

REGISTERED NURSE JOURNAL



The painful truth

What the changes
to OxyContin
mean to nurses
and their patients.

Recap of RNAO's AGM • Q&A with new president • Nursing Week 2012

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 **RNAO**

Registered Nurses' Association of Ontario

L'Association des infirmières et infirmiers autorisés de l'Ontario



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EDITOR'S NOTE KIMBERLEY KEARSEY

Getting personal

EACH YEAR, RNAO ASKS MEMBERS to share personal stories we can publish on the association's Nursing Week website and in the summer issue of *Registered Nurse Journal*. We do this because we know each and every one of you has an intriguing story to tell that will resonate with your colleagues.

It seems we're not alone in our appreciation for your enlightened reflections of nursing and what it means to you. I was delighted to recently find out the Canadian Business Press and Magazines Canada were also taken by members' stories, selecting three authors of our *In the End* column (page 30 of each issue) as finalists in a national trade publication awards competition. Named after famed trade journalist Kenneth R. Wilson, the award recognizes a 'best regularly featured department or column.'

I couldn't be more thrilled for Lynda Blanchard, Julene Chung and Connie Schulz for their nomination, and the nod from two publishing giants in recognition of the work that went into writing and editing these pieces. At publication

time, the winners had not yet been announced, but the results will be available on the RNAO website by mid-June. Please check online to find out if our three writers took home the prize.

In the meantime, I want to encourage even more of you to pinpoint that special moment or person in your lives who helped you realize what nursing is all about. Put your thoughts on paper and send your story directly to me (editor@RNAO.ca). Share that defining moment when it suddenly became clear what it was that drew you to this profession. Submissions will be considered for our *In the End* feature.

We rely on nurses' stories to bring *Registered Nurse Journal* to life. Just look at our Nursing Week supplement in the centre of this issue. Without your contributions and active involvement in activities in your communities, we would not be able to bring you this annual feature each spring.

Please keep the submissions and pictures coming. And remember us next time something special happens in your practice. We're here, waiting for the next story to unfold. **RN**



Presidency begins with input from RNs

I HOPE YOU ENJOYED YOUR NURSING Week activities. The theme this year for National Nursing Week was: “Nursing: The health of our nation.” What a fitting reminder of the role nurses play in society.

I am so pleased to be writing my first column as the new president of RNAO. This last year as president-elect has been filled with new opportunities and education. One of the most memorable moments for me was attending our board of directors’ retreat to analyze the 2011 membership survey. This work led to an updated strategic direction, reworked mission and value statements, and a new tag line (or slogan) for the association. These were presented to and supported by members at our recent annual general meeting (AGM).

One of the key messages that we pulled from the survey was the need to highlight the point-of-care RN even more in the communication, work and activities of RNAO. As I mentioned during my election campaign and in my inaugural address in April, RNAO has worked to support and highlight the role of the RN. But we need to do this even more, and with more clarity. In my April speech, I talked about how important it is to highlight the everyday practitioner and to provide policy, political action and evidence-based support for the role of the RN in every sector of health care. At the AGM, I pledged that this would be a

key focus of mine during my tenure as president.

It is important to note that optimizing the role of the registered nurse is not to diminish the role of other members of the nursing team or to ignore the impact of other health-care professionals. It is to talk about what registered nurses do every day.

How can we better articu-

“IF RNs DO NOT ARTICULATE THE EVIDENCE, KNOWLEDGE AND EXPERTISE THAT GUIDES EVERY ACTION, THEN WE LOSE THE OPPORTUNITY TO HELP THE PUBLIC UNDERSTAND WHAT WE MEAN TO THEIR HEALTH AND THE HEALTH OF ONTARIANS.”

late the everyday practice of the registered nurse in concrete terms, matched with the evidence? How can we work with policy-makers, administrators and organizations to create structures that enable point-of-care RNs to bring their knowledge, skill and abilities directly to the patient? Currently, many of our processes and systems are cumbersome and complex, pulling registered nurses away from care.

I recently had the opportunity to speak with a group of nurses during Nursing Week and we discussed reestablishing the person-to-person interaction that is so vital in nursing

care. What are registered nurses doing to show patients the assessment, analysis and integration of knowledge they bring to each interaction? If RNs do not articulate the evidence, knowledge and expertise that guides every action, then we lose the opportunity to help the public understand what we mean to their health and the health of Ontarians.

I told this particular group of nurses the story of an RN who was adjusting an IV pump at a patient’s bedside. The patient, who watched intently, said: “That seems so complicated. It must be difficult to use.” The nurse, not wishing to make the patient anxious about the equipment around him, responded by saying: “Oh, it is nothing. It is really quite easy to use.”

While I can appreciate this RN’s desire to help ease the patient’s possible anxiety, I can’t help but think ‘what a lost opportunity to help the patient know that, yes, this does require knowledge and

understanding of many factors, and it is because the RN has this knowledge and understanding that the use of the pump is quite safe for the patient.’ How many other missed opportunities are there in different health-care settings across the province? How can we talk about the difference each registered nurse makes to “The health of our nation”?

During my inaugural address at this year’s AGM, I talked about how I need the engagement of RNAO members, and of all nurses in Ontario. I need you to ask yourselves, ‘what can I do that helps cement my role in health care, differentiates me from other members of the health-care team, and increases access to the knowledge and abilities of registered nurses?’

I am extending an invitation to all members to come along as I begin my journey as your new president. Please share your thoughts and ideas with me at rseidman-carlson@RNAO.ca. I look forward to hearing from all of you soon. **RN**

RHONDA SEIDMAN-CARLSON, RN, MN, IS PRESIDENT OF RNAO.

To watch the president’s inaugural address, and other video highlights from the AGM, visit www.RNAO.ca/AGM2012



Nurses shape healthy public policy

PART 1 OF 3

EVERY DAY FOR LUNCH, PADDY Dasno sits in the same spot. She unfolds her lawn chair and places it where a park bench used to be. That bench, in Sioux Lookout, was removed by the municipality in an attempt to “remove” homeless people from the public eye. As a public health nurse, Paddy was appalled, and has since placed herself in that spot to protest a decision that she knows will further marginalize people.

During my Nursing Week visit to Sioux Lookout, I listened as Paddy spoke to local media about the missing benches, and why they must be returned. I savoured her public health expertise and commitment. I also learned something new; the removal of benches is happening in other cities, but in this one, I met one remarkable RN who has decided to bring attention to the issue.

This is just one example of a point-of-care nurse who is engaging in political action and advocacy to advance the fortunes of vulnerable populations. This kind of political action is also advancing nursing as a knowledgeable and powerful profession. Nurses are doing this more and more. The courage of members to stand up for their clients and their communities is remarkable and inspiring.

Throughout Nursing Week, I saw more examples of bravery, sometimes within nurses’ day-to-day work. RNs Carol Maxwell and Debbie Toppozini

lead the Sioux Lookout Assault Care and Treatment (ACT) Program. In addition to treating victims, they are increasing public awareness by placing ribbons in a wooden platform outside the clinic. Each ribbon – pink for pediatric sexual assault, purple for adult sexual

“WE APPLAUD THOSE NURSES WHO HAVE PERSEVERED THROUGH PLANNING EVENTS WITH MPPs, SPEAKING WITH MEDIA, OR TAKING A STAND IN THEIR OWN COMMUNITIES.”

assault, and red for domestic violence – represents a victim. This is a dramatic and uncomfortable spectacle for all who pass by, but it’s a powerful tool to convey a call to action.

Newsworthy campaigns like *Bring Back the Benches* and *ACT* are very effective and admirable. Alongside these, there are other ways to take action and lead change. Attending the AGM and getting involved in discussion and debate that will impact on the strategic direction of RNAO is an important first foray into advocacy. We were thrilled by the number of resolutions brought forward by members this year (see page 22 for the full list). They were thoughtful and led to engaging discussion about issues of importance to members. Like all good democracies, voting delegates decided

which resolutions to carry forward and which will not move ahead. This, too, is taking a stand and being counted.

RNAO is a powerful organization that mobilizes people and shapes agendas. This is no longer a secret or a surprise to anyone, especially the 72 MPPs

who were invited by RNAO and its members – particularly its assembly members – to visit with them during Nursing Week and witness firsthand what nurses do, and what it takes to be a nurse: intelligence, compassion and courage. Our powerful collective is also not a surprise to the 62 MPPs who met with RNAO’s nurse and student leaders to discuss critical health and nursing issues during our 13th Annual Day at Queen’s Park this past March.

The buzz about these and other events is so loud that politicians now approach RNAO and its members to participate. Nonetheless, we can never rest on our laurels. We must continue to engage with MPPs year round to keep discussion going and to influence their policy choices.

When members responded to the membership survey last year, the top three things they said they value most about RNAO are education and information, legal assistance and political action. Most also said that RNAO needs to feature point-of-care nurses front and centre in its work. Respondents are right, because when it comes to ensuring we make gains as we speak out for nursing and speak out for health, there’s no better way than through political action that puts you – and the work you do – first.

Whether it is the individual advocacy of one nurse like Paddy Dasno, a larger group, or our entire nursing collective across the province, I am so very proud of how much we have accomplished and how courageous we have become. We applaud those nurses who have persevered through planning events with MPPs, speaking with media, or taking a stand in their own communities. It’s not always easy, but it’s vital if we want to shape healthy public policy. **RN**

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

Part 2 of this series will focus on how nurses shape healthy work environments. Watch for it in our next issue.

RN advocates for our tiniest citizens

TIME IS THE MOST IMPORTANT TOOL FOR NURSES WHO HELP BABIES ADDICTED TO OXYCONTIN.

LEANNE TYLER REMEMBERS A TIME when she worked with newborns in northern Ontario who had been exposed to inhalants such as gas while still in the womb. She observed a shift in the 90s, when the drug of choice was alcohol. Now, Tyler says she's noticing babies are coming into this world addicted to narcotics like the powerful painkiller, OxyContin.

As clinical co-ordinator for the maternal-child and medicine units at Sioux Lookout's Meno Ya Win Health Centre, a role she has since vacated but still dabbles in from time to time, Tyler teaches moms – new and seasoned – about baby safety, breastfeeding, family planning and risk management. Providing care for mothers who are addicted to narcotics also means conversations about their history of drug use and what, if any, steps they've taken towards recovery. Trying to create a rapport with a new mother is a key part of the role, says Tyler.

Time is the most important tool for nurses who are working with addicted moms and their babies: time to watch the child, and time to help mom through feelings of guilt or remorse, she says, adding that advocacy is another means to ensuring an infant's safety. Nurses must "stop thinking about the specific substance being used, though it is

important for planning care, and look at the bigger picture, which is addiction, and how we can help individuals, families, and communities through this." Babies are our future, Tyler says, especially in the north. They already face unique social and economic challenges in rural and remote communities. Giving them a healthy start is the best way to ensure they stay healthy.

Advocating for the tiniest

of living conditions on some northern reserves. These conditions "...would crush the rest of us, and they're able to do it."

Socio-economic challenges may have contributed to an initial decision to use OxyContin, but helping women to make a conscious choice not to continue for the sake of their children is where Tyler comes in. Education and support are vital, she says. A five-bed in-patient withdrawal unit has boosted

elderly woman battled rheumatoid arthritis. It was this experience that she would draw on when she decided to pursue nursing as a career. "I think I was a nurse long before I was a nurse," she muses.

Tyler graduated from Niagara College of Applied Arts and Technology in 1991. She immediately boarded an airplane for Attawapiskat to work. Initially, she provided long-term care to eight elders, plus in-patients. The Niagara native has stayed in northern Ontario since, and, last September, took on the role of clinical co-ordinator for ambulatory care and chronic disease management at Meno Ya Win. She's not working with babies and moms as much as she was, and admits she misses it. Recently, a mother at the centre asked "are you still working in maternity?" Tyler, who had delivered one of the woman's babies, replied no.

The encounter made her miss the tots and their families even more. "I really see each one of those little individuals as the future of our world," she says. "They're a beautiful gift."

She says she's passionate about chronic disease management, but Tyler won't rule out a return to working with babies: "I would never say no." **RN**



Three things you don't know about Leanne Tyler:

1. Before becoming a nurse, Tyler worked as an interior designer and as a bartender.
2. She has "more yarn than life left," and loves to knit.
3. She doesn't watch television often, but when she does, she tunes in to the History Channel.

members of society who cannot yet speak out for themselves can be a delicate task, but Tyler says she feels comfortable in this environment. In fact, she's humbled by the strength of some mothers who face challenging circumstances as they try to wean themselves off the drugs they've come to rely on. "These are women going back to...two or three families living in a house without water or heat," she says

capacity in Sioux Lookout, but she suggests there is still a need for more community support. Specifically, Tyler thinks using the telemedicine network for community-based follow up for clients, and clinical support for community-based workers and programs will address some of the challenges.

Tyler knows the value of support through difficult times. As a child, she acted as her grandmother's hands and feet as the

MELISSA DI COSTANZO IS STAFF WRITER FOR RNAO.

NURSING IN THE

Bluewater Health welcomes BPSO status

Bluewater Health was one of 15 organizations chosen by RNAO this spring to become a Best Practice Spotlight Organization (BPSO) candidate. Health-care facilities that are committed to implementing RNAO best practice guidelines (BPG) receive this special recognition. **Barb O'Neil**, Bluewater's Chief Nursing Executive (right), says her organization will focus on the client-centred care BPG. "We've selected (a BPG) that we hope to roll out across our whole organization and that fits with our care philosophy of patient and family centred care."

Eventually, the hospital wants to implement several other BPGs, including those that focus on therapeutic relationships, supporting and strengthening families through expected and unexpected life events, preventing falls, assessing and managing pain, and smoking cessation. New BPSO candidates are recruited every three years, and the partnership is reviewed annually. Bluewater is among more than 50 BPSOs throughout Ontario and Quebec that have made a commitment to quality and evidence in their daily nursing practice. (*The Sarnia Observer*, April 19)



PHOTO: JASON BOUTSAPPHAT/BLUEWATER HEALTH

Bluewater Health CNE Barb O'Neil displays her BPSO acceptance letter and the BPGs the organization is using. For more information on other organizations recently selected for BPSO candidacy, visit www.RNAO.ca/bps2012

Action plan needed to ensure safety in long-term care

The Long-Term Care Task Force on Resident Care and Safety, created to address an increase in incidents of abuse and neglect in long-term care homes, and the underreporting of these incidents, has released its anticipated report detailing 18 "action" items that will focus on the prevention of abuse and neglect in the sector. Task force chair and retired University of Toronto nursing professor **Gail Donner** says the report raises the bar for nursing homes. With

input from owners, associations, unions and staff of Ontario's 634 licensed nursing homes, it calls on the sector to: create quality committees comprised of staff, family members and residents to fix problems unique to each home; offer greater flexibility in the labour arbitration process to fire abusive employees; consider specialized homes for abusive residents who suffer from dementia; and offer increased training for staff to handle seniors with complex behavioural problems. "I hope that the long-term care industry and, more importantly, the

respect for the elderly, will have moved up a notch," Donner said of the group's work. There were more than 3,200 incidents of abuse and neglect reported to the Ministry of Health in 2011; that's 3.5 cases per 100 nursing home beds. (*Toronto Star*, May 15)

Breathing easy at CHEO

Debby Voskamp, a nursing educator in the emergency department at the Children's Hospital of Eastern Ontario (CHEO), is thrilled that her hospital's new emergency department protocol is saving more than just seconds

for asthma sufferers. "Before this was initiated, patients and their families would have to wait to see a physician before an oral steroid could be ordered and given," she told *Ottawa Capital City News*. A new protocol, in place since January 2011, allows nurses to administer an oral steroid without waiting for a bed and a doctor. The hospital has been collecting data since instituting this directive, and has found patients are going home 45 minutes sooner. There's also been a reduction in overnight admissions. While asthma treatment has not changed, patients

E NEWS

BY CLAIRE O'KEEFFE

are getting the medicine sooner, Voskamp explained. Asthma is responsible for more than 2,500 patient visits annually at CHEO, with two-thirds of those suffering moderate or severe symptoms. (April 12)

RNAO's call to expand nurses' duties

In response to an ongoing shortage of doctors, increasing wait times, and complaints from 40 per cent of Canadian nurses who say they are not being used to their full capacity, RNAO has created a task force charged with expanding the professional duties of RNs. RNAO CEO **Doris Grinspun** told the *Toronto Star*, "The bottom line is that we're wasting valuable resources with our RNs. It will be a missed opportunity for the public, taxpayers and patients if we don't move to full utilization of our nurses." Grinspun also said she hopes the task force will shed light on the expertise of RNs, and will reinforce the belief that nurses can do more within their scope of practice. If Ontario's Ministry of Health accepts the recommendations, Grinspun believes there will be an inherent change to the province's health-care system. It will mean an increased focus on health, not on illness, she said. (May 3)

Dancing for oncology nurses

The Canadian Association of Nurses in Oncology at London Health Sciences



In honour of Canada's Oncology Nursing Day, RNs in London organized a flash mob.

Centre (LHSC) organized a flash mob at precisely noon on April 3. The impromptu performance corresponded with similar gatherings at the same time across Canada as part of Canadian Oncology Nursing Day. RN **Pat Stalker**, one of the organizers, said such events help to pay tribute to nurses and the impact they have on cancer patients' lives. "(Nursing) is a very thankful job," she told the *London Community News*. "People think 'Oh, you work in oncology; that has to be depressing,' ...but we get rewards from our patients every day.

"Today is an opportunity to celebrate those rewards and our patients." Approximately 30 nurses involved

with the London Regional Cancer Program at LHSC participated in the lunch-time event. (April 4)

Lice day for it

Head lice rival the common cold for longevity, and there's no sign the pesky nits (said to be behind the spread of typhoid more than 500 years ago) are going to be eradicated. **Debbie Bryant**, a public health nurse at the Simcoe Muskoka District Health Unit, suggests over-the-counter pharmaceuticals are the most effective way to eliminate the unwelcome head guests. "Some people are not

able to (use pharmaceuticals) so they use alternative treatments," she said, suggesting "they work; it just takes more time." Both the Canadian and American pediatric societies have websites devoted to lice removal, Bryant explained, and both agree that to really kill the nits, you must use over-the-counter products. Fortunately, lice "are strictly a human condition," Bryant added. "They're not like a flea or a bed bug that can go dormant without a blood supply and wake up again when there's food. Once they're dead, they're done." (*The Barrie Examiner*, April 11)



NURSING IN THE NEWS

NURSING WEEK 2012

Nurses take their MPPs to work

Vanessa Burkoski, Chief Nursing Executive at London Health Sciences Centre (right), spoke about RNAO's annual *Take Your MPP to Work* events across Ontario during Nursing Week. Nurses are such an important resource for improving our health-care system, she said, noting how RNs see the gaps in front-line health care first hand. They can advise Ontario's decision makers on what needs to change.



"(Nurses) are the silent heroes making such a difference in the health-care system," she said. The *Take Your MPP to Work* initiative is "...really visibly displaying the importance of nursing." (98.1 FM London, May 9 and *The Windsor Star*, May 10)

Newmarket RN goes beyond the call of duty

National Nursing Week is a time to recognize the noteworthy achievements of nurses across the country. Ontario patient Mike Russell wanted to recognize RN **Karen Jafs** as a treasured resource after he contracted hepatitis C while getting a tattoo in 1992. His chronic illness has taken him on an emotional, rocky road full of treatments and uncertainty, he told the *Aurora Banner*, but Jafs has been his rock, alongside his family and friends, supporting him on his way to recovery. "She came to the hospital when I was sick, even on her off time," he said. "Karen has been an ongoing support for me, even after treatment." In response to the recognition, Jafs said, "People do call, day and night, and I take comfort in knowing I'm there to help them when they are in need." (May 4)

NHS honours its own

Nurses from the Niagara Health System (NHS) gathered for a *Nursing Awards of Excellence* breakfast at the Welland Hospital on May 8 to acknowledge and appreciate the best of their own. Recipients of the awards were chosen by colleagues, and NHS Chief Nursing Officer **Donna Rothwell** commented: "I wish we could recognize nurses every day of the year." Rothwell, who is the Region 3 representative on RNAO's board of directors, is mindful that alongside the mental taxation many nurses feel year round, the job also takes an emotional toll. RN **Christine Grenville** was among the recipients of an *Award for Excellence in Direct Patient Care*. (*Niagara This Week*, May 8)

Standing up to diabetes

Diabetes nurse **Danielle Critch** hosted an information clinic at Norwood's Centennial Guardian Pharmacy in April, hoping to help people who have been diagnosed with the disease or are uncertain about the status of their health. An educator with the Belleville General Hospital's Diabetes Education Centre, Critch wanted time to talk one-on-one with individuals and offer reassurances about self-management. "Education is power," she said. "A lot of people just want the reassurance that they can self-manage with diet and exercise before they have to get to the medicine or insulin." The one-day clinic was a success, she said. "I love helping people. I just want to give them the tools and skills to help them manage day to day." (*Campbellford EMC*, April 26)

Funding for first assistants granted at Guelph General Hospital

Guelph General Hospital has been awarded funding for two registered nurse first assistants (RNFA). These specialized RNs assist during surgical procedures instead of relying on the traditional second doctor or medical student. **David Levett** is an operating room nurse at Guelph General who recently completed the RNFA training. He is now one of the newest RNFAs. Levett said there have been difficulties locating doctors to assist with surgeries, and that was one of the incentives to move forward with the RNFA program at Guelph General. "We started this...with

support from a few surgeon mentors. I was really surprised at how quickly other surgeons started inviting us in to their surgeries," he said. Nurses are cheaper than doctors, Levett added, and "with an RNFA, there's also an extra nurse in the room." (*Guelph Mercury.com*, May 8)

Knowing today's sex terms

Chatham's JG Taylor Community Centre was host to a Sexpressions workshop in April, and public health RN **Marian McEwan** was one of 50 health-care workers and sex educators who attended to better understand changing sexual terminology used by adolescents. "It's really about trying to talk to adolescents in their language and explain in professional terms why they need to know these things to ultimately keep them healthy," McEwan said. Apart from sexual terminology, the workshop addressed anatomy, pregnancy, pregnancy prevention and sexually transmitted infections. McEwan, who works for the Chatham-Kent Public Health Unit, said she gained a better understanding of some of the issues when teaching sex education, and some of the latest trends in sexual behaviour. "You can never start teaching too early," she said. If your toddler asks you how babies are born, "you answer it simply and build on it through the years." (*The Chatham Daily News*, May 1) **RN**

POLICY AT WORK

Action against bullying

RNAO took part in a rally held at Queen's Park on May 12 in support of legislation (Bills 13 and 14) that would promote safer schools by addressing bullying. The event was organized by the Ontario Gay-Straight Alliance Coalition. Dianne Roedding and Judith MacDonnell, outgoing co-chairs of the Rainbow Nursing Interest Group (RNIG), represented the association. The coalition, which includes RNAO and a wide variety of other community groups, supports individuals and groups who are experiencing challenges establishing Gay-Straight clubs in their local schools. Such groups provide vital support to students who experience discrimination based on sexual orientation or gender identity, and help to create a safer, more inclusive school environment.

To read RNAO's submission in support of the province's anti-bullying legislation, visit www.RNAO.ca/anti-bullying

RNAO's submission on Bills 13 and 14 reviews the evidence of the physical and psychological harm, including suicide, caused by bullying.



At the rally: (top) Vikky Leung, incoming student representative for RNIG; (bottom, right) Glen Murray, Ontario's Minister of Training, Colleges and Universities; and (bottom, left) outgoing RNIG co-chairs Dianne Roedding (left) and Judith MacDonnell.

Looming cuts to health insurance for refugees called dangerous

Nurses joined the campaign to oppose a series of changes that will affect health insurance coverage for refugee claimants. At the end of June, a program that provides temporary coverage for refugee applicants will be significantly scaled back, a move nurses and physicians working directly with asylum-seekers say will threaten lives. RNAO issued an Action Alert and wrote an open letter to the Prime Minister of Canada and the Minister of Citizenship and Immigration, Jason Kenney.

The changes, which were announced in April, would mean that Ottawa would no longer pay for any health care for some asylum-seekers and would stop prescription drugs, dental care and eye care for all new and current beneficiaries

of the Interim Health Program. RNAO fears that those without insurance coverage may delay seeking life-saving treatment. The federal government says the changes would save an estimated \$100 million over five years, but others worry the cost will simply be transferred to the provinces. Nurses and doctors argue the cuts will actually cost money, not save money. RNAO's CEO Doris Grinspun said, "restricting primary care and preventive care is ludicrous and unethical. These are cost-savers."

RNAO supports push to post calorie counts on menus

Legislation that would require chain restaurants to post the calorie count of their food items on menus or menu boards has RNAO's stamp of approval. NDP Health Critic France G elinas (above, centre)



Sabrina Merali (left) represented RNAO at NDP Health Critic France G elinas' May media conference calling on restaurants to include calorie counts on menus.

introduced a private member's bill at Queen's Park in May saying it would provide families with more information so they can make healthier food choices. The legislation, *Healthy Decisions for Healthy Eating*, also has the backing of the Ontario Medical Association and the Centre for

Science in the Public Interest. If passed, the bill would also mandate that restaurants post the sodium content of their food items. **RN**

To read Sabrina Merali's speaking notes on calorie counts, visit www.RNAO.ca/healthydecisions

Adrienne Paddock (right) and Deborah Warren met when Paddock decided she needed help with her OxyContin addiction.



The painful

Introduced in Canada almost 16 years ago, OxyContin quickly became the drug of choice for people hoping to escape pain. As its popularity and the number of prescriptions for it soared, controversy over its addictive nature, and questions about tampering began to surface. In March of this year, OxyContin was replaced by OxyNeo, an opioid that is reportedly tougher to alter. The new formulation is now on the provincial government's exceptional access drug list, and requires special permission to prescribe. RNJ asked nurses to share their perspectives on the effect this powerful painkiller has had on patients and what the switch to OxyNeo could mean.

A year ago, Adrienne Paddock says she hit rock bottom. Her family didn't want anything to do with her, she lost contact with all of her friends, and she was involved in "a bad relationship."

Paddock was addicted to OxyContin. Her path to substance abuse and addiction begins in 2006, when she was pursuing a

master's degree in fine arts in Boston. Paddock was jogging in the city in the early evening when she was sexually assaulted. "I had never done drugs, and wasn't a big drinker in high school or university," she recalls. Frightened after the attack, she began using cocaine at night to stay awake. She stopped her studies and returned home to London, Ont., where, soon after, she was involved in a car accident. To treat the pain, Paddock was given Demerol. It wasn't long before she heard of a faster, stronger painkiller: OxyContin. She vividly remembers the first time she misused the drug. She was at a party, and snorted 10 milligrams through a \$20 bill. She immediately felt ill, and decided to leave the gathering. Paddock remembers tumbling out of a stopped car and vomiting on the way home.

"It's hard to believe that (after) this first experience, I continued to (use)," she says.

In addition to easing her pain, Paddock discovered OxyContin,



truth

Nurses discuss controversial changes to OxyContin, and the impact on patients.

BY MELISSA DI COSTANZO

OxyContin

FAST FACTS

Developed in
1995

Manufactured by
Purdue Pharma

OxyContin was developed to provide
relief from chronic pain

One
OxyContin pill
can have the
same amount of
oxycodone as
16
Percocets

In 2010, there
were more than
1.6
million
prescriptions writ-
ten for OxyContin
in Canada
and the U.S.

The effects of
OxyContin can last
12
hours

Ontario has the
highest
rate of
opioid use
in Canada

Oxycodone prescriptions increased by
900% in Ontario from 1991–2009

In Ontario
there were
35
deaths
linked to oxycodone in 2002

Oxycodone
played a role in
460
deaths
in Ontario from
2004–2008*

Sources: Centre for Addiction and Mental Health; Ontario's Ministry of Health and Long-Term Care; International Journal of Risk and Safety in Medicine; Office of the Chief Coroner for Ontario. * This is an estimated number.

which contains oxycodone, made her feel calm. It was a sensation she didn't experience very often, having suffered with anxiety and obsessive-compulsive disorder for many years. She liked the feeling, and began snorting and injecting the drug daily. Paddock paid anywhere from \$40 to \$60 for an 80 milligram tablet, and required several pills per day. She lost her apartment, maxed out her credit cards to pay for the powerful painkiller, and stole from family and friends to feed her addiction.

"There were no consequences except this constant fear of not having an Oxy," she recalls. "I had nothing in my life except these pills."

According to the Centre for Addiction and Mental Health, this time-released narcotic was developed to treat chronic pain. "There's legitimate need out there...for strong analgesics," says Joel Lexchin, a York University professor and emergency physician at Toronto's University Health Network. "I think that need, combined with the marketing message from Purdue (Pharma, manufacturer of OxyContin) led doctors to prescribe this drug." Lexchin, who has authored a number of peer-reviewed articles on physician prescribing, says Purdue promoted the drug heavily for years before informing physicians of issues with addiction. Some patients who used the drug legitimately report becoming addicted to it. Before long, the painkiller, primarily prescribed in tablet form, was being crushed and then smoked, snorted, or injected to produce an immediate high.

OxyContin's legal and illegal usage in Ontario has spiked since its arrival in the mid-90s. The number of prescriptions for oxycodone drugs increased 900 per cent between 1991 and 2009, says Ontario's Ministry of Health. Lexchin cites research on the drug's use in Canada and the U.S. showing that more than 1.6 million prescriptions were written for OxyContin in 2010, putting it in the top 60 most prescribed drugs in the country.

Purdue Pharma ceased OxyContin production in February. Its replacement, OxyNeo, is said to be tougher to crush or inject, and is only prescribed with a special access application.

When London-based RN Deborah Warren heard the news of its replacement, she recalls thinking to herself: "They should have done this a long time ago. What a great thing." Upon reflection, the methadone nurse at Oxford Recovery Clinic – where Paddock is a client – now sees things differently. She took a step back and looked at the bigger picture. "(People addicted to OxyContin) are still addicted, and they're going to use something," she says. "That's the nature of the illness – you do whatever you have to do."

Paddock recalls spending entire days on the hunt for a pill. At her lowest, she thought it was impossible to regain control. Then she decided she didn't want the life she was living anymore. "My mom (went) to sleep every night wondering if I (was) going to be dead by the morning. My dad had a couple of heart attacks," she says, noting she had attempted detoxing three times between 2010 and 2011. "Methadone was my last chance."

Paddock met Warren on Valentine's Day, 2011. It's a date that's ingrained in her memory because it's the day she started methadone treatment, and her journey to wean off OxyContin. Paddock admits she started with misconceptions about methadone. She heard it made people's teeth fall out and that it was more difficult to stop than OxyContin. But Warren "tore down any of my misconceptions." She says she can think of "300 instances when (Warren) helped me make a big decision and helped me leave (the clinic) with a different point of view."

Warren has worked at the Oxford Recovery Clinic for almost two years. In addition to providing clinical care to those addicted to drugs including OxyContin, Warren's role includes a coaching aspect: she supports her patients with everything from securing bus passes to setting up bank accounts. Simple things like helping them to hydrate or putting a Band-Aid on a finger are "little things that go a long way, and opportunities to engage the patient," she says.

Paddock reached out for treatment, but there are many who continue to struggle with their addiction, whether it's from recreational or legitimate use of the drug, says Warren. She has already seen and heard of drastic consequences linked to the switch to OxyNeo. Other opioid use has escalated in London, a city of over 350,000, she says. People have started resorting to other dangerous substances such as heroin or Fentanyl, a painkiller that is said to be stronger than codeine.

be provided for people with addictions, Watt-Watson says "we also need more help for people who are living with pain."

Opioids can improve quality of life, when prescribed and used properly, she says. "I think discussion needs to be balanced between what appropriate use is, and what isn't. Unfortunately, people who abuse drugs will continue this without OxyContin, and we need to address this difficult problem."

Nurses play a key role in properly informing their patients and colleagues about appropriate pain management, and must keep abreast of current research studies, Watt-Watson adds. RNAO's best practice guideline (BPG), *Assessment and Management of Pain*, which is currently under review, acknowledges the unique position nurses are in to assist patients and their families to effectively manage pain. This is one such tool RNs can use to stay informed. "Nurses are key to providing the education and co-ordination of care in many situ-

"There were no consequences except this constant fear of not having an xy."

"The risk with Fentanyl is huge. They're not necessarily applying the patch as intended. They're cooking it and injecting it," she says, adding she's noticed more abscesses than she's ever seen before. In particular, Warren has seen a growing number of abscesses from neck vein injections. "Their drug is gone, so they're moving to an IV drug...and they're willing to risk different things."

The forgotten group

AS for those who are using the drug legitimately, they haven't been as vocal, and haven't received the media attention the other group has, says Judy Watt-Watson, professor emerita at the University of Toronto's Lawrence S. Bloomberg Faculty of Nursing. "By far, this is the largest group of people using opioids, and that's getting lost," she says. While the switch to OxyNeo should not make any difference in pain control for people currently on opioids for pain, Watt-Watson says she is concerned that nurses and physicians will back away from prescribing the drugs following all of the reports that have fed into the "fear factor" of using them. Although RNs and NPs cannot yet prescribe opioids, the role of the nurse is crucial in educating people about taking analgesics appropriately, and assessing and treating patients who have become addicted to an opioid.

The Canadian Pain Society reports one in five Canadian adults suffer from chronic pain. It's "a huge, costly problem for those dealing with it on a daily basis," Watt-Watson says, adding there's double the risk of suicide in chronic pain patients. In fact, some of her research has focused on establishing risk factors for chronic pain after cardiac surgery. While she acknowledges more help needs to

ations (with the patient and interprofessional team)," says Watt-Watson. "We have to be very knowledgeable about the variety of strategies available for pain management – pharmacology is one."

Watt-Watson believes nurses also have a role to play in supporting patients who are concerned they may no longer have access to painkillers. "These patients...need a lot of reassurance," she says, noting patients have told her they were considering suicide before being treated with an opioid. "Nurses can reassure them that if they need pain medication, their physician will work with them, and access will continue."

Primary care nurse practitioner Kathy Hardill raises another concern related to the recent switch to OxyNeo: the dosage, especially when those using the drug illicitly switch from OxyContin to heroin. "When people use OxyContin, 80 or 40 milligrams, they know precisely the amount of drug they're going to get. With heroin, they have no idea what the purity is," she explains. "They've gone from predictable...to something that is a crap shoot every time." As a result, Hardill, who works at the Bancroft Medical Clinic, expects to see a rise in overdoses, and deaths related to overdoses. This community has already seen a number of suicides and overdoses related to substance use, says Hardill. In 2010, five

people took their lives in the area. "Almost everyone knows someone who had a tragedy related to substance use."

Hardill's concern has prompted her to join a community network of health, mental health, and social service

To find out more about RNAO's pain management and methadone best practice guidelines, visit www.RNAO.ca/bpg/guidelines and search by topic.



Becky Opyc (left) and Kandace Belanger, street nurses in Thunder Bay, say the switch to OxyNeo won't do anything to address addiction issues in northwestern Ontario.

agencies that have banded together to help educate the public and health-care practitioners about drug abuse in the community. At a recent workshop, the group discussed the role of first responders during an overdose. We need to "...shine a light on a problem no one wants to talk about, normalize it, and say, hey: people are struggling in our community. Families are struggling. Everybody needs to know how to help," Hardill says. "If we can reassure people who are just afraid because they don't know, then the people who need help will...get it."

This same situation is playing itself out thousands of kilometres away in northern Ontario, where the effects of OxyContin addiction are ravaging Aboriginal communities. RNAO's CEO Doris Grinspun participated in a media conference in February hosted by the Nishnawbe Aski Nation (NAN) when news of the switch to OxyNeo broke. NAN, a political organization representing 49 First Nation communities in northern Ontario, publicly expressed its concern that the suffering of thousands of people will only increase without proper access to detox treatment. It's estimated 10,000 First Nations people living in northern Ontario are addicted to OxyContin. On some reserves, as many as 70 per cent of residents are addicted, some as young as nine years old.

In a letter to the provincial and federal health ministers in January, Grinspun and then-president David McNeil wrote that there are almost 200 people who are doing well within six community based Suboxone programs in NAN communities. Suboxone, like methadone, is a drug used to wean people off OxyContin. "Despite its cost-effectiveness and value as being least intrusive to community members, access to Suboxone is being curtailed," the letter said.

In response to these concerns, the provincial government has

said it will monitor the impact of prescription narcotic changes and expand access to addiction services. An expert group has been assembled and tasked with providing advice for strengthening the existing addiction treatment system in support of Ontarians with opioid addictions. The province has also said it is streamlining access to Suboxone.

Street nurses Becky Opyc and Kandace Belanger are unsure of the government's response. The duo, who work at the Thunder Bay District Health Unit's street nursing program, say a plan should have been in place before the switch to OxyNeo. "I don't think (the switch) does anything to address the addiction problem, particularly in northwestern Ontario," says Opyc, noting the area, besides contending with geographic isolation, faces severe poverty and unique cultural needs. OxyContin use is very prevalent in the young Aboriginal population, Belanger says. Opyc and Belanger estimate about 75 per cent of the people they see are addicted to prescription drugs.

A 2005 Thunder Bay Street Youth Drug Use Questionnaire, created by Superior Points Harm Reduction Program to pinpoint drug use among street-involved or at-risk youth under the age of 24, found OxyContin was one of the top five drugs of choice in the area (cocaine, marijuana, and ecstasy were also listed). According to the document, prescription drugs, including OxyContin, were reported by almost 16 per cent of those surveyed as their drug of choice. One participant commented: "there are too many young people using drugs in our community...morphine and Oxys are killing us." Another respondent was more jaded: "However bad you think it is, it's 10 times worse. It's a bloody epidemic. The problems are being swept under the carpet and allowed to grow."

Opyc and Belanger say the respondents have it right. People with addictions face stigma and a lack of services (there are only five methadone programs in the area, they add). "It's concerning to think of what other drugs people will use because their addictions are not being addressed," Opyc says.

Clean for almost one year, Paddock, now 31, wakes up every morning thankful she's living under her parents' roof again.

She's completing a graphic design diploma at Fanshawe College, and her family is "interested in my life again, and supportive." She's also volunteering at My Sister's Place in London, a drop-in centre for women. While there, Paddock helps assemble kits for addicts. She says she's paying the centre back for "all the times I (needed) their assistance."

Her path to recovery was dotted with setbacks, and her addiction was "embarrassing and shameful," she acknowledges. But she takes solace in knowing just about anyone can become addicted to OxyContin. "I open the paper and read about NFL quarterbacks, actors and politicians," she says of others who have come forward to share their stories. She hopes, like them, to encourage others not to give up on the idea of one day being clean again.

"Every day you walk out the door, it's a little like going out into a battlefield," she says. "You have to really become a warrior." **RN**

Nurses have a role to play in assessing a patient's risk of becoming addicted to OxyNeo before they even begin taking the drug. Find out what some of the red flags are by visiting www.RNAO.ca/Oxy.

MELISSA DI COSTANZO IS STAFF WRITER AT RNAO.

NURSING WEEK

NURSING: THE HEALTH OF OUR NATION

2012

MAY 7-13



RNAO CEO Doris Grinspun (second from right) visited with nurses in Kenora, Dryden and Sioux Lookout during Nursing Week, making stops at Lake of the Woods District Hospital, Dryden Regional Health Centre, and the Sioux Lookout Meno Ya Win Health Centre. Along the way, she joined local RN Paddy Dasno (right) to protest the removal of park benches in Sioux Lookout, a move that local decision-makers say will deter the homeless from taking up residence. Sitting in front of the courthouse in lawn chairs, the pair is joined by Ann Cleland (far left) and RNAO Region 12 Representative Kathleen Fitzgerald.



RNAO President Rhonda Seidman-Carlson (right) celebrates Nursing Week at Hôpital Montfort in Ottawa. The hospital publicly announced its designation as an RNAO Best Practice Spotlight Organization at a media conference on May 9. Proud recipients include (from left) Thérèse Antoun, Mona Fortier and Lucille Perreault.



Oncology RN Roy Ostil (right), winner of the 2012 *Toronto Star* Nightingale Award, and the first male recipient of the honour, joins RN and honourable mention Ildy Tettero (centre) to accept the recognition at RNAO's Career Expo in Toronto. The *Star's* Catherine King (left) brought congratulations from the newspaper.



Irmajeane Bajnok, Director of RNAO's BPG Program (centre), visited the British Columbia Cancer Agency during Nursing Week to talk to nurses about healthy work environments and creating an evidence-based practice culture. She is joined by two of the Agency's education resource RNs Lindsay Schwartz (left) and Esther Chow.

NURSING WEEK

NURSING: THE HEALTH OF OUR NATION

(Top) Premier Dalton McGuinty (centre) toured the emergency department and a medical unit at the general campus of The Ottawa Hospital during Nursing Week, meeting (L to R) Jeffrey Lepine, Kathy Bickerton-Smith, Lisa Freeman, Jack Kitts (CEO), Ginette Lemire Rodger (CNE), Andrea Jewell, Una Ferguson and Cecile Diby.



(Middle) Minister of Health and Long-Term Care Deb Matthews (left) learns about home care nursing with Saint Elizabeth RN Tamara Condy as she visits with a client in London, Ontario, during Nursing Week.

(Bottom left) Conservative Leader Tim Hudak visited York Central Hospital on May 9 to meet with nursing staff in the ICU, chronic kidney disease unit, and emergency department. Palma Casciato-Hulbig (left), a nurse educator in the emergency department, explains personal protective equipment to Hudak, who donned a mask, gloves and gown during the tour.



(Bottom right) NDP Leader Andrea Horwath (fourth from left) and NDP Health Critic France G elinas (third from left) celebrate Nursing Week with a visit to the Sudbury and District Health Unit (SDHU). The pair learned about immunization clinics, as well as sexual and heart health, from (L to R) RNAO Sudbury chapter co-president Maria Casas, Region 11 Representative Paul-Andr  Gauthier, and SDHU's Penny Sutcliffe, Shelley Westhaver and Bernadette Denis.



2012

MAY 7-13



(Top left) Liberal MPP Reza Moridi (right) visited Richmond Hill's York Central Hospital on May 11 to learn about the family birthing centre from nurse educator Neda Etemadi (left).

(Top right) Liberal MPP Tracy MacCharles (left) was one of several politicians who toured Oshawa's Ontario Shores Centre for Mental Health Sciences on May 11. She receives a certificate of participation from RNAO board member Marianne Cochrane (middle) and Angela Cooper Brathwaite.

(Middle right) Conservative MPP Jerry Ouellette was also at Ontario Shores to celebrate Nursing Week. (Left) He sits down with Nadia Salamat, one of about 20 nurses who wanted to chat one-on-one with MPPs about health care and nursing issues across Ontario and in Durham Region.



(Above) Conservative MPP Todd Smith visited the human simulation lab at Loyalist College on May 23. He learned how to take a radial pulse on a simulation mannequin, courtesy of Quinte chapter's Elizabeth Edwards, a nursing teacher at the college.

(Right) NDP MPP Monique Taylor (left) visited McMaster Children's Hospital on May 11, meeting nurses in the children's emergency department, the women's urgent care centre, and the endoscopy unit. Along with her for the tour: (L to R) Donna LaForce, Kirsten Krull, Ruth Lee and Brenda Flaherty.



NURSING WEEK 2012

NURSING: THE HEALTH OF OUR NATION MAY 7-13



(Top left) (L to R) Members of RNAO's Grey Bruce chapter, including Betty Perkins, Judy Sloan, LeAnn White, Jennifer Metherall, Joanne Murphy and Ashley Husk, take a break during their Nursing Week hike in Allan Park on May 10.

(Middle left) Trent University nursing students, the beneficiaries of an annual RNAO Kawartha chapter bursary, enjoy a Nursing Week visit and some guidance in the simulation lab from Dean Kirsten Woodend.

(Bottom left) RNs at the Syl Apps Youth Centre in Oakville, (L to R) Jas Sidhu, Christian Jean-Pierre, Konrad Makowski, Elzar Sipin and Subaida Hanifa, wear matching T-shirts that read *Closing the gap: From evidence to action*. The group hosted lunch at the centre during Nursing Week, and offered a presentation to fellow staff and community partners about their role on the interdisciplinary team.

(Top right) RNAO CEO Doris Grinspun (left) joins Holland Bloorview Kids Rehab Hospital for a press conference on May 7 to celebrate its designation as an RNAO Best Practice Spotlight Organization. Proud Bloorview staff includes (L to R) Kelly Falzon, Nick Joachimides, Kim Krog and Sheila Jarvis.

(Middle right) Author and RN Tilda Shalof (right) visited with nurses in Peel on May 7 to offer her humorous take on being a "nurse in the news," and to share her observations on the health-care system and her role in it as a critical care nurse. Peel executive member Mercy Ntiwaga was one of 105 nurses at the event.





(Top) Rhonda Seidman-Carlson takes the reins as RNAO president, leading lively and thought-provoking discussion about the resolutions. (Middle) Outgoing RNAO board member Sheryl Bernard (left) mingles with Carmen James-Henry at the opening ceremonies. (Bottom) Nursing students network before the procession of honoured guests mark the beginning of the 2012 AGM.

AGM '12



(Top) Cathy Graham (left) and Janet Rush take in the festivities during opening ceremonies. (Middle) Nursing leaders (L to R) Linda Haslam-Stroud, Debra Bournes, Vanessa Burkoski and Rhonda Seidman-Carlson attend the President's Banquet to close the AGM. (Bottom) RNs Elizabeth Jane Wilson (left) and Debbie Shubat provide background on a proposed resolution.

Almost 800 nurses attended RNAO's Annual General Meeting (AGM) April 26-28 in Toronto. Themed *Looking back with pride. Moving forward with vision*, the event marked the association's 87th year. In addition to hearing speeches from Health Minister Deb Matthews, former Conservative Health Critic Elizabeth Witmer, and RN and NDP MPP Cindy Forster, members marked the announcement of the *Joan Lesmond Memorial Scholarship*, an annual scholarship that will go

to an exceptional student pursuing a master's or PhD degree with a focus on diversity in the nursing field.

This year's annual gathering also provided an opportunity to: welcome Incoming President Rhonda Seidman-Carlson and commend Outgoing President David McNeil for two years of outstanding service; congratulate the association's latest group of Best Practice Spotlight Organization (BPSO) graduates; participate in

the latest elections for several positions on the RNAO board of directors; and celebrate the winners of the 2012 RNAO Recognition Awards.

For a complete list of RNAO's accomplishments discussed at the AGM, a collection of photos and highlights from the past year, and in-depth information about resolutions, committee and financial reports, download a copy of the 2011 Annual Report at www.RNAO.ca/AGM2012.

**RNAO Board
of Directors
2012-2013**



Back row (L to R): Beatrice Mudge, Region 7; Norma Nicholson, Region 4; Jacquie Stephens, Region 1; Cheryl Yost, Region 2; Una Ferguson, Region 10; Kathleen Fitzgerald, Region 12.

Middle row (L to R): Marianne Cochrane, Interest Groups Representative; Paula Manuel, Region 6; Tammy O'Rourke, MAL Nursing Research.

Front row (L to R): Jill Staples, Region 8; Maureen Cava, MAL Socio-Political Affairs; Sara Lankshear, Region 5; President Rhonda Seidman-Carlson; Chief Executive Officer Doris Grinspun; Paul-André Gauthier, Region 11.

Absent from photo

(Top) Donna Rothwell, Region 3; Geraldine Jody Macdonald, MAL Nursing Education; Mary McAllister, MAL Nursing Practice (Bottom) David McNeil, Immediate-Past-President; Michele Bellows, Region 9; Vanessa Burkoski, MAL Nursing Administration



Bringing greetings to nurses from their respective parties are political heavyweights (L to R): Minister of Health Deb Matthews; former Conservative Health Critic Elizabeth Witmer; and NDP MPP (and RN) Cindy Forster.



RNAO CEO Doris Grinspun (left) shares a bittersweet moment with Magdalene Lesmond, Joan Lesmond's sister, who was on-hand for the official announcement of the *Joan Lesmond Memorial Scholarship*.



FOR MORE PHOTOS scan this QR code or visit RNAO on Facebook.



Recognizing excellence

TWELVE INDIVIDUALS AND TWO HEALTH-CARE ORGANIZATIONS ARE ACKNOWLEDGED FOR GOING ABOVE AND BEYOND

Award of Merit

This award recognizes a registered nurse who has made an outstanding contribution to RNAO and to the profession of nursing in Ontario. Winners demonstrate responsibility for professional development and are exemplary role models and mentors to peers. Two nurses have been selected for recognition in this category.



MARIANNE COCHRANE has been an RNAO member for nearly 30 years. She's been active in many roles, serving as president of the Durham Northumberland chapter and as chair of the Provincial Nurse Educator Interest Group. She's also led the legal assistance, bylaws and resolutions committees, and was a member of the board of directors from 2001 to 2005. As an RNAO workplace liaison, Marianne encourages both students and fellow faculty members at Durham College/University of Ontario Institute of Technology (DC/ UOIT) to become RNAO members. She helped students work with their peers and school administrators to include the cost of RNAO membership in tuition fees, and in 2011 all DC/UOIT nursing students became automatic RNAO members. Marianne is known as a trusted teacher who offers supportive academic and career advice.



As the professional practice leader for NPs at St. Michael's Hospital, **MARNEE WILSON** has been instrumental in ensuring all the hospital's NPs are working to their full scope. Following legislative changes to NP practice in 2011, Wilson navigated St. Michael's administrative processes to ensure physicians and other stakeholders were supportive of the NPs' new scope. She also advocated for changes to hospital policies to ensure NPs are working to their full capacity to provide the best patient care. Marnee, who continues in her clinical role in cardiovascular surgery, worked with her colleagues to ensure they embraced their new responsibilities confidently. She has been so successful that other health-care organizations now seek her advice.

Honorary Life Membership

This award is given to long-standing RNAO members who have made outstanding contributions to nursing practice, education, administration or research at the provincial, national or international levels. This includes activities that promote the association among nursing colleagues, the government and other health-care partners. Two nurses have been selected for recognition in this category.



CHERYL FORCHUK's dedication to RNAO and nursing is evident in every aspect of her career. She chaired the association's provincial resolutions committee for four years, and was president of the Brant-Haldimand-Norfolk chapter, where she continues to support newer chapter executives. Cheryl's mentorship is sought out by students at the University of Western Ontario (UWO), where she is a professor and associate director of nursing research. She is invited to speak at many international conferences about her extensive research on integrating people with mental illness into the community. Her work also explores homelessness, therapeutic relationships, poverty and technology in mental health care. Cheryl has received many accolades, including the *Social and Rural Psychiatry Faculty Award* from UWO and the St. Joseph's Health Care Foundation and Canadian Mental Health Association *London-Middlesex Champion of Mental Health Award*.



A member of RNAO for nearly 25 years, **JOYCE FOX** has long been an advocate for nursing and public health. In 2001, she was named Chief Nursing Officer (CNO) at the Simcoe Muskoka District Health Unit. She was one of only a few nurses in that role at the time. She has since worked with RNAO to implement the CNO role in every public health unit in Ontario. Joyce has also been integrally involved in RNAO's best practice guidelines program as leader of the *Enhancing Healthy Adolescent Development* BPG. She is well respected among front-line RNs because she always listens to their concerns. Colleagues describe Joyce as "a champion of the nursing profession and its fundamental importance to health care and public health."

HUB Fellowship

Sponsored by HUB, RNAO's home and auto insurance provider, this award offers recipients the chance to participate in a week-long, one-on-one placement with RNAO Chief Executive Officer Doris Grinspun.



ANGELA DE GUZMAN is committed to furthering her own leadership skills. She is a best practice guideline champion at Toronto Public Health, ensuring her nursing colleagues know about RNAO's postpartum depression resources to care for mothers. She helps to create healthy work environments for public health nurses by delivering team building workshops. Angela demonstrates tremendous leadership in her volunteer work as well. During last fall's provincial election, she helped organize an all-candidates debate, and has actively participated in RNAO assembly meetings. Angela is involved with Sigma Theta Tau International (STTI) Lambda Pi-at-Large chapter. She has been a member of that chapter's board of directors, and has chaired the fundraising committee to raise money for STTI's awards program.

Leadership Award in Nursing Education (Academic)

This award is presented to the RN who excels as a nursing educator in a university or college. The winner enhances the image of nursing by encouraging critical thinking, innovation and debate on nursing issues, and acts as a role model and mentor.



Students describe **KATHERINE CUMMINGS** as a passionate professor. For the last eight years, she has earned accolades and near-perfect student evaluations at the Durham College/University of Ontario Institute of Technology (DC/ UOIT). She creates a non-judgemental learning environment to support students throughout their four years. She is well known for her ability to synthesize complex concepts into material appropriate for first-year students, and frequently takes on projects that will improve DC/UOIT's program. In 2009, Katherine led DC/UOIT through the accreditation process for nursing education. That year, she also developed quizzes, tutorials and other materials to improve students' numeracy skills, ease 'math fear' and create a culture in the school where math is viewed as an essential skill to ensure high-quality, safe nursing practice. Katherine is also dedicated to her own education. Since 2004, she has taken part in 40 professional development activities, including those that focus on innovations in teaching and learning.

Leadership Award in Nursing Administration

This award honours an RN who shows exemplary management skills in an acute, long-term, community, education, research or other setting. This individual actively implements groundbreaking ideas to enhance patient care, and demonstrates a commitment to improve the quality of health care.



CATHY JAYNES is the director of the Healthy Living Division of York Region Community and Health Services. Colleagues call her a trusted 'visionary' who is transparent and supportive. In the last four years, she has overseen her division's rapid expansion. Cathy's responsibilities range from leading tobacco and healthy schools policies to responding to public health emergencies such as H1N1. She seeks new ways to use her staff to their greatest potential so their work is rewarding, but also cost effective. Cathy is always looking for new ways to improve opportunities for her colleagues. She encourages formal and informal learning for all staff, supports mentoring opportunities, and holds monthly meetings with managers to build trusting relationships. Her nominator says "she strives to get the best" from every member of her team.

Leadership Award in Nursing Education (Staff Development)

This award is presented to the RN who excels as a nursing educator in a health-care organization. This individual acts as a role model and mentor, and enhances nursing by encouraging critical thinking, innovation and debate.



As a clinical manager at the Ontario Shores Centre for Mental Health Sciences, **JOANNE JONES** is always adding to her colleagues' knowledge. Between 2008 and 2010, she was a clinical educator and managed an organization-wide project to change the centre's philosophy of care to one focused on recovery. She designed and delivered five-day education sessions to all clinical staff at Ontario Shores. These sessions were meant to create a better understanding of the centre's new vision. Joanne also supports nurses who sit on committees, and ensures they can take part in education sessions. She is an executive of RNAO's Mental Health Nurses' Interest Group, president-elect of the Canadian Federation of Mental Health Nurses, and sits on the Canadian Nurses Association's psychiatric/mental health nursing certification exam committee.

President's Award for Leadership in Clinical Nursing Practice

This award recognizes a staff nurse who consistently demonstrates expertise and evidence-based practice in one or more areas of clinical practice. Winners demonstrate nursing leadership in their workplaces and influence change for the betterment of patients, families and/or communities. Two nurses have been selected for recognition in this category.



ROSEMARIE CLARKE is the research nurse manager in the immuno-deficiency clinic at Toronto General Hospital. An avid supporter of her professional association, she worked with hospital management to secure funding to reimburse the clinic's RNs for their RNAO memberships. She supports nurse-led research and hopes to have RNs in her clinic begin examining ways to effectively deliver care to diverse groups of people living with HIV, including new immigrants and women. Rosemarie has provided nurses in her clinic with the chance to receive additional training to perform pelvic exams and Pap smears for women, improving access to care for those who don't have a primary care provider.



JO-ANNE WILSON is a staff nurse in the operating room at Trillium Health Centre. She is committed to sharing with younger RNs the knowledge she's acquired during her nursing career. She is a member of the periOperative Registered Nurses of Greater Toronto, an organization that provides networking and educational opportunities for surgical nurses. Jo-Anne often travels to conferences around North America and shares the latest technology and techniques with her colleagues when she comes home. She also mentors nurses in the Philippines, where she's been part of a mission for five years, assisting in minor surgeries and doing health teaching for locals with diabetes and high blood pressure. With the support of this award, she hopes to travel to RNAO's International Nursing Conference in Jerusalem in June 2012.

Leadership Award in Nursing Research

This award is presented to an RN whose work supports the implementation of innovative and progressive nursing practice that leads to positive patient and nurse outcomes.



MAHER EL-MASRI promotes research in every facet of his work as an associate professor and research leadership chair at the University of Windsor. He created a summer institute of clinical health research for graduate students and health-care professionals, a biennial nursing research conference, research forums and a research club where students and faculty share their ideas. Maher's focus is on primary health care and infection control. He is the author of 42 peer-reviewed articles, and his work receives significant media coverage. Despite his busy schedule, Maher lends his expertise on research methodologies to colleagues, students and the community. He readily takes time to answer other faculty members' questions about his work and is sought out as a mentor to graduate students. He is also a founding member of the Windsor Cancer Research Group, which aims to improve multidisciplinary cancer research.

RNAO Promotion in a Nursing Program Award

This award is presented to a nursing education program that best promotes and raises the profile of RNAO and participates in association activities.

RNAO is part of daily life for students and faculty in the **LAKEHEAD UNIVERSITY/CONFEDERATION COLLEGE** collaborative BScN program. A number of the school's professors are leaders of the RNAO Lakehead chapter and various interest groups. They have also participated as panel members for several of RNAO's best practice guidelines. Students are encouraged to bring BPGs into their studies, and third-year students complete poster presentations and papers that link a BPG to a real-life scenario from their clinical placements. During Nursing Week 2011, the university invited RNAO President David McNeil and Region 12 representative Kathleen Fitzgerald to

provide leadership presentations. Students are invited to take part in Lakehead chapter events year round, including volunteering at a local homeless shelter.



Representatives from the Lakehead University/Confederation College collaborative BScN program pick up their RNAO Promotion in a Nursing Program Award during a leadership luncheon for students on April 27.

Student of Distinction Award

This award is given to a nursing student who is a role model for professionalism and contributes to the advancement of RNAO/NSO within her/his nursing program. This student also acts as a resource for other nursing students.



ZAMIN LADHA is in his last year at the University of Toronto. In addition to his involvement with RNAO's Region 6, Toronto West chapter, Zamin is an active student who helped to promote the Nursing Students of Ontario's most recent Model World Health Organization conference.

He was also a member of the leadership team that hosted the Canadian Nursing Students Association's Ontario regional conference in 2011. Zamin was president of UofT's Nursing Undergraduate Society in 2012. A passionate advocate, Zamin successfully lobbied for the university to provide affordable tuberculosis testing for all students. He is committed to evidence-based practice. During one of his clinical placements, he used RNAO's *Enhancing Healthy Adolescent Development* best practice guideline to create a poster on youth living with Fetal Alcohol Spectrum Disorder.

RNAO in the Workplace Award

This award recognizes an Ontario health-care organization for its work to foster involvement of RNs in their professional association. The winning organization creates a climate of professional partnership and quality work life, and is committed to promoting professional development and research-based practice.

Nurses at **GUELPH GENERAL HOSPITAL** (GGH) show off their commitment to patient care every shift, every day. The hospital is a best practice spotlight organization (BPSO) designate, with more than 50 best practice champions. RNs have

already put six guidelines into place, and five more will be implemented over the next three years, including a healthy work environment guideline. Over the last six years, nurses



Representatives from Guelph General Hospital celebrate their recognition at the AGM with an RNAO in the Workplace Award and with designation as an RNAO BPSO.

Resolutions set a course of action for the coming year

RNAO encourages chapters, regions without chapters, interest groups and individual members to submit resolutions for ratification at each annual general meeting (AGM). Resolutions are part of RNAO's democratic process, giving all members the opportunity to propose a course of action for the association. In the interest of democracy, the Provincial Resolutions Committee does not endorse or censor resolutions. All resolutions that have met the required format are distributed to RNAO members for consideration in advance of the AGM.

Resolution 1

Submitted by RNAO's Board of Directors

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.

CARRIED

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.

CARRIED

PROPOSED TAG LINE

Speaking out for nursing.
Speaking out for health.

CARRIED

RNAO 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.

CARRIED

Resolution 2

Submitted by: Huron Chapter

THEREFORE BE IT RESOLVED that RNAO increase the allocation of Basic Funding to Chapters and Regions without Chapters to \$4.00 per member.

RESOLUTION REFERRED TO THE RNAO BOARD OF DIRECTORS

Resolution 3

Submitted by: Kathy Moreland Layte, RN, and Mary Mueller, RN

THEREFORE BE IT RESOLVED that RNAO advocate for an integrated strategy in Ontario to address FASD that includes: Prevention, Best Practice Screening Guidelines for Addictions, Diagnosis, Evidence-Based Interventions and Appropriate Support Services

have also completed RNAO advanced clinical/practice fellowships on topics including workplace safety, organ donation and wound care. GGH has committed to nursing knowledge by protecting staff development funds from budget cuts, and allowing RNs flexible scheduling to take part in educational opportunities. More than 70 per cent of the nurses at GGH work full time, and preceptorship and job shadowing opportunities are available for all staff. **RN**

(Left) Winners of RNAO's Annual Awards for Excellence in Health-Care Reporting include (L to R): Lisa Ayuso, *The Current*; Elizabeth St. Phillip, *CTV National News*; Avis Favaro, *CTV National News*; Teri Pecoskie, *Hamilton Spectator*; Marcia Kaye, *Today's Parent*; Steve Buist, *Hamilton Spectator*.

(Right) St. Michael's Hospital was one of several organizations to receive formal designation as an RNAO BPSO on April 27. For a full list of BPSO organizations, visit www.RNAO.ca/BPSOs/



for individuals and families.
CARRIED

Resolution 4

Submitted by: Debbie Shubat, RN, Algoma Chapter, and E. Jane Wilson, RN, Region 10

THEREFORE BE IT RESOLVED that the RNAO support the need for independent clinical and epidemiological research on the adverse health effects resulting from the environmental noise produced by industrial wind power generators to assist with determining authoritative guidelines for setbacks and appropriate noise levels for industrial wind power generators/turbines to protect health and safety for Ontario residents is complete; and BE IT FURTHER RESOLVED that RNAO advocate for a moratorium on the construction of industrial-scale wind power generation projects until the clinical/epidemiological human health research is complete.

DEFEATED

Resolution 5

Submitted by: Middlesex Elgin Chapter

THEREFORE BE IT RESOLVED that the RNAO advocate to the Ministry of Health and Long-Term Care for an extension of the Nursing Graduate Guarantee for new graduate nurses inclusive of sector-wide employment matching and the funding model, to include internationally educated nurses who are newly registered in the general class with no conditions.

DEFEATED

Resolution 6

Submitted by: Mary Metcalf, RN, on behalf of undergraduate nursing student, Erin McMahon, Level 3 Conestoga-McMaster Program

THEREFORE BE IT RESOLVED that the RNAO develop strategic partnerships and lobby the provincial government to invest in sustainable solutions to remove the barriers to access of health care faced by Ontario's migrant farm worker population.

CARRIED

Resolution 7

Submitted by: Ontario Nurses for the Environment Interest Group

THEREFORE BE IT RESOLVED that RNAO collaborate with the Ontario Government and other key stakeholders to develop and implement a strategy to reduce vehicle idling, including drive-through emissions.

CARRIED

Resolution 8

Submitted by: Ontario Nurses for the Environment Interest Group

THEREFORE BE IT RESOLVED that RNAO collaborate with the appropriate government jurisdictions and other key stakeholders to develop and implement a strategy to decrease risks of exposure to CO, NO² and other combustion products from emissions of ice re-surfacers in ice arenas.

CO = Carbon monoxide

NO² = Nitrogen Dioxide

CARRIED

Resolution 9

Submitted by: Ontario Nurses for

the Environment Interest Group

THEREFORE BE IT RESOLVED that RNAO directly, and in collaboration with the Canadian Nurses Association and other stakeholders, advocate for provincial and federal governments to ban the mining, processing, use and export of all forms of asbestos including chrysotile asbestos, and to promote implementation of a comprehensive national asbestos strategy.

CARRIED

New Business Item

Submitted by: Community Health Nurses Initiatives Group

THEREFORE BE IT RESOLVED that the RNAO advocate to the Ministry of Health and Long-Term Care, to the Ministry of Municipal Affairs and Housing and to the Office of the Premier that the regulations of the *Safe Drinking Water Act* be amended to mandate the fluoridation of municipal drinking supplies at the optimal concentration of 0.7 ppm or a range of 0.5 ppm to 0.8 ppm.

CARRIED

Q&A with... RNAO'S

Rhonda Seidman-Carlson is the association's 52nd president. In an interview with *Registered Nurse Journal*, she talks about her goals, her role models, and the challenges she expects to face over the next 24 months.

BY MELISSA DI COSTANZO



What special attributes do you bring to this position, and how will they help you in your role?

It's a privilege to be connected with people the way nurses are. My passion and love for the profession is definitely an attribute that I think members connect with. Most of our members are staff nurses. I have always stayed connected to direct practice. I think that serves me well. Many people have told me I'm able to take complex ideas, connect the dots, and translate those ideas into a language that a larger group of people will understand. When we're talking about health policy and political issues, and very complex issues in health care, the ability to bring those issues forward into discussion in a way that is more accessible to people, I think that is an attribute that is very important for the president of RNAO.

You've been involved with RNAO's Gerontological Nursing Association, the Nursing Leadership Network, and the Clinical Nurse Specialist Interest Group. You have also worked on a number of best practice guideline development teams and have acted as a reviewer for 10 BPGs. Before taking on the role of president-elect, you represented Region 8 on

RNAO's board of directors for four years. Why did you want to be president of the association?

I moved to Ontario from Quebec 21 years ago. RNAO was very valuable to me at the time. Being a member helped me understand health care in the Ontario reality: what was the same, what was different, connecting me to knowledge around the Ontario health-care system, and the issues. I became very involved in RNAO... and decided I would jump right in.

What do you hope to achieve as president?

The focus of my presidency, in addition to supporting the work of the board, will be to focus on the nurse at the point of care. This will involve finding ways to make sure their issues continue to be brought forward to RNAO and that the work of RNAO resonates with them. This may involve focusing on optimizing their role, or bringing this nursing group a bit more to the forefront in RNAO activities and political action.

What is the first thing you want to accomplish as president?

I definitely want to hear more about what the members want.

NEW PRESIDENT



Certainly, our recent membership survey has been extremely helpful as we reexamine our strategic plan. Now, I really want to go out during these first 100 days and try to speak with members in any way that I can: through email, phone, meetings.

Do you have a role model that you will try to emulate?

Throughout my nursing career, there has always been somebody who's served as a mentor or as a guide. Someone who has held up a mirror and helped me to see what is going well and what I can improve. Those are the voices and the images and the thoughts I try to keep with me. I try to pay it forward to other people in my career. It's not one particular individual. It's sort of a composite of individuals (direct supervisors, people on the board, and people at RNAO home office).

Why did you become a nurse?

I have no magical story to tell you. It's actually quite a boring story. I was a math major in university. I said to my mother: "I don't know where this is going to take me." She said: "Why don't you become a nurse?" It sounded like a great idea so I applied to go into nursing,

and I got accepted. It's a great example of how your mother knows you really well because I couldn't have picked a better profession. It matches who I am and what I believe in. My mother really did know me best, and she gave me some excellent advice. Thirty-eight years I've been a nurse and I've loved every moment of it.

What are some of the biggest challenges you expect to face over the next two years?

We are in very tenuous economic times and the decisions that are made not only within health care but within the areas that influence the determinants of health need careful consideration and response from RNAO. I am very concerned about people looking for a quick fix versus long-term solutions to some of our biggest challenges. I don't want to see hospitals become factories. That's a concern because that takes the heart out of health care. We've seen some challenges...(with regards to) negotiations with unions. What does this mean? Strategically managing these risks and challenges means it's going to be a bit of a rocky road over the next couple of years. **RN**

MELISSA DI COSTANZO IS STAFF WRITER AT RNAO.



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NEI is a program funded by the Ontario Ministry of Health and Long-Term Care to provide funding to nurses who have taken courses to increase their knowledge and professional skills to enhance the quality of care and services provided within Ontario.

Applications are available for individual nurses and nurse employers for grants up to a maximum of \$1,500 per year, per nurse. Please note that funding is not guaranteed.

If requests for funding exceed the budget available, priority will be given to nurse applicants who have incurred the cost themselves.

 **RNAO** Registered Nurses' Association of Ontario
L'Association des infirmières et infirmiers autorisés de l'Ontario
www.rnao.org/nei
educationfunding@rnao.org

 **RPNAO**
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For an appointment, call Gail Marriott, CFP, EPC, at 416-421-6867.

NURSE-EDITED BOOK ON ENVIRONMENTAL HEALTH PROBLEM

Wind power: can it fulfill the promises of clean renewable energy? Read what government and corporate wind developers are not telling you, in *Dirty Business: the reality of Ontario's rush to wind power*. Authors include Tom Adams, Professor Michael Trebilcock, and epidemiology expert Dr. Carl V. Phillips. <http://dirtybusinessbook.wordpress.com>

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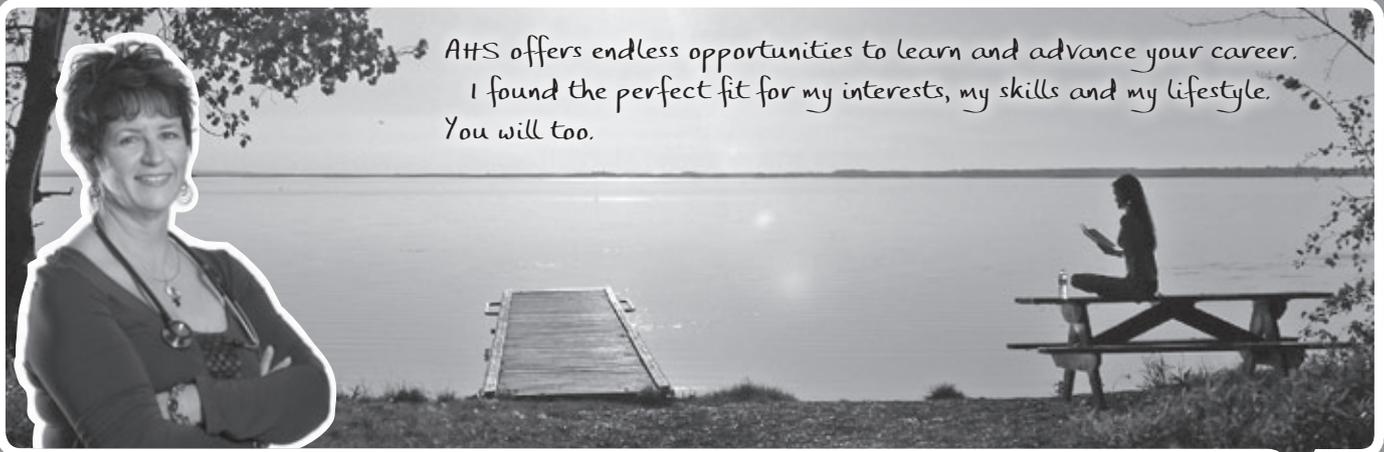
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What nursing means to me...

WHEN ASKED WHAT I DO, IT'S EASY ENOUGH TO DESCRIBE MY DAY-TO-DAY activities as a public health nurse. Screening immunization records, developing tobacco cessation pamphlets, and leading school-based clinics that promote healthy child development; these examples of my work do not lead to questions or leave people wondering why my work is of value.

What's challenging is describing the broader impact, challenges and rewards of public health nursing. How do I define my efforts to develop programs with community partners, create health promotion campaigns, and plan health promotion services for the public? In prior practice settings, and during clinical placements as a student, I had individual patients as clients. In public health, I have entire communities, schools and workplaces as clients.

Public health nursing is like a puzzle. It takes patience and time to see the bigger picture emerge. And like a puzzle, nursing is the sum of its parts.

To my surprise, a personal encounter with the health-care system recently helped me to more clearly define what nursing means to me. A close family member required emergency surgery and immediate hospitalization. Nurses asked how we were doing as we waited

for care. They made us comfortable, and even found a bed in a full emergency room so my ill relative could lie down. Nurses answered our questions, even if we asked them more than once. It was a series of actions that led to a positive experience, and that experience has left a lasting impression. The experience allowed me to see how a series of events links to a broader vision.

My actions in public health – big or small – contribute to a broader goal. The educational materials that I develop, the health promotion campaigns that I create, the screening and clinics that I lead; all of these define the impact I have on the lives of individuals in the community. If holding the hand of a nervous client will allow them to be immunized against a potentially fatal virus, or if a client attempts to quit smoking after reading a pamphlet I created; this contributes to the health of my community, even though it's not immediately obvious.

Since becoming an RN more than two years ago, I've discovered a new definition of nursing. But like any worthwhile puzzle, you have to put it together piece by piece. I'm still working on my puzzle, and trying to be the best nurse I can be. **RN**

SABRINA PIRMOHAMED IS A PUBLIC HEALTH NURSE FOR THE DURHAM REGION HEALTH DEPARTMENT.

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