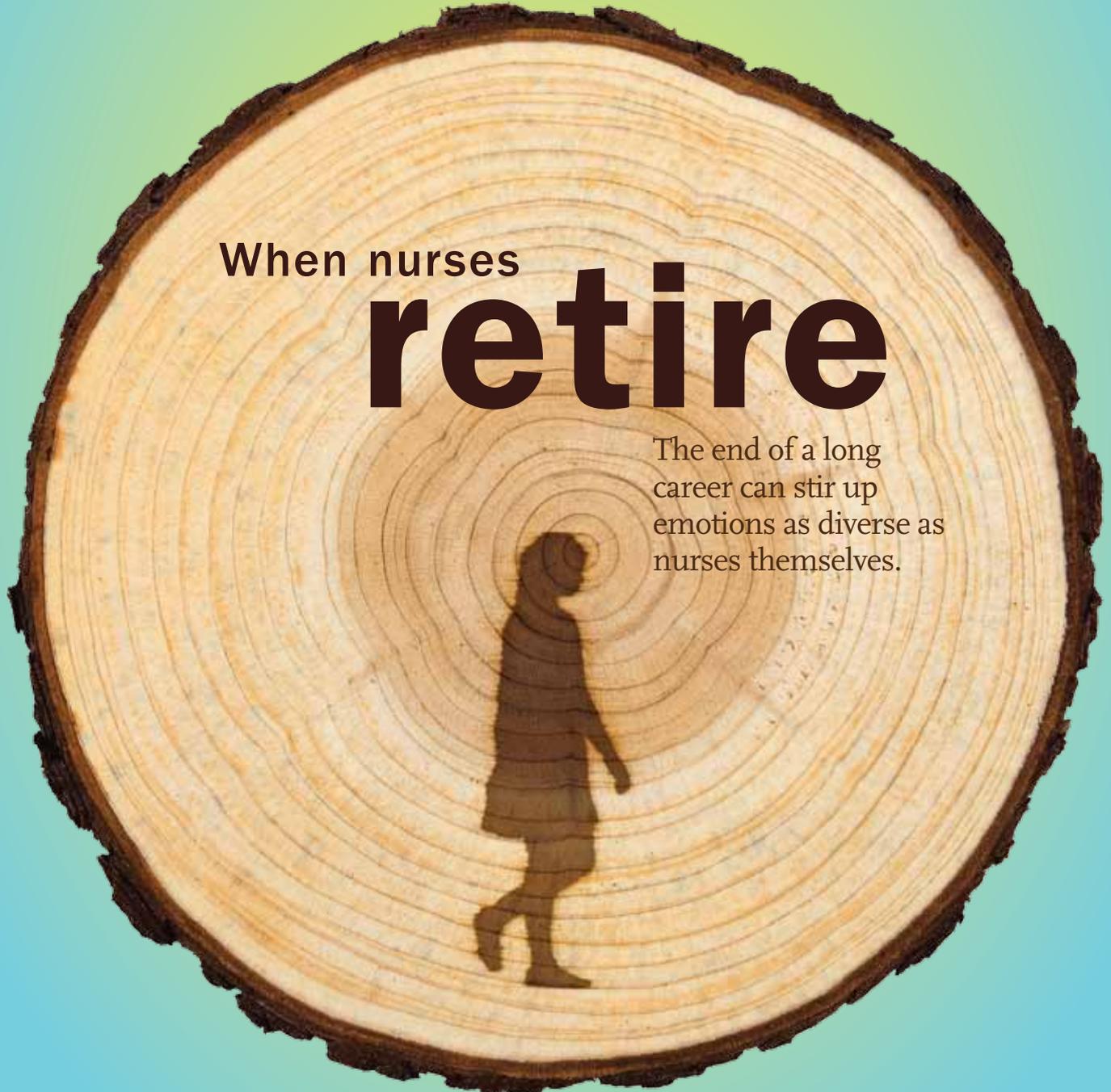


# REGISTERED NURSE JOURNAL

When nurses

## retire

The end of a long career can stir up emotions as diverse as nurses themselves.





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EDITOR'S NOTE KIMBERLEY KEARSEY

## The value of hard work... from start to finish

THE ACCOMPLISHMENTS OF THE Sudbury nurse featured as our RN profile this issue (page 7) will no doubt surprise you. And just may leave you wondering what you can do to reach higher heights professionally. That's what I was left wondering when I was introduced to Stacey Roles, who at 36, has a CV packed with more experiences than most people will likely achieve over a decades-long career. Her most recent accomplishment is well-deserved acknowledgement as one of Sudbury's 40 Under Forty. And she's not done yet. In fact, she just started working on her PhD.

As we wish Roles well as she continues with her studies and advances her career even further, we also take the opportunity in this issue to look at several RNAO members who are nearing the end of accomplished careers, and are embarking on a new chapter in their lives (page 12). It's not easy to walk away from a role that, for many RNs and NPs, is a part of their identity. And the emotions that come with goodbye are as diverse and varied as the nurses themselves. Some have a specific exit plan from the profession, while others may find themselves face-to-face with unexpected circumstances that leave them with little choice but to move on.

Life can throw you curveballs that can spell the end of a career. In this issue, we introduce you

to two nurses who have helped many clients facing this reality (page 20). RN Jane Gallimore and NP Jennifer Safadi work with military personnel and members of the RCMP who are dealing with psychological injuries that are a direct result of the work they do. They are part of an interdisciplinary team at an operational stress injury (OSI) clinic in London. Jackie Buttner, a former military medic diagnosed with PTSD, is one of their clients. Nursing support and special programming at the clinic have provided Buttner with the tools to rebuild her life. And part of that was physical training which led her to the Invictus Games, an international sporting competition for injured soldiers. Buttner competed in September and won a silver medal.

We all know physical activity is good for the body, mind and soul. And as we discover in our feature about the Nursing Games (page 18), students are eagerly taking part in this good-for-you activity. The event is completely student run and offers an opportunity to let loose and have some fun competing against fellow nursing students from across the province. The games are also a great example of the kind of collaboration tomorrow's nurses will need to engage in when they arrive in the workplace. And they show just how far a little fun can go. **RN**





## A tour to remember

ONE OF THE THINGS I ENJOY MOST about representing you as president is the opportunity to travel and connect with you in your communities and to hear first-hand your issues and concerns.

This year, RNAO's annual fall tour took me to southwestern and northern Ontario.

Windsor-Essex was my first stop with an evening event hosted by the chapter. I had a chance to meet with RNs, NPs and students. Members underscored the need for more NPs in the community and the lack of RN employment opportunities, which is resulting in some new Ontario graduates going to the U.S. for work. Despite these challenges, I also heard heartwarming stories about the positive ways nurses support each other in their day-to-day work on interprofessional teams.

My next visit took me to Chatham-Kent. I began my day at St. Clair College, observing students in the simulation labs. I witnessed critical thinking, problem-solving and emerging leadership before my very eyes. During my visit, I also had the pleasure of meeting with the CEO and chief nursing executive (CNE) of the Chatham-Kent Health Alliance. From our discussions, it was very clear there is strong collaboration across the health system in this community.

I learned about the growing need for health and social services related to mental health

and addiction, the community's high level of unemployment, and how much nurses appreciate RNAO's focus on social determinants of health. I learned how NPs are reducing hospital

**“I HEARD HEARTWARMING STORIES ABOUT THE POSITIVE WAYS NURSES SUPPORT EACH OTHER IN THEIR DAY-TO-DAY WORK ON INTERPROFESSIONAL TEAMS.”**

emergency visits by checking up on residents in their homes. And I learned about the burnout rate among nurses, what to do about disengagement, and the effect that is having on nurses' willingness to preceptor students.

I used this visit to encourage those who are not yet RNAO members to get involved, connect with nursing colleagues, and re-energize through our collective advocacy, chapter work and interest groups.

You may recall that during last year's tour, despite my best efforts to travel to northern Ontario, the weather conspired against me and I could only get as far as Thunder Bay before being forced to turn back. This year, although it took two attempts due to fog, I did manage to visit North Bay and Kenora.

A group of Nipissing University nursing students greeted me when I arrived in North Bay, and I spent the evening meeting with them and other members of the local chapter. They shared insightful concerns about staffing

mix in long-term care, wage disparity, and recruitment concerns among RNs and NPs working in the community sector. They warned of the growing health disparities in

northern communities. The students also shared innovative strategies for recruiting and sustaining student members in RNAO, including the idea of offering a study group to support NCLEX exam preparation.

My final stop was Kenora. The drive from the Winnipeg airport to this city not only exposed me to some gorgeous landscape, but also the physical distance between northern towns and dispersed communities. Members spoke passionately about how they rely primarily on technology to engage in the educational and membership benefits of RNAO. I was reminded that a member coming to Toronto for a one-day event translated into three days away from work and family.

I assured members the association would continue to expand its use of technology to ensure active engagement and better access for members in northern and rural communities. During this visit, I also had the opportunity to meet with the

CNE of Lake of the Woods District Hospital. I was impressed to learn that numerous RNAO BPGs are being used across many clinical areas. The CNE expressed concern about the challenge and cost of providing and maintaining specialty clinical competence for RNs and NPs in rural community hospitals, especially in areas such as dialysis.

I spoke with RNs and NPs who work at the local family health team, and learned about the range of primary care and health promotion services they provide. I was amazed to hear about the means by which clients and patients have to travel from First Nations communities via snowmobile, boat and plane just to access services.

My final highlight was meeting with the health and wellness co-ordinator at Seven Generations Education Institute, an Indigenous academic centre. I applaud their efforts to ensure the nursing programs are culturally appropriate and honour the intent of Indigenous teachings.

I am very pleased to have had the opportunity to connect with so many of you. I want to thank members who planned these visits and accompanied me. It was truly a pleasure and worth every minute. **RN**

CAROL TIMMINGS, RN, BScN, MEd (ADMIN), IS PRESIDENT OF RNAO.

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## Powering nurses to strengthen health and health care in Ontario

WHEN YOU READ THE HEADLINE above, you may wonder if it's a typo, and if it should read "empowering" rather than "powering." The answer to that is no. I very purposefully use the word powering because I believe it more clearly conveys RNAO's goals as an association.

To empower someone means giving them more authority or making them more confident to do something. There's a sense of doing onto another person. This is not the type of association RNAO is or wants its members to be. Instead, we want members to be powered.

Florence Nightingale once said: "There is no magic in the word association...We must never forget that the 'individual' makes the association. What the association is depends on its members. A nurses' association can never be a substitute for the individual nurse. It is she who must, each in her own measure, give life to the association, while the association helps her."

This notion that RNAO supports its members – but it's the members who give life to RNAO – rings as true today as it did when Nightingale wrote this quote in 1859. Let's take a moment to translate her message into our context today.

To me, it means RNAO is here to power you to, in turn, power health and health care wherever you work and live. A contemporary example relates to [Queen's Park on the Road \(QPOR\)](#). RNAO powers members with evidence-based

backgrounders on topics for discussion. You then bring these backgrounders and your powerful perspectives into meetings with politicians.

Members across the province have been meeting with MPPs recently for QPOR (see page 24). The conversations focus on

**"IT IS MEMBERS WHO GIVE LIFE TO RNAO'S BACKGROUNDERS. IT IS YOU WHO LEAVES AN IMPRESSION ON YOUR MPP ABOUT THE URGENCY OF THESE ISSUES."**

top priorities for nurses, whether RNs, NPs or nursing students. And they build on the top priorities of RNAO.

It is members who give life to RNAO's backgrounders. It is you who leaves an impression on your MPP about the urgency of these issues. And it is you who can take pleasure in the long-term impact of your meetings when MPPs bring these issues to the legislature for discussion and debate.

Here are details from two QPOR visits in the words of those who organized, prepared for, and led those meetings in their own communities.

Hamilton RN Irene Molenaar got involved when she saw the email from QPOR co-ordinator Peta-gay (PG) Batten, inviting the assembly leaders to participate. Irene took it on because she feels "...nurses can make a huge difference by being politically

involved." She knew she made a difference when NDP MPP Monique Taylor wrapped up their meeting in October with a promise to "...bring the issues forward at Queen's Park." Irene followed up on the visit by sharing details with colleagues, and posting pictures on her own

Facebook feed as well as that of the Hamilton chapter. "Others then shared it around the nursing Facebook community," she says, adding "...it raises awareness about the issues we face."

Peterborough RN Jill Staples is a veteran QPOR organizer. She says her meeting with Liberal MPP Jeff Leal, minister of agriculture, food and rural affairs, went very well. Meetings with him in the community, she says, have been productive and have enabled her to develop a relationship with him that allows her to bring forward issues even between the formal QPOR meetings. Jill also met to discuss RNAO priorities with PC MPP Laurie Scott, who she always finds very receptive and supportive.

"We have major issues in Peterborough with a lack of mental health resources, homelessness and drug use,"

she says. A personalized meeting with Leal allowed her to "...seriously discuss the suicide rates, which are much higher here than in other areas of the province...I was able to provide examples and numbers," she says.

I would like to thank Irene and Jill for sharing their experiences and thoughts about QPOR. They are just two of numerous RNAO members who have been powered by RNAO, and who are living the words of Florence Nightingale.

On behalf of your board and home office staff, I want to also thank each and every one of our members for being leaders and harnessing the power to speak out for nursing and speak out for health.

Your values, anchored in leadership, informed by evidence, and fueled with courage, power you and all of us as a collective to do what's best for Ontarians. And we know that what's best for Ontarians is also best for RNs, NPs and nursing students. This is the reason our membership continues to thrive at 41,153 members strong.

We have grown substantively and will continue to grow thanks to the power of each and every one of you. **RN**

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

Follow me on Twitter  
[@DorisGrinspun](#)

## A therapeutic approach

SUDBURY CNS USES PSYCHOTHERAPY TO HELP CLIENTS WITH MENTAL HEALTH CHALLENGES.

LATE ONE EVENING IN 2003, Stacey Roles had a conversation with a client that shaped the future of her nursing career.

She was 22 years old and less than a year out of nursing school. During a shift at the Regional Mental Health Centre in London, she was working with a woman who was diagnosed with depression, but wasn't responding to her medication.

Roles had worked hard over the previous days to develop a rapport with the woman using motivational interviewing. She spent some extra time with her that evening, and after speaking for a while, the woman started to open up about all the symptoms of psychosis she had been hiding from other care providers. "It all just poured out," Roles recalls.

Thanks to that late-night conversation, she and her colleagues were able to reassess the woman's condition and adjust her medication. "If I hadn't built that (relationship) with her, (the truth) may never have come out," she says.

The experience solidified the value of building therapeutic relationships with clients, Roles says. It also reinforced that she was on the right path, after years of being unsure. During nursing school at Sudbury's Cambrian College, she kept waiting for a particular nursing specialty to jump out at her. Nothing had, but

profound experiences like this one early in her career made it clear that mental health was it. "I just loved (mental health nursing)," she says. "I knew it was my passion."

A few months after her experience in London, Roles moved back to her hometown of Sudbury, where she has



specialty area. She also studied cognitive behavioural therapy (CBT) and other forms of psychotherapy so she could have even more meaningful interactions with her clients.

Now 36, Roles' CV reads like that of someone much later in their career. She currently works as: a CNS in the mental

community. In November, Roles was recognized by Northern Ontario Business as one of Sudbury's 40 Under Forty – an award handed out to influential young leaders in the city. "I was kind of embarrassed, but honoured," she says humbly. "It's nice to be acknowledged for doing good in your community."

It means a lot to her that the nomination came from colleagues, who wanted to recognize her efforts to promote CBT throughout northern Ontario. As a CBT practitioner, trainer and researcher, she has become a vocal advocate for the popular form of psychotherapy. She says it can make a major difference for sufferers of depression, anxiety, post traumatic stress disorder (PTSD), and other mental health challenges.

And Roles says nurses must play a significant role in bringing CBT to underserved communities in the north. Whether they realize it or not, she says RNs are already practising psychotherapy in all roles and sectors, and must continue to do so.

"Psychotherapy is extremely important to the role of the RN," she says. "We have nurses working in every area (of Ontario) and they have the foundation, skills and ability... to help people." **RN**

### Three things you didn't know about Stacey Roles:

1. She enjoys sewing and crocheting.
2. She is the youngest of four sisters.
3. She has a 64-kilo French Mastiff named Hercules.

lived for most of her life. From that point on, she says every career move she made was driven by a desire to do more for clients with mental health challenges.

Toward that end, she expanded her knowledge and leadership skills by earning her bachelor's degree in Laurentian University's post-RN program in 2005. Then in 2012, she zeroed in on her specialty by completing her master's degree in nursing and becoming a clinical nurse specialist (CNS) – an RN with a master's or PhD and extensive clinical experience in a

health program at Health Sciences North; an adjunct professor for Laurentian's school of nursing; and a faculty member in the Northern Ontario School of Medicine's (NOSM) psychiatry program. She is also a certified CBT trainer and supervisor, and runs her own practice ([center-forcbt.ca](http://center-forcbt.ca)). To top it off, she recently started work on her PhD in human studies, which will focus on best practices for treating people with borderline personality disorder.

It all adds up to a busy schedule, and her efforts have not gone unnoticed in her

DANIEL PUNCH IS STAFF WRITER FOR RNAO.

# NURSING IN THE

## Empowering young women

On a mission to empower young women, two Waterloo nurses travelled to India in September as part of the Days for Girls campaign, a global non-profit that is destigmatizing menstruation, and hopes to equip every woman and girl with access to feminine hygiene products within the next five years. Grand River Hospital RNs **Shamim Damji** and **Kim Trinh** teamed up with Damji's sister-in-law Alysha Damji, a teacher, to provide menstruation kits to young women in two different institutions: REACH Hostel in Pune and Asha Sadan Rescue House in Mumbai. The latter is the orphanage Shamim Damji was adopted from at age five. "The girls opened up about their health concerns, asking questions to gain an

understanding of their bodies and health," says Shamim, adding that in India menstruation is considered impure and hygiene products are not easily accessible or affordable for some. The nurses educated the girls about identifying infections, better personal hygiene, and urinary tract and yeast infections. With the help of friends, family and community members, they made 166 menstruation kits, which included a fabric pad, washcloth, soap, and a Ziploc bag for the girls to wash their products in. "Better education about menstruation, cleanliness, personal hygiene and sanitation will help areas in need to achieve an overall better quality of life," says Shamim. ([CBC News](#), Sept. 28 and [Waterloo Chronicle](#), Oct. 9)



RNs Kim Trinh (left) and Shamim Damji (centre) joined forces with Alysha Damji (a teacher and Shamim's sister-in-law, right) to create and deliver care packages to young girls in India this fall.

PHOTO: KATE BUECKERT/CBC

## Nurses continue to face workplace violence

A study released in November by the Ontario Council of Hospital Unions (OCHU) has found violence against health-care workers in hospitals across the province continues to be problematic. Entitled *Assaulted and Unheard: Violence Against Healthcare Staff*, the study includes focus-group interviews with more than 50 hospital staff members who had experienced verbal, physical or sexual assault, mostly perpetrated by patients. RNAO CEO **Doris Grinspun** says this is not the first study to highlight the issue, yet the devastating effects of violence in

the workplace persist. "In fact, the biggest (workplace) hazard to which front-line health-care workers are exposed is violence," Grinspun says. While attacks often involve patients with psychiatric issues or those under the influence of illicit drugs, they can also occur when patients are frustrated by long waits, or what they deem to be inadequate care. Earlier this year, RNAO responded to a ministry of health and ministry of labour report, *Workplace Violence Prevention in Health Care Progress Report*, calling for adequate funding for staffing, education and leadership development in hospitals, as well as cross-sector sharing of all relevant tools to support the

prevention of violence in the workplace. ([Canadian Press](#), Nov. 25)

## Tracking flu shot numbers in Waterloo

Less than one third of hospital workers in the Waterloo region received their flu shot last year. **Kristy Wright**, manager of infectious diseases at Waterloo Region Public Health, says the low rates are not unique to that region. Across North America, only half of health-care workers get the annual flu vaccine, she says, adding it's a tougher sell than other shots because people need to get it annually to keep up with rapidly evolving flu viruses. It's also less effective than other

vaccines. However, when the vaccine is a good match, it can reduce the risk of getting the flu by 40 to 60 per cent, Wright says. "That's why we continue to engage the leadership at the hospitals." According to numbers collected by the public health unit, about 80 per cent of workers in long-term care homes in the region got the shot last



# E NEWS

BY VICTORIA ALARCON

year, which is higher than the provincial average of 72 per cent. RNAO has long advocated for nurses to receive their flu shot each year, and produced a video ([RNAO.ca/FluShot](http://RNAO.ca/FluShot)) featuring President Carol Timmings revealing some of the facts about the nasty virus that can be a real danger to those whose health is compromised. ([Waterloo Region Record](#), Oct. 25)

## Technology in health care

Thanks to telemedicine, patients in Windsor are finding a new way to see a doctor. At the Good Doctors Walk-In clinic, patients are first seen by a registered nurse, who does an initial assessment or conducts tests before a physician from Toronto enters on a video screen through the Ontario Telemedicine Network (OTN). RN **Victoria Rybaczuk** says the new technology has helped with wait times at the clinic. “Some (walk-in) clinics only have one doctor, so you wait,” she says. “But here, because we have three on call (through OTN), we have a much shorter wait time.” RN **April Reed**, who works at the Windsor Regional Hospital, says she has utilized telemedicine in a variety of ways since 2010. It has helped patients in many ways, including eliminating the stress of travelling by ambulance, and providing test results by video for physicians. “Most patients appreciate how it saved them from travelling...especially if they might have otherwise had to go to Toronto.” ([Windsor Star](#), Nov. 1)

## Campaign gets kids moving

To encourage physical activity for children ages six and under, Hastings Prince Edward Public Health is promoting the Have a Ball Together campaign. “Physical activity is critical for healthy child development and sets the stage for physical activity behaviour later in life,” says **Vanessa Bergeron**, public health nurse. “Without (physical literacy), children tend to withdraw from physical activity and gravitate towards more sedentary activities, which increase the risk of developing chronic disease later in life.” The Have a Ball Together campaign, which formally runs October to December this year, provides practical tips to promote and encourage physical activity, as well as more than 100 fun and creative ideas to use with children. Bergeron notes whether it is at home, in childcare,



at school, or in the community, everyone has a role to play. “With this campaign, we hope to encourage the use of this resource to help get kids moving.” ([The Belleville Intelligencer](#), Oct. 17)

## “Team awesome” to improve patient care

Several staff members at Kenora’s Lake of the Woods District Hospital, including nursing, medical, administrative, pharmacy and management staff, have come together to form a multidisciplinary committee after two years of

planning. RN **Chantel Tycholiz**, manager of emergency/dialysis, says the team will be working together to ensure patients’ best interests are always top-of-mind. “Having a team of all disciplines to pull everyone together to meet best practice standards leads to safe patient care,” Tycholiz says. Members of the committee come from ICU nursing, emergency, family and internal medicine, and quality and risk management. They will work together to connect the emergency department, inpatient services, and airport transportation into one stream at the hospital, and will also standardize some of the organization’s communications tools. As a result, service for patients will become faster and more efficient, and nurses will have more autonomy, Tycholiz says. ([Kenora Daily Miner and News](#), Oct. 17) **RN**



**RN Chantel Tycholiz (third from left) is a member of this multidisciplinary committee at Lake of the Woods Hospital in Kenora that hopes to improve patient care.**

# NURSING IN THE NEWS

## OUT AND ABOUT



### WORK BEGINS ON OSTOMY BPG

RNAO's expert panel met in October to begin work on the ostomy care and management best practice guideline (second edition). Christine Murphy and Kim LeBlanc (above, third and fourth from left, respectively) will co-chair the panel. They will receive support and guidance from RNAO staff, including (from left) Greeshma Jacob, Nafsin Nizum, Verity White and Lucia Costantini.



### STUDENTS DISCOVER NURSING AT FAIR

Representatives from RNAO helped to spread the word about nursing as a profession at the Ontario Universities' Fair at Toronto's Convention Centre in September. Sharing news of all of the great opportunities the profession has to offer were (L to R): Yonda Lai, RNAO senior nurse research associate, Isabelle Roberge and Tasha Hill, nursing students, and new nursing grad Eric Johnson.



### NPs EXCHANGE KNOWLEDGE AND CELEBRATE NEWS

In November, RNAO hosted its fourth annual Invitational NP Knowledge Exchange Forum. The event included a ministry of health presentation and a panel discussion about Ontario's opioid crisis. Primary care NP Mae Katt (left), who works with Indigenous youth in northern Ontario, was one of the panelists. Larissa Gadsby, NP-pediatrics for McMaster Children's Hospital in Hamilton (right), co-chaired the event. Katt and Gadsby also formally announced RNAO's new Nurse Practitioner Interest Group (NPIG), which they will co-chair. To find out more, visit [RNAO.ca/NPIG](http://RNAO.ca/NPIG)

# NURSING NOTES



## New NP-led clinic in Georgina

This fall, the provincial government announced it would spend \$1.63 million to fund the construction of a permanent, new NP-led clinic in Georgina. The clinic will replace an existing one that currently serves more than 3,000 patients living in the northern most part of York Region, including Keswick, Sutton, Jackson's Point, Pefferlaw and the Chippewas of Georgina Island. In addition to offering the primary care services already provided by NPs, the clinic will provide mental health care, chronic disease management, health promotion and disease prevention education, and palliative care. Thanks to enhancements in recent years to NP scope of practice, patients will receive diagnosis and treatment for common injuries and illnesses, as well as prescriptions and blood and diagnostic tests. Lisa Levin, director of RNAO's nursing and health policy department (right) was on hand when Premier Kathleen Wynne (left) made the funding announcement in Georgina on Oct. 11. "Nurse practitioners have the skills and qualifications to provide excellent care in a patient-centred environment," Wynne said to those gathered. "And clinics like this will mean shorter wait times for care and less travel for patients." The clinic team consists of NPs, a social worker, dietitian, RPN, physiotherapist and lab technicians.

## WHO appoints first-ever chief nursing officer

Elizabeth Iro is a registered nurse, and has been the Cook Islands' secretary of health since 2012. She has more than 30 years of experience in public health, and has just become the World Health Organization's (WHO) first-ever chief nursing officer. "Nurses play a critical role not only in delivering health care to millions around the world, but also in transforming health policies, promoting health in communities, and supporting patients and families," says Dr. Tedros

Adhanom Ghebreyesus, WHO's director-general, who made a commitment during his transition to the director-general role to appoint a nurse to his senior team. Iro joins a team that includes representatives from every WHO region across the globe, and that also happens to be 60 per cent female. She was her country's chief nursing officer in 2011/2012. And for the first 25 years of her career, Iro was a staff nurse, midwife and charge midwife at hospitals in the Cook Islands and New Zealand. "Nurses are central to achieving universal health coverage and the sustainable development goals (of WHO)," Dr. Tedros says, adding Iro "...will keep that perspective front-and-centre."

## Patient ombudsman releases first annual report

In November, Christine Elliott, former MPP and Ontario's first

patient ombudsman, released [Fearless: Listening, Learning, Leading](#), her first annual report since taking on the role in December 2015. Since July 2016, when it took its first complaint, the ombudsman's office has received 1,431 written complaints from patients, their families and caregivers. Many complaints are comprised of multiple complex issues that can fall under various jurisdictions, the report notes. Elliott encourages patients and their families to continue to come forward to her office with their concerns while at the same time acknowledging that can be difficult for some people who fear reprisal in terms of their own care or the care of a loved one. "We work collaboratively across Ontario's health-care sector to ensure every issue is considered and every experience matters," Elliott wrote. Of

the complaints received, many focused on: inappropriate discharge; lack of communication; policies/procedures; access to care and services; poor care; attitude and behaviour; inadequate patient relations process; patient safety; competency of staff; and lack of consent. Seventy per cent of complaints were related to hospitals, 20 per cent to home care, and 10 per cent to long-term care. In the report, Elliott asks hospitals, home-care agencies and long-term care homes to embrace the complaints process, which she says will lead to improvements in the health-care system. To read the report, visit [patientombudsman.ca](#). To read the *Journal's* Q&A with Elliott following her special appearance to discuss the role at RNAO's 2017 Queen's Park Day, visit [RNAO.ca/RNJMar-Apr2017](#) RN



Elizabeth Iro, chief nursing officer, World Health Organization (WHO)

PHOTO: COURTESY OF WHO

# When nurses

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As the end of a career nears, emotions are often as varied and diverse as nurses themselves.

BY DANIEL PUNCH



After more than four decades of nursing, Debbie Ferrill found herself rushed into retirement, and unprepared for the challenges.

**D**ebbie Ferrill's nursing career was anything but typical. She spent 43 years nursing around the world – from Ottawa to the Middle East, England, and back again – and worked in a wide range of specialties, including home care, mental health, dialysis, and intensive care. “It’s only when I talk about it...that I realize how diverse my career has been,” she says. “I just (always) felt the need to try something new.”

In January 2016, after decades of breaking the mould, then 64-year-old Ferrill made the one career move nearly every RN makes at some point. She retired.

For the next few months, family and friends congratulated her. No doubt they’d seen the images of retirement made popular by ads for banks and financial planners: a grey-haired couple strolls barefoot along the beach, while a voiceover talks about ‘freedom’ over the sounds of a tropical breeze.

But retired life didn’t look that way for Ferrill. Instead of basking in the sun and sand, she found herself in a precarious financial situation and struggling to adjust to the reality that she was no longer a working RN.

For starters, Ferrill’s retirement was abrupt. She was fed up with the culture of bullying in the hospital where she spent the last 10 years of her career, and decided she’d had enough. She handed in her resignation, and three months later her career was over.

While she doesn’t regret her decision, she left with a bitter taste in her mouth. “Nursing...had been my life. I hadn’t planned on ending it when I did,” she says.

The unexpected timing of her retirement also wreaked havoc on her finances. After so many years living and working out of the country, she had yet to accumulate the kind pension she needed to secure her future. She tried to find part-time work to help pay the bills, but because the last 10 years of her career were in a highly specialized sector, she found she was lacking the recent medical-surgical nursing experience a lot of employers demanded. Money has since been tight, and it’s getting tighter every day.

Financial security wasn’t the only thing missing. Nursing was a part of Ferrill’s identity, and leaving the profession “left a big hole” in her life. Without nursing, she no longer felt she was contributing to society. In the first few months after her retirement, she battled depression. “Everybody thinks (retirement) is a wonderful thing, and in a lot of ways it is,” she says. “(But) I’ve lost a great deal of...who I was.”

In recent months, Ferrill started volunteering at a hospital and says she feels happier and more fulfilled in her retirement. She enjoys having more time to go lawn bowling, and is relieved to be done with night shifts. Still, she says retirement feels strange after a lifetime in nursing. “I’m still a nurse, but it’s not quite the same thing.”

Nurses are always eager to discuss how they got their start in the profession. The pages of *Registered Nurse Journal* are filled with anecdotes about inspiring moments during childhood, late nights studying in nursing school, and exciting first days at work. But much less has been written about the other side of a nursing career: the end of it.

“Everybody thinks (retirement) is a wonderful thing, and in a lot of ways it is, (but) I’ve lost a great deal of... who I was.”

– DEBBIE FERRILL

Stories about nurses’ retirement are as diverse as stories about their careers. Depending on the nurse, retirement can be a time to relax and spend more time with family, the start of an exciting new chapter professionally, or a period of adjustment and reflection. But the one common refrain among retired nurses is that their retirement seldom looks like those sun-soaked commercials of life on the beach.

These diverse stories – full of both struggles and successes – were the impetus behind Rhonda Seidman-Carlson’s desire to bring this unique group together.

The former RNAO president and current board member retired from her role as vice president and chief nursing executive at the



Rhonda Seidman-Carlson, inaugural chair of RetNIG, admits she struggled with retirement, but realized after a few months that “...life was not over as I knew it.”

“My career has been a lot of what defines me. And part of retiring is finding out if it was the job that defined you, or who you are (as a person).”

– RHONDA SEIDMAN-CARLSON

a road trip to Florida with her closest girlfriends. But as her last day approached, she began experiencing the same kind of identity crisis Ferrill faced.

The “tipping point” came at her retirement party. The day was filled with old photos and poignant speeches from her colleagues, and it stirred up a lot of conflicting emotions in Seidman-Carlson. She went home that night wondering: if she was no longer an RN, what would she be?

“In my mind, once I retired, nobody would remember me. I felt sorry for myself,” Seidman-Carlson recalls. “It took me a couple of months to realize my life was not over as I knew it.”

Slowly, she started to see there were opportunities out there for a veteran nurse with some spare time. She was approached by a few organizations that needed the advice of an expert on the Canadian health system, and ended up starting her own consulting business. She also continued to work on her passion project – ending bullying in the workplace – and still gives

Scarborough Hospital in February 2016 at the age of 62. Unlike Ferrill, she planned her retirement years in advance, and gave her employer six months notice before her departure. She was looking forward to retirement, and planning

presentations to help mitigate bullying in health-care environments.

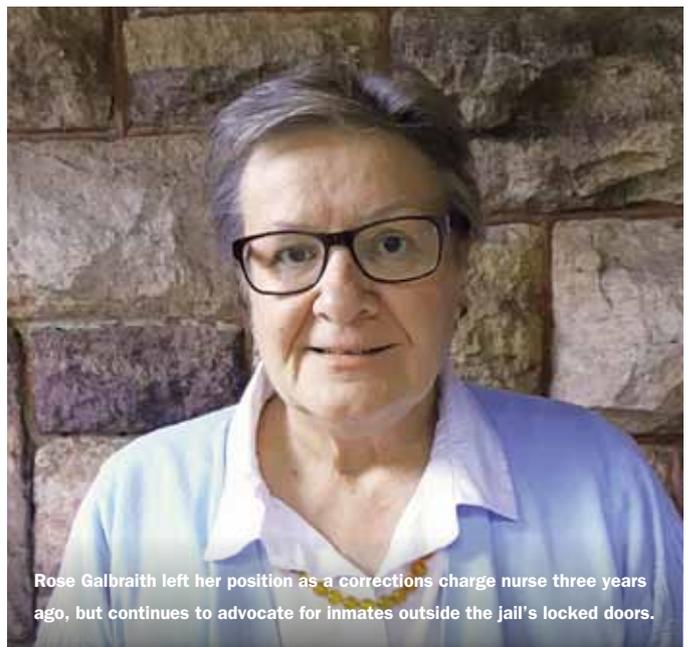
Retirement also gave Seidman-Carlson the chance to enjoy little pleasures in her day, like waking up in the morning to make a pot of coffee, without having to rush out the door. She started cycling more, cooking her now “famous” soups, and doing workouts in the pool.

Of all the things she did to “find herself again” after retirement, the most important were the conversations she had with other retired colleagues. She asked them: where do retired nurses go? From their responses, and some online research, she found that while there were groups for retired teachers and other professions, there were no groups specifically for retired nurses in Ontario. She also found that she was not alone – many nurses were looking for support and new opportunities once they retired. She decided to do something to fill that void.

Working with RNAO, she introduced the idea of a group for retired nurses at association events and meetings. She found there was a lot of interest, and after recruiting the first 20 members, the [Retired Nurses’ Interest Group \(RetNIG\)](#) officially launched in June 2017 with Seidman-Carlson as its first chair. The new group aims to harness the knowledge and experience of retirees, and help nurses before, during and after their transition to retirement. Toward that end, upcoming group meetings will cover topics like retirement planning and starting your own business.

As chair of the group, Seidman-Carlson will also be able to share some of the insight she’s gained since retiring last year. “My career has been a lot of what defines me,” she says. “And part of retiring is finding out if it was the job that defined you, or who you are (as a person).”

Through four decades as an RN, punctuated by 25 years in correctional nursing, Rose Galbraith never realized political advocacy was a big part of who she was. But her skills as an advocate for inmates in Ontario



Rose Galbraith left her position as a corrections charge nurse three years ago, but continues to advocate for inmates outside the jail’s locked doors.

## Retirement by the NUMBERS

**1,926 RNs**

reported they retired from the Ontario workforce in **2016**

**5 NPs**

**13,293 RNs**

**212 NPs**

ages 60+ were practising in Ontario in **2016**

**9,599 RNs**

**28 NPs**

ages 60+ were practising in Ontario in **2007**

\*Source: College of Nurses of Ontario (CNO)

jails have come to the forefront since her final day of work on December 31, 2014.

Though she loved her role as a charge nurse in a provincial correctional facility, she started feeling burnt out, and grew tired of the “bang” of the jail doors locking behind her. She was also entering her 60s and found that technology in other sectors was changing so dramatically that she wouldn’t feel comfortable nursing elsewhere. She took a hard look at her finances, and decided it was time to go.

But retirement didn’t change the compassionate and empathetic person she had always been. Instead, she channeled that energy into volunteering at a Milton-area nursing home. She also seized an opportunity to improve the health of incarcerated people from outside the jail’s locked doors.

At the time, the [Ontario Correctional Nurses’ Interest Group \(OCNIG\)](#) was stepping up its efforts to address health disparities in the province’s jails. Research has shown inmates suffer from mental health issues, addiction, and communicable diseases at much higher rates than the general population. From her experience as a correctional nurse, Galbraith knew how the correctional system’s emphasis on security sometimes made it difficult for health-care workers. So in July 2015, she joined OCNIG as policy and political action officer, and helped lead the group’s advocacy to transfer governance of correctional health care from the ministry of corrections to the ministry of

health. “Once I retired...it made sense for me to contribute and engage the government in this manner (because) I understood the difficulties of providing health care in jail,” she says.

Galbraith has since published an op-ed in the [Hamilton Spectator](#), a letter in the [Globe and Mail](#), and joined RNAO’s CEO and the chair of OCNIG in meetings with Premier Kathleen Wynne and former corrections minister David Oraziotti to discuss structural change in the correctional health system. Thanks to RNAO’s advocacy, the issue has gained a lot of political traction. Wynne vowed to look into the possibility of transferring health governance in jails, and it was one of the recommendations from independent advisor Howard Sapers’ 2017 report on Ontario’s correctional system. “Never in my life did I think I’d be meeting the premier and all of those politicians, and I never thought we would be moving toward structural change in the prison system. It’s incredible,” Galbraith says of her newfound political influence. “It’s almost like another part of my journey. And I just don’t know where it’s going to end.”

Connie Cook never thought of retirement as the end of her 43-year nursing journey.

She retired in November 2015 after working various positions in mental health, complex continuing care, long-term care, and spending the last 10 years at Telehealth Ontario. But it wasn’t long before she was caring for patients again.

Within a couple of months of retirement, at 62 years old, she went back to school to become a certified foot care nurse. She opened her own foot care practice a year and a half ago. Cook now runs a clinic every week, and also sees clients in their homes. She loves the freedom of setting her own schedule. And if she wants to spend an extra 10 or 15 minutes with a client, it’s not a problem. She also has more time to dote over her two cats, connect with students at RNAO Peel



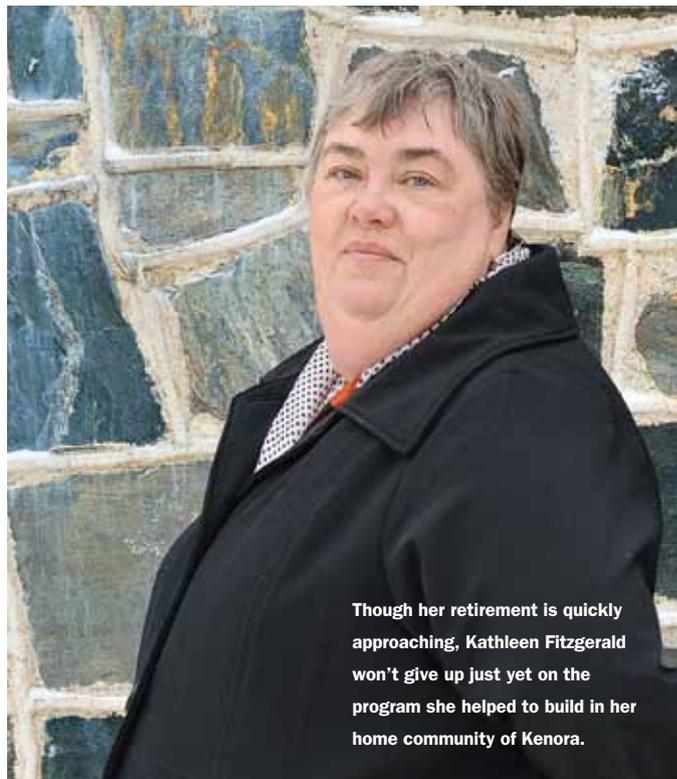
“I don’t think nurses really ever retire. You’re always a nurse whether you’re getting paid for it or not.”

– CONNIE COOK

nursing skills must also remain sharp for every time her family and friends call her to discuss coughs, cuts and test results. “I don’t think nurses really ever retire,” she says. “You’re always a nurse whether you’re getting paid for it or not.”

chapter outreach events, and pursue her passion for writing.

Nursing continues to be a huge part of Cook’s retired life. Her first novel is a romantic mystery about Nancy, a scientific, by-the-books RN from Cook’s home town of Port Credit, who gets caught up in a homicide investigation. In real life, Cook’s



Though her retirement is quickly approaching, Kathleen Fitzgerald won’t give up just yet on the program she helped to build in her home community of Kenora.

Finding that balance between remaining a nurse and pursuing new opportunities is top of mind for Kathleen Fitzgerald as she approaches her retirement from Lake of the Woods District Hospital in Kenora. On Dec. 20, 2017, Fitzgerald will step down as manager of the sexual assault/partner abuse program, and from her various other roles at the hospital.

She looks back with pride on her 30-year nursing career, which took her north of the Arctic Circle for many years, and earned her the title ‘Santa Clause’s nurse’ among her nieces and nephews. But at 62 years old, she felt it was the right time to move on.

After retiring, she plans to buy an RV and drive across North America. She also booked a 37-day cruise for early in the new year that will take her along the coast of South America and down to Antarctica.

At the same time, Fitzgerald does not intend to stop working entirely. Nursing is her passion, and the sexual assault/domestic violence program is in many ways her passion project. Over the past 15 years, she’s expanded the program’s original focus on sexual assault to include victims of domestic violence and children dealing with abuse. She says the program has since become a safe avenue for Kenora-area residents to disclose instances of abuse, get help, and get care.

Fitzgerald says managing the program takes a unique ability to navigate the health care and justice systems, and engage with community partners. During her time as manager, she has built trust with victims and respect among law enforcement officers.

And that’s why she’s nervous about stepping back from the program she helped build. Community partners were also anxious to hear she was leaving. To put everyone at ease, she plans to stay with the program on a casual, on-call basis for the foreseeable future. She’s also worked with the hospital’s senior management to develop a succession plan. “The fact that I’m going to be around to assist is making that transition a little easier,” she says. “I think the program is going to continue to survive and be a valuable asset as I ease out over the next few years at a pace that works for me.”

As for what else the future holds, Fitzgerald isn’t sure yet. “That’s the beauty of it,” she says, laughing. She knows nursing will remain a part of her life. Her niece has already volunteered Santa Clause’s nurse to help out once she has children. “It’s just going to keep going,” Fitzgerald says. “I’m a firm believer that I’m going to continue to be a nurse until the day I die.” **RN**

DANIEL PUNCH IS STAFF WRITER FOR RNAO.

PHOTO: I HOR KOR

## Retired Nurses’ Interest Group (RetNIG)

RNAO’s [Retired Nurses’ Interest Group \(RetNIG\)](#) launched in 2017 for RNs and NPs who have retired or are considering retirement, as well as nursing students who want to learn from long-time nurses.

Coming up in 2018, the growing group is planning a social event in March to help retired nurses stay connected with other professionals. RetNIG will also host its first annual

general meeting (AGM) during the Saturday session of RNAO’s AGM on April 21, 2018 at the Hilton Toronto.

Sign up for the group online at [RNAO.ca/join](http://RNAO.ca/join) or call 1-800-268-7199. The annual fee is \$15.

For more information, contact RetNIG chair Rhonda Seidman-Carlson at [rseidman-carlson@RNAO.ca](mailto:rseidman-carlson@RNAO.ca)



Registered Nurses' Association of Ontario  
L'Association des infirmières et infirmiers  
autorisés de l'Ontario



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# Let the GAMES BEGIN



Nursing students across Ontario face off in pursuit of the Golden Stethoscope Award.

BY VICTORIA ALARCON

In a sea of red, purple, green and blue, nursing students stand ready with their school colours and logos, cheering each other on and feeding the excitement and energy they need to compete. Their cheers grow louder as they wait for the big screen countdown to reach zero. The horn finally blows, and they're off, running across the campus of Nipissing University.

That was the scene in March of this year when nursing students took two hours to complete a set of challenges that were part of the 2017 Nursing Games Amazing Race event. At the first station, they were given a code yellow and had to search for a missing patient. At the second, teams had to correctly identify anatomical structures. And at the last, they were presented with NCLEX-style questions to complete before crossing the finish line.

Based on a popular reality TV competition, the Amazing Race event was just one part of the three-day Nursing Games that saw 240 nursing students converge on Nipissing University to network and compete in fun and academic activities. The students participated in simulation labs, a career fair, sporting events – including bubble soccer and archery tag – and a charity fundraiser that generated donations for the local Nipissing Serenity Hospice.

“It was really amazing to interact and build relationships,” says Tirzah Krey, a recent University of Windsor nursing graduate who attended the games and was part of the team that won the Golden Stethoscope Award. “With the Nursing Games, you get to help each other out, and learn and build off (other) students’ skill sets.”

Nipissing University student Laura Koelen, who also participated, says it's a great event because nursing students are able to share

**1** First place prize for the Nursing Games 2017, along with the Golden Stethoscope Award, went to the **University of Windsor**

**2** The winning team from **Windsor** shows its colours and spirit during the games.

**3** Hamilton's **McMaster University** team members get into the spirit with a school cheer.

their love for their chosen profession. “I made long-lasting memories with nursing students from all across Ontario,” she says.

Completely student-driven, the Nursing Games are hosted each year by one nursing school, chosen by the school that hosted previously. The games, which have taken place each year for the past five years (unofficially, the University of Windsor and Western University had alternated hosting it before 2012), happen during the month of March.

“(Our goal was) running an inclusive event that creates fun opportunities to learn, improve our nursing practice, and collaborate with new people,” says Maggie Schweitzer, one of the lead organizers for the 2017 games.

One of the educational events this year was a simulation. Ten students from each team participated in simulations that focused on either maternal/child care or medical/surgical care. Krey, who represented Windsor for the maternal/child simulation event, admits the experience really tested her knowledge. In nursing scrubs, she and her teammates interacted with three different patients: a woman who was to give birth imminently and was in a great deal of pain; a mother who had just given birth to a premature baby; and a patient who was hemorrhaging following childbirth. Krey and her teammates were given different roles on an interdisciplinary team (including RN, RPN, PSW, and family member), and got to work assessing each patient, reviewing their charts, and ultimately having medication drawn up and given.

“As an interdisciplinary team, we discussed and prioritized our patients, and then delegated the appropriate health professionals



2



4



3



5

**4** Participants from **Nipissing University** played hosts for the games this past March.

**5** Students from **Laurentian University** put their heads together for the simulation portion of the games.

and tasks to each patient,” recalls Krey, who was given the role of staff RN. “We learned real-life skills that we can use when we graduate.”

Laurie Peachey and Tammie McParland, the faculty leads for the simulation portion of the games, say their activity was well-received despite being challenging. “The students mentioned that the simulations were very realistic and challenging,” McParland notes, adding that first-year students in particular found it difficult.

In an online survey conducted by McParland and Peachey following the games, a majority of students described the simulation portion as fun, a collaborative learning event, and a great opportunity to learn about different nursing fields.

“Simulation is looking at gamification (the application of game-design elements and game principles in non-game contexts) as a way to engage students a bit more,” says Peachey, who would like to incorporate the scenarios used in the Nursing Games into the nursing curriculum at Nipissing University. “When you do something (through) gaming where (students are) more immersed, I think there is potential to have a better outcome.”

McParland echoes that sentiment, suggesting the event is a healthy competition for students to learn what other nursing students have learned across the province. “I think students realize just how much they do know and it’s a big boost for them,” McParland says.

The games have also helped some students gain the experience to become true leaders. Schweitzer, who was in her fourth year

during the planning of the last games, learned to work with her colleagues to organize a province-wide event. “I learned how to manage a large group of people and work together as a team to bring together a large event,” she says. Other student co-ordinators have stepped out of their comfort zones and taken centre stage to share the results of the Nipissing survey at national conference presentations, including the 10th Annual Undergraduate Research Conference.

RNAO’s Nipissing chapter also recognized the hard work students demonstrated during the games, awarding six with the Outstanding Nursing Leadership award. “Our chapter believes the students who led the Nursing Games exemplified at some level... leadership practices to create and sustain healthy work environments,” says Kathryn Ewers, chapter president.

With the next Nursing Games coming up in Windsor in March 2018, Brooke Sibbick, one of the lead organizers and a fourth-year student, is hoping to incorporate more academics into the games. She wants to extend the simulation portion, and adapt the Amazing Race portion to include more nursing skills-based activities. She also wants to enlist participation from more nursing schools.

“I think it’s important for nursing students to come together and blow off a little bit of steam,” she says. “Even though the (event) is focused around nursing, it’s nice to take a break from school and have some fun and be social.” **RN**

VICTORIA ALARCON IS EDITORIAL ASSISTANT FOR RNAO.

HEALING THE

# Scars

## OF SERVICE

A unique London clinic specializes in treating psychological injuries among military personnel and RCMP.

BY DANIEL PUNCH

PHOTOGRAPHY BY STEF + ETHAN

Sometimes all it took was a smell to jolt Jackie Buttnor back to the day of the crash. If she caught a whiff of burning aviation fuel, she would “zone out” and find herself back in Wainwright, Alta. in July 1993. She would see the explosion, watch the Hercules C-130 military transport plane fall from the sky, and remember the people who lost their lives that terrible day.

In the years after the crash, Buttnor’s flashbacks came often, and caused her to disassociate completely from reality. “People would have to walk up and tap me on the shoulder or wave in front of my face,” she recalls. “I would completely disappear.”

And in many ways, Buttnor says the person she was before the crash disappeared when that plane went down.

She grew up as an athletic introvert on military bases across Canada and Germany. Her father was in the Royal Canadian Air Force, and she seemed destined to follow in his footsteps. She also loved human biology, and knew CPR and first aid by the age of nine. After high school, and after flirting with the idea of studying archaeology, she signed up for the Canadian Forces as a medical technician. ‘Medics’ are not required to have a

health-care background, but are educated as part of their military training to deliver in-the-field health care, as well as preventive medicine and therapeutic drugs.

In the summer of 1993, Buttnor was providing medical coverage during an Army Jump School training exercise in eastern Alberta when things went tragically wrong. She was one of the first responders on the scene after the plane hit the ground, killing five of her colleagues.

She felt numb at first. Then within a few weeks of the crash, she started feeling depressed and uneasy. Her symptoms only got worse as time went on. She started getting frequent, vivid flashbacks. She avoided the people around her, and would fly into uncharacteristic fits of rage. Her depression deepened, and she had thoughts of suicide. “I was desperately trying to hide,” she remembers.

As much as she tried, she couldn’t hide the fact that something was wrong. She was officially diagnosed with post-traumatic stress disorder (PTSD) in 1995, but it would be years before she started to feel like herself again.

She says her recovery began in earnest in 2006, when she was referred to the operational stress injury ([OSI](#)) clinic at [St. Joseph’s Health Care London](#). In the years following

her diagnosis, she was medically released from the armed forces and moved to southwestern Ontario to study horticulture at the University of Guelph’s Ridgetown, Ont. campus. She’d been receiving treatment for years, but something was different about the OSI clinic’s staff of nurses, psychologists, psychiatrists, physicians and social workers. “It was obvious they were there to listen (and they cared,” she says.

Based out of St. Joseph’s Parkwood Institute location, the clinic is one of only ten outpatient clinics across Canada specializing in treating military and RCMP officers with OSI – an umbrella term for conditions like PTSD, anxiety disorders, depression, and other psychological injuries that occur in the line of duty. It serves hundreds of military personnel and RCMP officers from across southwestern Ontario, Niagara and parts of central Ontario. Its patient roster includes veterans of nearly every overseas conflict since the Second World War, as well as those who sustained trauma at home in Canada. They range in age from their early 20s to their late 90s.

RN Jane Gallimore is a member of the clinic’s nursing team, which consists of four RNs and one NP. She comes from a military family and served part-time in the army



Former military medic Jackie Buttner (centre) looks to OSI clinic RN Jane Gallimore (right) and NP Jennifer Safadi (left) for the support and care she needs after a PTSD diagnosis.

reserves from 1986 to 1994 – the same year she graduated from Western University’s post-RN BScN program. She cherishes her time in the military and the people she met, but says she also saw a lot of tragedy during that time. A number of her colleagues suffered from OSI, and a few even took their own lives. So she feels honoured to have spent the past 10 years helping this unique population. “They came into their jobs intending to make the world a better place,” Gallimore says. “I think it’s very important they get the help they need.”

That means addressing the diverse set of symptoms associated with OSI. Like Buttner, many people experience intense flashbacks to traumatic events. These unwanted memories can also surface in the form of persistent nightmares. Anger, isolation, changes in diet, and addiction are other common symptoms. To make matters worse, many people with this condition also suffer from physical injuries sustained on the job, or chronic conditions like diabetes, insomnia and heart disease. “The longer they have been unwell, the more problems they have,” Gallimore says.

And military personnel are not your typical patients. Their training teaches them to put their country and fellow soldiers first, and so

Gallimore says some are reluctant to talk about themselves. Many patients fear the stigma that comes with being diagnosed with a mental health condition. And some carry tremendous guilt about what they’ve witnessed.

All this makes it essential to establish trust early, and Gallimore says that starts with the clinic’s nurses. Initial assessments are conducted by nurses, who also do case management and check in with patients throughout their treatment. “It’s important nurses start by being genuine, listening, and showing their care,” Gallimore says.

The type of treatment a patient receives depends on their symptoms and diagnosis. It can include psychotherapy, medication, consultations with other care providers, and referrals to other services, such as sleep studies or addiction services. But the first step is almost always to stabilize their symptoms.

Patients are often extremely symptomatic when they first come to the clinic, so they are taught skills to help them gain more control of their emotions. “Stabilization means different things to different people,” says NP Jennifer Safadi. “It’s about moving (patients) toward having a quality of life where they are able to function with their family and within society.”

When Safadi became the clinic’s first NP in 2015, after two decades working with veterans in other capacities at the hospital, she brought a holistic approach to care. Working with the clinic’s physician, she meets with patients to review their medication histories, talk about nutrition and sleep, discuss their current symptoms, and establish treatment goals. She is also able to order blood work and ECG tests.

The clinic’s team has a diverse blend of talents, and works closely together to provide a seamless experience for patients, Safadi says. “I’m really fortunate that Jane is a hop, skip and a jump away,” she says. “Together, we ensure patients are moving in the right direction.”

Though Buttner first visited the clinic in 2006, it took a while for her to feel she was headed in the right direction. She says the

**“They came into their jobs intending to make the world a better place. I think it’s very important they get the help they need.”**

– JANE GALLIMORE

turning point in her recovery came around Christmas 2010. For some reason, her depression and flashbacks intensified over the holidays that year. “Everything finally came to a head,” she says. “I knew I had to do something (or) I was going to wind up dead.”

She can't pinpoint exactly what turned things around, but the clinic's MySelf therapy group was a major contributor. Run by Gallimore and other clinic staff, the MySelf group is the first of its kind in Canada. It brings people with OSI together for activities like tai chi, arts and crafts, and pool therapy, and has been shown to reduce OSI symptoms and improve quality of life.

Something about the group just clicked for Buttner. The meetings forced her to socialize and learn new skills, and she was slowly able to get her symptoms under control. “It woke up some things (in me),” she says. “And suddenly I was able to start to feel a bit better somehow.”

But Buttner could not imagine how far that momentum would take her.

Two years ago, a friend encouraged her to sign up for the Invictus Games, an international sporting competition for injured

soldiers. The 2017 games were held in Toronto, just a three-hour drive from Buttner's home near Ridgetown. After hesitating for a while, she decided to apply and was chosen to compete for Team Canada in the heavyweight powerlifting, wheelchair rugby and stationary rowing events.

Thousands of spectators were in the stands at the old Maple Leaf Gardens on Sept. 25, the day of the powerlifting competition. “It was intense. There were a lot of people,” Buttner remembers. “I had to try and forget all that was around me and focus on what I was doing.”

She focused, she competed, and she walked away with a silver medal.

It's something Buttner would never have dreamed was possible 10 years ago. Leaving the house was difficult enough back then. And she says this specialized clinic was instrumental in helping her get to where she is today. “To put it bluntly, without the people I've worked with at the OSI clinic, I wouldn't have lived to make it to this point.”

Stories like these mean the world to Gallimore and Safadi. There's joy in their voices when they speak about Buttner and the

other patients they have helped. “I'm so pleased to see a difference in people,” Gallimore says. “A lot of them have suffered so much, and (our goal) is to help them start to live again.”

Both nurses regularly attend Remembrance Day ceremonies alongside some of the veterans they have cared for. Knowing everyone's sacrifice, the emotions are powerful. “It's incredibly heartwarming,” Safadi says. “These people fought for our freedom. I don't think there's any way we can thank them enough.” **RN**

DANIEL PUNCH IS STAFF WRITER FOR RNAO.

**“It's about moving (patients) toward having a quality of life where they are able to function with their family and within society.”**

– JENNIFER SAFADI

**A veteran's memorial on the grounds of London's St. Joseph's Health Care, Parkwood Institute site, is a quiet place for reflection, and was the location for the photo on the previous page.**



## PREVENTING SUICIDE AMONG SOLDIERS AND VETERANS

Suicide is a constant concern when working with military personnel who suffer with mental health challenges. An investigation this year by the [Globe and Mail](#) found more than 70 Canadian Armed Forces veterans of the war in Afghanistan took their own lives after coming home from their deployment.

Seeking to prevent further tragedies, the Canadian government introduced a new joint suicide prevention strategy this past October involving the Canadian Armed Forces and Veterans Affairs Canada. The strategy will include an examination of how the policies of both organizations impact the mental health of men and women who serve their country. Guidelines for suicide prevention will be disseminated to military medical staff, and a suicide prevention program is being developed to be implemented during military operations. Measures will also be taken to ensure

veterans transitioning out of the military are well-supported, and mental health first-aid training is provided to their families and caregivers.

NP Jennifer Safadi says suicide is not uncommon among patients of the operational stress injury (OSI) clinic at London's St. Joseph's Health Care. “It's something we're constantly mindful of,” she emphasizes.

In response to the government's movement on this issue, the OSI clinic will roll out its own “zero suicide” initiative, seeking to reduce the number of suicides among its patients. As part of the initiative, all staff will receive training on applied suicide intervention skills. “I'm confident all our clinicians currently assess for suicide, but we're hoping to obtain more tools we can use in order to help our clients,” Safadi says. **RN**



## Nursing standards and supervised injection services

Earlier this year, Health Canada approved a number of supervised injection services (SIS) in Ontario. While these services were expected to open over the summer of 2017, there has been significant delay in many cases. To date, only a small number of sites that offer these services have commenced operation. These sites provide intravenous drug users with access to sterile needles, a hygienic environment, and the opportunity to administer pre-obtained drugs under the supervision of a health professional, in most cases RNs.

Registered nurses and nurse practitioners employed in emergency departments across the province already understand that overdoses have become a far-too-common medical emergency, and these sites have been created as part of a proactive strategy designed to save lives.

RNs and NPs may engage in supervision at an SIS through their employment with a public health agency, for example, or outside of their regular employment, in a volunteer capacity. Given these services are relatively new, it is important for those who are providing them to keep in mind their professional obligations.

## Criminal liability

One of the first questions people often ask in regards to SIS is whether or not it is legal, given clients are injecting drugs which are illegal to obtain and possess in Canada.

It is not illegal for a SIS to operate, provided it has been granted an exemption by the minister of health under Section 56 of the [Controlled Drugs and Substances Act \(CDSA\)](#).

**“GIVEN SUPERVISED INJECTION SERVICES ARE RELATIVELY NEW, IT IS IMPORTANT FOR THOSE WHO ARE PROVIDING THIS INVALUABLE SERVICE TO KEEP IN MIND THEIR PROFESSIONAL OBLIGATIONS.”**

Section 56 of the CDSA allows the health minister to exempt the application of the *Act* where it is necessary for a medical or scientific purpose, or in the public interest. Section 56.1 makes specific reference to supervised consumption sites, and sets out the requirements for an application for an exemption, considering the intended public health benefits and information, if any, in regards to community support, resources available, the administrative structure to support the site, the need for the site, as well as the impact of the site on crime rates. The minister may give notice of the application to

provide members of the public with the opportunity to provide comments.

For an RN or NP engaged in supervising clients at an SIS that has received an exemption by the health minister, it is not illegal to provide that supervision.

## College of Nurses of Ontario (CNO)

Whether a nurse is providing supervision at an SIS as an

employee or as a volunteer, it is important to understand your nursing practice is always governed by the College of Nurses of Ontario (CNO), and you are always required to meet the standards of CNO.

As with any aspect of nursing practice, events occurring in the course of providing supervision at an SIS could give rise to an investigation by the college if there are allegations that a nurse's practice fell below the standards of the profession.\*

## Professional liability

CNO requires all RNs and NPs practising in Ontario to have

professional liability protection (PLP). It is important to understand the coverage you have, and the scope of coverage, particularly if you are participating in an SIS as a volunteer or otherwise outside of your regular employment.

If you are a member of RNAO, PLP is an automatic benefit of membership, and covers you for all services provided within the scope of nursing practice. The coverage applies 24 hours a day, seven days a week, whether or not you are working directly for your employer.

For anyone not covered by RNAO's PLP, particularly those who are relying on liability coverage from an employer, review your written policy in order to determine if the coverage continues if you are engaged in nursing activities outside of the workplace. **RN**

TIM HANNIGAN IS A LAWYER AT RYDER WRIGHT BLAIR AND HOLMES IN TORONTO. HE HAS BEEN REPRESENTING MEMBERS OF RNAO'S LEGAL ASSISTANCE PROGRAM (LAP®) FOR MORE THAN 15 YEARS.

*\*For legal matters related to CNO, it is highly advisable that members sign up for RNAO's Legal Assistance Program (LAP®), which is not included with your RNAO membership. For more information on the differences between LAP® and professional liability protection (PLP), which is included in RNAO membership, visit [RNAO.ca/LAP](http://RNAO.ca/LAP)*

# POLICY AT WORK

## Strengthening quality and accountability for patients

RNAO CEO Doris Grinspun and senior economist Kim Jarvi appeared before an all-party committee at Queen's Park on Nov. 16 to give [the association's views](#) on a wide-ranging bill that lumps together several pieces of legislation. Known as the [Strengthening Quality and Accountability for Patients Act](#), 2017, or *Bill 160*, it covers everything from the practice of paramedics, to expanding the list of acceptable prescribers, to the care of residents in long-term care.

RNAO recommends the government not proceed with changes to the *Ambulance Act* that would allow paramedics to provide primary care when answering calls. They lack the

necessary knowledge and competencies to do so, RNAO says, and it would further fragment primary care.

The association urged an amendment to the *Ontario Drug Benefit Act* that would add NPs and RNs to the list of acceptable prescribers. These changes would allow NPs with expertise in palliative care to prescribe medications under the Palliative Care Facilitated Access Program. They would also support RN prescribing.

In long-term care, RNAO agrees on the need for strong compliance measures, but cautioned that a fines only approach be imposed as a last resort. Grinspun reiterated the association's recommendation that a minimum of four hours of nursing and personal care be available to every resident across



RNAO CEO Doris Grinspun (right) and Kim Jarvi, the association's senior economist, visit Queen's Park in November to present RNAO's views on *Bill 160*.

the province. To meet that care standard, RNAO recommends long-term care homes have one

attending NP per 120 residents, and a staffing mix consisting of 20 per cent RNs, 25 per cent

## A collection of photos from **Queen's Park on the Road (QPOR) 2017**

As it does each year, QPOR provided members this fall with a forum to engage politicians on issues important to nurses, including RN replacement, scope of practice for RNs and NPs, as well as investments in housing, increasing the minimum wage, and climate change.



(From left) Hilda Swirsky, RNAO board representative for Region 6, Maria Negri and Pirooska Bata met with Liberal MPP David Zimmer, Minister of Indigenous Relations and Reconciliation (second from left), in October. They discussed Indigenous mental health, as well as environmental impacts on health, including mercury levels in fish and lead levels in water.

To see more QPOR photos, or to find out more about hosting a visit in your community next year, visit [RNAO.ca/QPOR2017gallery](http://RNAO.ca/QPOR2017gallery)

RPNs, and no more than 55 per cent PSWs.

Another aspect of *Bill 160* includes changes that would require drug manufacturers and medical equipment companies to disclose payments, including gifts they give to health-care professionals and organizations. RNAO welcomes measures it says will increase transparency, and urges an outright ban on such payments and/or gifts as the most effective approach.

During debate in the legislature on *Bill 160*, Liberal MPP David Zimmer, minister of Indigenous relations and reconciliation, praised RNAO for its stand on the issue. In an excerpt recorded in the Hansard (the official record of debate that takes place in the Ontario legislature), he said: “I expect that most members in

this House, from all three parties, have had meetings with Dr. Grinspun and the RNAO and her team. This is what she says about the legislation and as I said, she follows these matters like a hawk. I have had conversations with her. She is a woman who speaks truth to power. She says this legislation is an important step to avoid perceived or real conflict of interest between drug and medical device companies with health professionals. Registered nurses and nurse practitioners welcome increased transparency, and respect it as an important principle, and as part of the responsibility they have towards their patients and the health-care community.”

*Bill 160* has passed second reading and is currently under

review by an all-party committee.

### Ontario makes good on promise to fund offloading devices

People who suffer from diabetic foot ulcers received welcome news from the provincial government on Nov. 22 when it announced funding to cover the cost of offloading devices. These devices, also known as foot casts, are designed to relieve pressure. People with diabetes can lose sensation in their feet, which can result in bumps, bruises and cuts going unnoticed and untreated. Left undiagnosed, such wounds can deteriorate to the point where amputation is the only option.

Health Minister Eric Hoskins announced three types of devices would be

covered at a cost of \$8 million over three years.

Ontario is the first jurisdiction in Canada to provide such funding, and it comes after numerous meetings involving RNAO, Wounds Canada, Diabetes Canada, the Canadian Association for Enterostomal Therapy (CAET), and the ministry of health over the past two years. In a [media release](#) following the announcement, RNAO CEO Doris Grinspun said this “...will result in decreased human suffering and will also save millions of dollars spent each year in preventable amputations.”

According to Diabetes Canada, 27,600 people in Ontario were diagnosed with a diabetic foot ulcer in 2015; and each year, 2,000 people undergo amputations. **RN**



(Standing, from left) Nilou Biganian, Bahar Ighani, Bahar Karimi, and Larissa Gadsby, RNAO board representative for Region 4 (seated, right), met with NDP Leader Andrea Horwath (centre) at her Hamilton constituency office in September. The group discussed a variety of issues, including affordable housing, long-term care, and RN replacement in Ontario.



Aaron Clark (left), president of RNAO's Mental Health Nursing Interest Group (MHNIG), and Janet Hunt, policy and political action officer for the Middlesex-Elgin chapter (right), met with MPP Jeff Yurek, health critic for the Progressive Conservative party, at his London office in October. They discussed the need to fully utilize NPs and RNs, and also touched on social determinants of health, including minimum wage and affordable housing. **RN**

# Fall tour

allows leaders to meet face-to-face with members across province

In the lead-up to a provincial election, RNAO engages members on issues that are important to them.

BY ALICIA SAUNDERS

During her visit to Kenora on Oct. 6, RNAO President Carol Timmings (centre) toured the Lake of the Woods District Hospital alongside Chief Nursing Officer Donna Makowsky, VP, patient care services (right), and Kathleen Fitzgerald, RNAO Kenora-Rainy River chapter co-president and former RNAO board member.

# 1



This fall, RNAO President Carol Timmings and CEO Doris Grinspun met with members across the province during the association's third annual fall tour. With a provincial election next June, the discussions focused on nursing and health issues that members want to see front-and-centre during the election campaign, including RN replacement, building more affordable housing, and adjusting staffing practices in long-term care homes, given the complex care needs of many residents today.

Timmings and Grinspun stopped in six communities this year, including Brantford, Chatham, Kenora, North Bay, Owen Sound and Windsor. They used the one-on-one time to connect with RNs, NPs and nursing students from local chapters and regions, providing them with information on home office initiatives and advocacy efforts involving the election issues most important to members.

Timmings toured sites in Kenora, North Bay, Chatham and Windsor, discussing during each visit the need to make provincial health-care decisions based on patient care and improvement of the system, rather than focusing on budgets. Grinspun met with members in Brantford and Owen Sound. She spoke about social determinants of health, including housing and employment, as well as the need for more collaboration and action to improve health care in Indigenous communities.

The fall tour is meant to power nurses in their local communities to be leaders for change. The visits also allow nurses to share their stories, as well as their thoughts and concerns on any number of issues related to their practice or the health system more broadly.

"This tour is important because it allows us to hear from our members as we prepare to advocate on their behalf during this next election cycle," Grinspun says.



PHOTO: The Chatham Daily News

## 2

On Oct. 6, RNAO President Carol Timmings (left) visited Chatham, where she spent part of her visit with nursing students in the simulation lab at St. Clair College. Showing off their new skills were second-year practical nursing students Julie Talbot (centre) and Ashley Litt.



## 3

During her visit to the Brant Haldimand Norfolk chapter on Oct. 4, RNAO CEO Doris Grinspun (left, second from right) visited the Mississaugas of the New Credit First Nation health centre. Participating in the visit were (L to R): Kimberly Meier, RNAO's Brant Haldimand Norfolk chapter president; councillor Cathie Jamieson, education and social services council co-chair; Pat Mandy, former CEO for the Hamilton Niagara Haldimand Brant LHIN; and community health nurse Maggie Copeland. As part of her Oct. 4 visit, Grinspun also met with staff at John Noble Home, a long-term care facility in Brantford. Pictured (above, L to R) are: Laura McEachern, Jennifer Miller, Kimberly Meier, Marianne Balazs, Jacklyn Tollar-Hunks, Shirley Cooper, Mary Cox, Jamier Toner, and Grinspun. **RN**



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### VOLUNTEERS NEEDED IN HAMILTON

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### CALL FOR ABSTRACTS – PCNO ANNUAL CONFERENCE

We are accepting abstracts for the 2018 Primary Care Nurses of Ontario (PCNO) annual conference, which will take place April 14-15 at Toronto's Li Ka Shing Knowledge Institute at St. Michael's Hospital. This year's theme: The Power of Incremental Care. The deadline for abstract submissions is Jan. 12, 2018. To submit an abstract for either a poster or oral presentation, please contact Janet Probst at [janet.probst@wchospital.ca](mailto:janet.probst@wchospital.ca)

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## DIRECTOR OF NURSING AND HEALTH POLICY

RNAO is the professional association representing registered nurses, nurse practitioners and nursing students wherever they practise in Ontario. Since 1925, RNAO has advocated for healthy public policy, promoted excellence in nursing practice, increased nurses' contribution to shaping the health system, and influenced decisions that affect nurses and the public they serve.

RNAO is seeking an outstanding professional to join our senior management team as director of nursing and health policy. Reporting to the CEO, you will proactively identify critical issues in nursing, social policy and health care that impact the role of nurses and the health of the public. You and your team will develop policy, write position papers, develop advocacy plans, and present findings and recommendations to the CEO, board of directors, and other stakeholders. Your ability to identify emerging issues, clearly articulate ideas, and present evidence-based arguments will contribute to the formulation of RNAO strategies that are congruent with our mission and ENDS.

An understanding of the political landscape and process, as it relates to policy development and realization, are essential to the position. You are experienced working with a range of stakeholders in the health and health-care sectors, including nurses, other health providers, governments and the public. You have superior writing and communication skills that will enable you to persuasively communicate and advance RNAO's strategic objectives.

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## AGM REGISTRATION

Access to online registration for events and hotel accommodations will be available in the new year at [www.RNAO.ca/AGM2018](http://www.RNAO.ca/AGM2018)

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## What nursing means to me...

WHEN I WAS GROWING UP, I WAS CONSTANTLY TALKING. I WOULD ENGAGE anyone in conversation who would listen. I would even talk to my pet goats, who were my most captive audience. In school, I would often talk so much that I would end up in detention at the end of the day. Now, as an adult, I like to refer to my gift of gab as communication.

I graduated from nursing school at Toronto East General Hospital (now Michael Garron Hospital) in June 1959, and started my career immediately on the midnight shift on its medical unit. One month later, an elderly woman in her late seventies was the newest arrival on the unit. She had been admitted following a stroke. I arrived to start my shift that night and began my rounds. I introduced myself to her and thus began my one-sided commentary with Charlotte.\*

As the weeks progressed, I would chat with Charlotte about the weather and any visitors she might have had that day. She never responded. I would regale her with details of my dates and where I had gone for dinner or what movie I had seen. At that time, *Gone with the Wind* was the current movie at the theatre. Our conversations would take place while I provided all the physical care that was required for a stroke patient. September soon arrived and it was holiday time for me. I told Charlotte I would be away, but that I was leaving her in very capable hands. All the while, Charlotte never said a word to me. To my knowledge, she was not even aware of my presence.

I returned from my holidays three weeks later, and my colleagues were excited to see me. They grabbed my hand and guided me down the hall. They told me: "Anne, do not speak until we speak to you." I complied and stood in the doorway of the only six-bed room on the unit. When they asked me a question, I answered. Then, I heard a loud, clear voice say: "That's the person. That's the person who has been talking to me all this time." I could not believe what I was hearing. Charlotte later recalled the conversations I had with her all those many months.

Long after her discharge from hospital, and still to this day, I remember Charlotte and the life lesson I learned from her when I was only 21 years old and beginning my nursing career. As much today as 58 years ago, communication still plays an important role in my life as a clinical instructor at the bedside and as a professor in the classroom. Charlotte taught me never to underestimate the power of communication with people, either by the touch of your hand, the smile on your face, the words of encouragement you offer, or your simple presence. It can create a miracle that lasts a lifetime. **RN**

ANNE JACKSON IS A CLINICAL NURSING INSTRUCTOR AND PART-TIME PROFESSOR AT SENECA COLLEGE. SHE IS PRESIDENT OF THE TORONTO CHAPTER OF THE CANADIAN VASCULAR ACCESS ASSOCIATION. SHE COMPLETED HER BSCN FROM RYERSON UNIVERSITY IN 2001 AND HER MASTER'S DEGREE FROM THE UNIVERSITY OF TORONTO IN 2004.

\*A pseudonym has been used to protect privacy.



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