JANUARY/FEBRUARY 2013

REGISTERED NURSE JOURNAL

Feeling worn out?

Nurses have to address the telltale signs of fatigue or risk endangering themselves and their patients.

Combating gun violence • One member, one vote • Documentation and legal liability

one member one vote

RNAO members get a say on governance issues.

BY KIMBERLEY KEARSEY

Beginning in 2013, RNAO members will be able to play a more integral role in deciding important governance issues that impact the current and future direction of the association. With the introduction of legislation governing the operations of not-for-profit organizations in Ontario, RNAO's bylaws have changed and members ('associates' and 'friends of RNAO' excluded) will now have the opportunity to vote by electronic means on issues such as the selection of the association's auditors, who gets to sit on the board of directors, fee increases (for more on the proposed fee increase, see pages 5 and 7), and more. Previously, members chose 'voting delegates' to represent their views at the annual general meeting (AGM) in April, and to vote on matters on behalf of their chapter, region without chapters, or interest group.

Bill 65, the Not-for-Profit Corporations Act, received royal assent in the legislative assembly in October 2010, and it's expected to come into force in the near future. Ontario's 46,000 not-for-profit corporations – RNAO among them – were given three years to fully implement changes. The government says the revised legislation is meant to: give more rights to members; enhance corporate governance and accountability; simplify the incorporation process; and better protect directors and officers from personal liability.

"This legislative change is an important one for our members because it means they can have a say on any number of issues that impact directly on the work RNAO does on behalf of nurses," says Sara Lankshear, RNAO's Region 5 representative on the board of directors, and chair of the bylaws committee. "It's a really great opportunity for RNs to influence what happens in our professional association." President Rhonda Seidman-Carlson agrees noting "it's far more democratic to allow each one of our individual members to weigh in on matters regarding the governance and direction of the association and what better way to provide nurses with more ownership of their professional association, and more stake in the strategic direction it chooses to pursue."

So, what exactly does this mean for the average member? Put simply, the annual meeting will be structured differently this April, and in the years ahead. It will be broken into two sessions: the 'governance/business' session will take place in the morning, and the 'membership consultation' session will take place in the afternoon. The results of membership voting on the auditors, board of directors, and proposed membership fee increase will be announced during the 'governance/business' session. The president and CEO will also provide their annual reports in the morning. By mid-day, the formal AGM will be declared closed and the 'membership consultation' session will begin.

Those individuals chosen by their chapter, region without chapters, or interest group to represent the views of their colleagues will participate as 'representatives' (formerly known as voting delegates) during the afternoon session. Representatives will consult with fellow members in advance of the AGM, and will attend the event in anticipation of the opportunity to debate the issues, ensuring their endorsement (or lack thereof) is reflective of the feedback they've received from colleagues in the community. Determination of the number of representatives for each chapter, region without chapters and interest group remains unchanged, and will be based on the same criteria as that used to determine voting delegates in the past.

For more information on the issues that require a vote, and the process for voting, visit www.RNAO.ca/AGM2013 **RN**

KIMBERLEY KEARSEY IS MANAGING EDITOR AT RNAO.

SUPPLEMENTARY NOTICE OF AGM

The chair of the AGM directs that voting for the Annual General Meeting (AGM) shall be by electronic means online, **beginning at 12:00 noon (EST) on March 18, 2013 and closing at 12:00 noon (EST) on April 4, 2013**. You can vote at any time during the election period. Technical support will be available during the voting period.

We encourage everyone to vote online, but the current legislation allows voting by proxy. Proxies must be received in proper form 48 hours in advance of the AGM. **For details, visit RNAO's website at www.RNAO.ca/AGM2013.**

Members who vote by electronic means waive the right to vote by proxy.

Be ready. Create your myRNAO.ca account now. **For more details, see page 26 of this issue.**

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REGISTERED NURSE JOURNAL

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Members urged to have a say

MEMBERS ARE BEING ASKED TO DO something of great importance between March 18 and April 4. For the first time in RNAO history, individual members* will vote on governance issues that impact the work of the association. In addition to deciding who sits on the board of directors and who represents the profession as president, members will now have a say in the selection of auditors and a fee increase that has been proposed by the board of directors (see page 7).

We published news of the fee increase, and RNAO's new bylaws that allow all members a vote, in our Nov/Dec 2012 issue, and include important details again in this issue (pages 2 and 7) because the items that will be decided by members are of critical importance to the future activities of RNAO. Members can also visit www.RNAO.ca/AGM2013 to read a Q&A about RNAO's new bylaws and what it means for you as a member.

In this issue's President's View (pg 5), you will read why Rhonda Seidman-Carlson is asking you to support the board's proposed fee increase. The rationale behind it is evidence-based, and the concern for what might happen if members don't take this responsibility seriously, is genuine.

Busy lives and mounting responsibilities are often behind people's reluctance to set aside time for matters they may not view as "urgent" at a particular moment in time. Rest assured, this responsibility will not take much of your time. And I can say this from personal experience.

Although I am not eligible to vote, as a staff member at RNAO, I was asked to create an account at myRNAO.ca to test the functionality of this latest online resource for members. You are being asked to do the same in order to vote between March 18 and April 4. I know this will take you minutes, because that's how long it took me. The process was user friendly and simple. And the technical support was there for me – and will be for you – if you need it. In fact, staff will be on standby during and after office hours to help during the voting period.

Members have always said they value the voice that they have through RNAO (read more about this in the CEO Dispatch on pg. 6). There's never been a more important time to share your voice with RNAO, and to vote on issues that will help the association continue the work it does on your behalf. **RN**

**Associates, friends of RNAO, and students excluded*

Take time to exercise your new right to vote

In my Sept/Oct 2012 president's column, I focused on what it means to be a member of an organization. More specifically, I talked about what it means to be a member of RNAO. As a member-driven association, your voice, your perspective, and your input help drive our ENDs (strategic directions).

As you may have read in the last issue, and again in this issue (pg. 2), there is proposed provincial legislation governing not-for-profit organizations. At RNAO's last annual general meeting (AGM), our bylaws where changed, and as of this AGM, individual members have a say on issues of governance. This includes voting for RNAO's president and members of the board of directors.

For those of you who attended last April's meeting, you may remember hearing about "one member, one vote" and how, beginning in 2013, governance issues will be placed before all members rather than a representative sample of voting delegates. This change is in place to ensure governance issues reflect the voice and the will of the members as a whole. Each member now has the opportunity – and responsibility – to exercise this new process in relation to a very important financial matter: a proposed fee increase (see pg. 7 for full details).

In September, RNAO's board of directors unanimously agreed to propose a membership fee increase of eight per cent. This translates to $2 more per year for students, $17 more per year for members in the ONA fee category, and $23 more per year for members in the regular fee category.

As your president, I ask you to support this modest fee increase, and here is why.

RNAO's membership fee has not increased for the past 14 years. This is unheard of in most other organizations. Your board and CEO kept the membership fee constant for all these years through numerous means, including managing expenses responsibly. But there is much more to the story. In fact, during these last 14 years, RNAO has been transformed from a relatively quiet organization that risked closing its doors because it didn't have enough money to operate, into an influential, first-class professional organization in Ontario, and, I would say, in Canada and abroad.

> "As your president, I ask you to support this modest fee increase, and here is why."

Through the leadership of our CEO, Doris Grinspun, and her team, RNAO has been able to attract external funding sources to create new programs and provide services that nurses use to grow as professionals, to enrich their practice, and to assist their patients and workplaces in optimizing health outcomes. Today, RNAO is an agenda setter, driving healthy public policy decisions that are in the best interests of nurses, the public, and our health system.

Nurses in Ontario have benefited enormously from RNAO's robust influence. From best practice guidelines, to the nursing education initiative, to advanced clinical fellowships, to career development workshops and institutes, political action, and policy gains such as the new graduate guarantee, late-career initiative, and full-time employment. Without a strong RNAO, none of this would be possible.

However, even with strong fiscal management, visionary and strategic leadership, and entrepreneurship, expenses have continued to rise beyond what is considered reasonable. Quite simply, the cost of living over the past 14 years has gone up by 30 per cent. Our membership fees have remained the same.

It's also important to point out that while fees for membership in the Canadian Nurses Association (CNA) and Canadian Nurses Protective Society (CNPS) have dramatically increased, these have been absorbed for more than a decade by RNAO.

We have now reached a point at which, for the first time in 14 years, we face a deficit budget. This is why I, and RNAO's entire board of directors, ask you to vote in favour of the proposed fee increase. As you consider your vote, which will take place March 18-April 4, I encourage you to make sure you are informed. Contemplate what we are asking – eight per cent over 14 years – and decide if this is good value for your money. I say yes, and RNAO's board unanimously agrees.

Consider what would happen if the fee increase is not approved by members. Think about the RNAO you know today, and decide if we can risk having a weaker RNAO. You, as members, ultimately have the final say.

Please send me your questions at rseidman@rnao.ca

Make sure you are informed about the facts. And most importantly – exercise your right to vote. **RN**

Rhonda Seidman-Carlson, RN, MN, is president of RNAO.

Refer to page 7 for more information about the proposed fee increase, and visit www.RNAO.ca/AGM2013 for more on the proposed legislation.

Checking the Pulse: A progress report to members

A little over a year ago, we assured members that we would adopt the same laser-like focus and determination to address the feedback received from RNAO's 2011 *Checking the Pulse* survey, as we do advocating for important nursing and health policy matters.

You told us that you want to see more staff nurses reflected in the work of the association, and we have done so. Last year, in this *Journal*, we featured 47 staff nurses who shared their expertise and perspectives from public health, community care, long-term care, acute care and palliative care. I was particularly moved by Jean Anderson and Brenda Dunkerley, the two staff nurses RNJ writer Melissa Di Costanzo shadowed for our 'day-in-the-life' feature in the March/April issue.

Fifteen per cent of members who responded to the survey said political action was one of the most valued benefits of belonging to RNAO; 10 per cent said advocacy; and another 10 per cent said having a voice. The energy and insight that we put into political action, advocacy and voice remains strong and vibrant. Bringing this together with the survey feedback that you want to see more attention placed on the point-of-care RN, RNAO staff and your board of directors worked hard to release two extremely influential policy reports: *Primary Solutions for Primary Care* and *Enhancing Community Care for Ontarians* (ECCO).

These reports place extraordinary value on the work of point-of-care nurses in all health sectors, and provide the evidence that if all nurses are practising to their full scope, all health professionals can more effectively work together to ensure positive clinical and health outcomes as well as greater system efficiency and cost effectiveness.

> "We assured members that we would adopt laser-like focus and determination to address the feedback received from RNAO's 2011 *Checking the Pulse* survey."

Members who responded to the survey also told us that there were too many action alerts from RNAO. We've listened, and now limit the alerts to only those relevant to you. However, we ask that you continue to be generous with your responses because we know your efforts make a huge difference to nurses and to those we serve. Last year, eight action alerts were circulated, down from 21 in 2011. This decrease has not dampened our ability to mobilize as a collective. In fact, members are as passionate as ever when responding to political issues. This was evident in the 2,145 letters Health Minister Deb Matthews, Premier Dalton McGuinty, your own MPPs and opposition leaders received to our action alert urging the government not to approve the sale of Ontario's Shouldice Hospital to a U.S. conglomerate. Your voices produced results: the purchaser in the sale, Centric Health, pulled out of the deal altogether.

A year ago, we also promised members that we would expand our reach with regard to educational offerings, addressing your concern that professional development was too Toronto-centric, and too costly. In 2012, RNAO hosted four free webinars for nurses, focusing on patient safety, fatigue, client-centred learning and woman abuse. Almost 1,000 nurses participated, pointing to a healthy appetite for online educational opportunities.

RNAO's online presence is absolutely vital in this day and age, and we heard your concern in 2011 that the website was difficult to navigate. We responded by launching a completely redesigned site in May 2012, which makes it easier to find what you are looking for. Fewer clicks are required to get to BPGs, policy documents or membership information. The new site's effectiveness is clear when you compare the numbers captured between May and December 2011 to the same period in 2012. In 2011, 54,002 people accessed RNAO BPGs online. In 2012, that number jumped to 93,254, an increase of 73 per cent. Between May and December 2011, there were 34,722 page views in our BPG section of the website. That increased to 55,509 during the same period in 2012, up by almost 60 per cent.

In addition to these staff-led initiatives, there are other changes that will help us to better hear your voices, and more accurately reflect them in the activities of the association. We are initiating *One member, one vote* this year (see page 2 for full details). Proposed legislation means all members will get a say in governance issues at RNAO. Although this is a provincially mandated change for all not-for-profit organizations, it is a tremendous opportunity for you to shape RNAO.

I hope this small sampling of the initiatives that have resulted from the 2011 survey leave you assured that we are listening to and acting on your needs. And, there is much more. Join us at the annual general meeting in April to witness a full report. **RN**

Doris Grinspun, RN, MSN, PhD, LLD(Hon), O.Ont, is chief executive officer of RNAO.

Building on RNAO's success

Members asked to approve first RNAO fee increase in 14 years.

BY KIMBERLEY KEARSEY

In advance of RNAO's 2013 annual general meeting in April, members will be asked to vote in support of the resolution of the board of directors to implement a membership fee increase of eight per cent. RNAO has not raised its membership fee for 14 years, and the board of directors is asking members to support the much-needed boost. Given the association's tremendous growth in members, influence and impact over the past 15 years, this increase will help the association to maintain the high level of excellence for which it has become well known. It will also ensure 35,012 RNs and nursing students continue to receive bang for their membership buck.

In 1999, there were 14,699 members. By the end of the 2012 membership year, 35,012 nurses and nursing students either joined or renewed. With a membership base that has more than doubled, and with the growing demand for enhanced services and programs, the board of directors is unanimous in its support for the increase.

"RNAO is a tremendously successful organization that has been able to generate sources of revenue and create efficiencies that have offset the need for a fee increase for 14 years," says President Rhonda Seidman-Carlson. What other organization can claim such an accomplishment? "RNAO's ability to diversify and bring revenues through consulting services and centre packages, the RN Careers job board, educational programs such as institutes and workshops, affinity partnerships, and more, is commendable," she says. "Nonetheless, the reality is that we've reached a crossroads, and our costs now exceed the actual fee charged to members. Without the increase, RNAO will not be able to offer the same level of services and programs it has in the past," Seidman-Carlson adds.

One benefit of RNAO membership is automatic membership with the Canadian Nurses Association (CNA) and Canadian Nurses Protective Society (CNPS). Over the past 14 years, and without impact on its members' fees, RNAO has absorbed fee increases of 100 per cent for CNA (from $27 in 1999 to $54.95 in 2013) and 120 per cent for CNPS (from $11.25 in 1999 to $24.75 in 2013).

"RNAO was a very different organization when it passed the last fee increase in 1999,"says CEO Doris Grinspun, who has led the organization since 1996. "Members, the board and staff should be extremely proud of RNAO and its members' influence and impact locally, nationally and internationally. This is thanks to our collective visionary leadership and expert work, anchored in robust values and an unwavering commitment to improving the lives of nurses, patients, and our province. We can only advance this type of outstanding work with the active support of members, whether intellectual or monetary."

For more than a decade, RNAO has absorbed increasing fees for CNA and CNPS memberships without impact on RNAO members

CNA MEMBERSHIP FEE	CNPS MEMBERSHIP FEE
1999	1999
$27	$11.25
2013	2013
$54.95	$24.75
An increase of	An increase of
100%	120%

"Had membership fees kept pace with inflation, a regular membership today would be $372 annually instead of the current $285," Grinspun adds. "We must recognize that there has been an increase in the consumer price index of 30.5 per cent since 1999. And as the salary of an RN has increased, the percentage of the RNAO fee to salary has substantively decreased."

If approved by members, the fee increase would mean a difference of between $2 and $23 per year, depending on the membership fee category.* For instance, membership in the regular fee category will increase from $285 to $308. Members in the ONA category will pay $227, up from $210. And the fee in the undergraduate nursing student (UNS) category will go from $20 to $21.60. With all 12 fee categories expected to change in varying degrees, Grinspun says the increase will help deal with the shortfall, and will "ensure RNAO remains a strong and vibrant professional association."

In addition to CNA and CNPS fees, RNAO membership covers the costs of producing *Registered Nurse Journal*, expenses associated with policy, advocacy, media and communications work, membership services and benefits, board, chapter and assembly activities, annual general meeting, and other operational expenses associated with information technology, salaries and benefits. **RN**

To find out more about the board's position on the proposed change, and specifically how much a membership will cost if the increase is approved, visit www.RNAO.ca/feeincrease

KIMBERLEY KEARSEY IS MANAGING EDITOR AT RNAO.

*All fees include HST

NURSING IN TH

Taking strides towards a healthy lifestyle

Community health nurse **Yvonne Wigboldus** is leader of *Rez Runners*, a program that initially started as a nine-week crash course for beginners, but has since blossomed into a running club for residents of Kettle and Stony Point First Nation. "Obesity, heart disease and stroke are very common in First Nations communities," she says, adding prevention is key.

Describing herself as a "couch potato" before she took up running, Wigboldus is thrilled with the response she's received. Weekly talks on nutrition and healthy living are followed by walk-run sessions. As many as 50 people signed up for the program that started last fall. Participants dropped to 15 "…once they realized how hard it was," Wigboldus says. Those remaining, and more, are now part of the club.

"I was just so impressed with this group," she says of the latest cohort, who finished in December with a five kilometre run. "They ended up encouraging each other," she says, adding "They all reported more energy, more self esteem, sleeping better; stress level and breathing improvements." Some, she declares "…have even asked to be coaches." (*The Sarnia Observer*, Dec 8)

Community health nurse Yvonne Wigboldus (kneeling, right) is inspiring residents of Stony Point First Nation to lace up and get healthy.

Book reveals challenges of rural women's health

University of Western Ontario Associate Professor **Beverly Leipert** is lead editor of *Rural Women's Health*, the first scholarly Canadian book on the subject. A collection of studies published in October 2012, the book lends particular focus to factors that affect rural women's health, rural women's health issues, and how rural women play a critical role in family and community health. Referring to the lack of study in the field in Canada, Leipert notes: "This is important information that will significantly advance understanding in this overlooked area."

The professor, who is also director of rural nursing at Gateway Rural Health Research Institute, says the book covers every province in Canada, except Quebec. There are three chapters that focus on the U.S., Australia, and the U.K. "I'm hoping that with this book that profiles research on rural women's health, policymakers, practitioners, and rural communities will translate it into policy and practice that support rural women's health," she says. In addition to co-editing, Leipert co-wrote the introductory chapter and a chapter on the underfunding of rural women's organizations across Canada. (*Huron Expositor*, Nov 28)

NPs needed to address wait lists in Thunder Bay

Up to 20,000 people in the Thunder Bay region have "no option but to wait in emergency rooms because they have no access to primary care," says RNAO CEO **Doris Grinspun**. Speaking to *CBC* radio in early 2013, Grinspun was upset with the Ontario Ministry of Health's refusal to grant funding to the Lakehead Nurse Practitioner-Led Clinic, which is currently over capacity and has a waiting list of over 300 patients.

The clinic, which specializes in the treatment of chronic disease, was refused funding to hire at least two additional nurse practitioners on the grounds that another Thunder Bay NP-clinic, the Anishnawbe-Mushiki NP-led Clinic, is still accepting new patients.

"It's not logical and responsible in terms of spending," says Grinspun, adding there are two fully equipped rooms, paid for by taxpayers, which are being left unused at the clinic. "You have a clinic...that has the infrastructure and the equipment ready to go for two additional nurse practitioners...and not to use that infrastructure is simply a mis-utilization of financial resources." (*Superior Morning, CBC*, Jan 4)

E NEWS

BY CLAIRE O'KEEFFE

…and to offer much-needed relief to those with chronic pain

Thunder Bay patients suffering from chronic pain cannot access prescription painkillers when their doctors stop practising because there are no other health professionals available to write their prescriptions. Nurse practitioner **Tannice Fletcher-Stackhouse** explains: "We have seniors coming to…do a non-medical detox program for pain that were on pain medications for legitimate, long-term chronic pain issues," she says, adding this is not a safe means of coming off opiates.

There are currently 600 pain patients on a waiting list at the NorWest Community Health Centre's walk-in clinic. Stackhouse says many of them are in a lot of pain. "They already have chronic pain, (and when) you add on withdrawal pain on top of that…you can see the discomfort and the real sadness."

Fortunately, such unnecessary suffering could soon be avoided. Currently, NPs do not have the authority to prescribe controlled drugs and substances (including opiates). Health Canada has stated its intention to amend federal regulations that limit NPs' authority to write certain prescriptions. Following federal amendments to the *Controlled Drugs and Substances Act*, provincial health ministries and regulators (in Ontario, the College of Nurses of Ontario) will start to make the necessary changes under the *Nursing Act*. It's unclear how long this will take, but once complete, NPs will be able to prescribe controlled substances. (*CBC News*, Dec 21)

Julie Thorpe (right) visits long-term care homes in Brantford and Mount Pleasant to ensure staff are prepared to handle health concerns on site, eliminating preventable trips to the ER.

New pilot project stops avoidable trips to the ER

Julie Thorpe is one of two long-term care nurses who are playing a major role in a pilot project created to eliminate unnecessary transfers of long-term care residents to hospital emergency departments. This means needless disruptions to a resident's routine and unnecessary upset can be avoided. The team operates out of Brant Community Healthcare System, and services residents at John Noble Home in Brantford and Hardy Terrace in Mount Pleasant.

"Utilizing our experience as hospital nurses, we can coach the staff to assess and monitor the patient and perhaps avoid disrupting the person's routine to bring them to the ER." Working with medical directors and frontline staff at the homes, the team has already implemented many tools to promote thorough communication and appropriate responses to changes in a patient's condition. For example, if Thorpe detects a urinary tract infection early, she can intervene and a trip to the ER is avoided.

Hardy Terrace's Director of Care, **Lisa Wight**, comments favourably on the project: "They are educating our nurses and personal support workers and having a big impact on our residents." **Erin Denton**, Director of Care at John Noble Home, is also very supportive: "Bringing care to our residents that avoids everything involved in transporting patients to the ER improves their quality of life."

The project, which started in September, is funded by the Hamilton Niagara Haldimand Brant LHIN. (*The Brantford Expositor*, Dec 4)

BPG helps nurses respond to abuse

Rishma Nazarali, a program manager with RNAO's Best Practice Guidelines (BPG) Centre, spoke to Toronto's *OMNI Television* about a December webcast that highlighted the key messages of the association's newly revised BPG, *Woman Abuse: Screening, Identification, and Initial Response*. The guideline "…provides evidence-based recommendations to nurses, and…some very important strategies and resources for these nurses to turn to (when they meet women who show signs of abuse)," says Nazarali.

NURSING IN THE NEWS

OUT AND ABOUT

MIDDLESEX-ELGIN RAISES AWARENESS OF POVERTY

Cheryl Forchuk, a nurse researcher specializing in mental health and poverty at Western University, was one of five speakers at a Middlesex-Elgin chapter event in November to raise awareness of the link between wealth and health. Flanked by original artwork from London's City Art Centre, a co-op art studio, gallery and meeting place for adults with mental health challenges, Forchuk talked about stigma and fear attached to mental illness, and the impact on social determinants of health, such as income and housing.

FEEDBACK FROM PUBLIC INFORMS ECCO REPORT

Tatlyn Carter (foreground) and Bea Levis are not nurses. They are members of the public who offered candid reflections of their experiences with community care at an RNAO roundtable in December. The pair was among a group of individuals who learned about RNAO's *Enhancing Community Care for Ontarians (ECCO)* report, and provided feedback that will inform the next version of the white paper, scheduled for release in the spring of 2013. Both offered suggestions for strengthening community care from a patient and caregiver perspective.

More than 450 health-care professionals across Ontario registered for the webcast, which was co-presented by Nazarali and RNAO board member Kathleen Fitzgerald, manager of the Sexual Assault and Partner Abuse Program at Kenora's Lake of the Woods District Hospital. (Dec 6)

Foreign experience may not count

Zubeida Ramji, Executive Director of the Centre for Internationally Educated Nurses (CARE), says foreign-trained nurses were not given enough time to prepare for new licensing regulations brought in by the College of Nurses of Ontario (CNO) on Jan. 1. "The changes came about so suddenly without enough information and awareness within the broader (nursing) community that many people are in crisis, scrambling to get their registration now," she says, acknowledging foreign-trained nurses must make their way through a lengthy process to get their credentials in order.

The new rules state an applicant's prior nursing experience only counts toward the license if the experience was within the previous three years. Under the old regulations, experience would count as far back as five years. "By the time (applicants) get to look at what needs to be done with their credentials, a significant amount of time would have passed," Ramji explains.

RNAO echoed Ramji's concerns in a 2010 submission to CNO that outlined why the association is in favour of leaving the cut-off at five years. (*Toronto Star*, Dec 19)

Toronto street nurse offers explanation of homelessness after the image of an exchange between a New York City police officer and homeless man causes backlash.

Explaining poverty after viral photo prompts questions

A photo of a homeless man on the streets of New York City went viral late last year, prompting Toronto street nurse, **Anne Marie Batten**, to explain the nature of homelessness. Earning 1.6 million views on Facebook in just 24 hours, the image of a New York City police officer giving a barefoot homeless man a new pair of boots in Times Square was soon followed by news that the homeless man, Jeffrey Hillman, is an ex-con with a home. "I don't know that poverty is very well understood," Batten says. She explains that having a roof over your head does not necessarily mean you have a home. Many people who live on the street feel unsafe elsewhere, she explains, or have a mental illness that keeps them on the streets.

"I think there's a backlash against homelessness," she told the *Toronto Star*. (Dec 6) **RN**

NURSING NOTES

Jubilee medals for RNs

To mark the 60th anniversary of Queen Elizabeth II's accession to the throne, Canada's Governor General David Johnston is handing out 60,000 Queen Elizabeth II Diamond Jubilee Medals for outstanding service to fellow citizens, individual communities and the country. The Canadian Nurses Association (CNA) was approached to solicit nominations for 30 medals, including five for Ontario nurses. RNAO collected the Ontario nominations, and the board of directors voted on the five winners. Theresa Agnew, Leah Jamnicky, Patrice Lindsay, Josephine Santos and Ruth Walden will receive their medals alongside 25 other Canadian nurses on March 5 in Ottawa. In addition to these nurses, several other RNAO members were chosen to receive medals thanks to nominations from other sources. Among the recipients: RNAO CEO Doris Grinspun; past-president Mary Ferguson-Paré; board member Paul-André Gauthier; former Parish Nurse Interest Group chair Mary Lynch; Kingston RN Debra Lefebvre; and Toronto NP Colina Yim. For a full list of Ontario nurses nominated by CNA and RNAO, and links to commonly asked questions about the nomination process, visit www.RNAO.ca/diamondjubilee

Carolyn Acker and Canada's Governor General David Johnston

Giving kids a future through education earns RN Order of Canada

Carolyn Acker, a native of Thorold (near Niagara Falls), and founder of *Pathways to Education*, has been recognized with an Order of Canada for her work with children. *Pathways* began in Toronto's Regent Park. It was created to break the cycle of poverty, and to offer children hope through education. Its success keeping kids in school in Toronto led to expansion to 11 other marginalized communities across Canada. Giving children opportunity through education, and watching them embrace it, "What more can you ask for?" Acker says. In November, she was in Ottawa, "alongside other Canadians who have contributed so much to create a better country…I was so honoured."

Nurses in Southampton access fund for educational opportunities

In the three years since its creation, the *Carolyn Frances Mack Nursing Education Fund* has helped 20 Southampton nurses pursue educational opportunities they may not have otherwise pursued. Seven received support in 2012, accessing funding from $50,000 worth of donations from the community in honour of a nurse who left a legacy at Southampton Hospital. Carolyn Mack, a team leader in the medical and surgical units, as well as clinical supervisor at the hospital, passed away four years ago. The fund was created by the Saugeen Memorial Hospital Foundation to accept memorial donations in her name. It is available to nurses interested in educational pursuits in palliative care, cardiac care, clinical technology and leadership. For inquiries or donations, visit www.smhfoundation.ca or call 519-797-3230 ext. 3230. For information about educational funding for nurses through the provincial government's *Nursing Education Initiative* (NEI), refer to page 22 in this issue of *Registered Nurse Journal*.

Do you have nursing news to share? Email us at editor@RNAO.ca

CPHC gets 2012 Donner Canadian Foundation Awards for Excellence

Late last year, Ruth Kitson, RN and executive director for Community and Primary Health Care (CPHC), accepted two *Donner Canadian Foundation Awards* from the provincial government, recognizing excellence in the delivery of social services. CPHC, which provides comprehensive primary care through 11 sites across Lanark, Leeds and Grenville, was one of seven agencies recognized by Ontario's Lieutenant Governor David Onley as the best run in the country, sharing $60,000 in prize money. The organization met for a special presentation with Onley in November, carrying away the award for the highest performing agency overall, and $20,000. As well, it received a $5,000 reward for excellence in the *Services for Seniors* category. CPHC was one of 554 non-profit social service agencies from across Canada to apply for the awards. **RN**

In memoriam

RNAO EXTENDS ITS DEEPEST CONDOLENCES TO FAMILY AND FRIENDS OF

Sandy Brioux, President of RNAO's Telepractice Nursing Interest Group. Described as "a fantastic human being and health professional," Sandy passed away Jan. 4, 2013.

Sandi Cox, a leader who helped Holland Bloorview Kids Rehab become an RNAO Best Practice Spotlight Organization. Sandi passed away peacefully at home on Nov. 28, 2012.

MANAGE FATIGUE, MINIMIZE RISK

RNAO's best practice guideline offers strategies for providing the best patient care without feeling worn down and worried. BY MELISSA DI COSTANZO

Ashley Husk was a panel member for RNAO's fatigue guideline, and suggests nurses know their limits, and say "no" to overtime when it is appropriate.

ASHLEY HUSK WAS SCHEDULED TO WORK TWO 12-HOUR DAY SHIFTS OVER THE CANADA DAY LONG WEEKEND AT A RURAL ONTARIO HOSPITAL. SHE WAS APPROACHING THE END OF HER SATURDAY SHIFT WHEN SHE REALIZED ONLY ONE NURSE WOULD REMAIN ON DUTY OVERNIGHT.

Her manager also took notice, and attempted to call in additional help, but no one responded. Concerned for her co-worker's safety, and worried the acuity of the patients would be challenging for one staff member to handle, Husk decided to stay on to support her colleague in the family birthing centre. "I could not leave and feel like the patients were all safe," she explains. "You want to make sure the situation is stable before you go home. You feel the need to stay."

It turned out to be a demanding evening. While her colleague tended to a mother who required a cesarean section, Husk cared for postpartum patients. The unit manager called the centre's small pool of staff nurses, but was not successful filling Husk's Sunday shift.

At 12:30 a.m., almost six hours past the end of her shift, Husk finally left the hospital, exhausted. Less than seven hours later, she was back at work. She knows the symptoms of fatigue, and the telltale signs that include a lack of mental clarity, forgetfulness and difficulty putting sentences together when charting. Nursing, she says, is "not just physical exhaustion."

These warning signs were evident after Husk worked almost 30 hours over two days, so on Sunday afternoon she approached her team leader, an ER nurse, who preempted her question. "Is there a shift I can get rid of to make your schedule more manageable?" her manager asked. "She knew it was unacceptable and was very sympathetic...that I would be exhausted," Husk recalls.

> "If you're basically a body, but you aren't fit to be in the workplace, you're not going to be adding anything. You're going to be a hazard." ASHLEY HUSK

She only had to come in one day later that week, and spent much of her holiday Monday resting after the hectic weekend. Working at the birthing centre can be "an emotional rollercoaster. It's pretty tiring, and when you go home, it just hits you," she admits. Husk works with many nervous parents, anxiously anticipating the birth of their child. "You have to be strong in those moments for your patient." The same holds true for nurses in other sectors. If you feel physically and/or mentally fatigued, you are not able to provide optimum care, she says. "If you're basically a body, but you aren't fit to be in the workplace, you're not going to be adding anything. You're going to be a hazard."

Heavier workloads, patients with increasingly complex needs, and a "hero" culture often leads nurses to go the extra mile for fear they can't – or shouldn't – say 'no' to that extra shift, overtime, or leave their workplace on time or earlier – even if they are tired. "It's always hard, because there is a sense of wanting to be a team player, and not letting anyone down," says Husk. "There's a sense of guilt that goes along with saying no." Nurses feel responsible for their patients – often even beyond the walls of their workplace – and for supporting their colleagues. Some may also anticipate or experience skeptical reactions from co-workers or managers when talking about fatigue.

Though it may seem difficult, Husk says nurses need to speak up. Instead of simply saying "I'm tired," she recommends nurses explain how many shifts they've worked, some of their symptoms that could lead to unsafe practice, and advise their manager if they haven't had enough recovery time. As a panel member for RNAO's best practice guideline (BPG), *Preventing and Mitigating Nurse Fatigue in Health Care*, Husk has had some time to examine the issue, and discover just how troubling it is for the profession. "You have to know your limits," she says. "You have to say 'no,' when appropriate" because working when fatigued can have destructive consequences on nurses, other health professionals, and patients.

According to a 2010 joint RNAO and Canadian Nurses Association (CNA) report, *Nurse Fatigue and Patient Safety*, more than a quarter of nurses said they observed unsafe practice related to fatigue of health professionals, while less than 20 per cent said they believed fatigue affected their ability to provide safe, compassionate, competent and ethical care. Equally contradictory was the finding that 95 per cent of respondents said they felt they 'never' to 'almost never' committed an unsafe practice resulting in an adverse event due to fatigue.

"Perhaps fatigue isn't viewed as potentially dangerous by RNs because we deal with it at varying levels on a daily basis in our personal and professional lives," Husk muses, adding that it is more difficult to assess quantitatively, and can have many contributing factors. "I think as dedicated professionals, RNs tend to overlook their own health and wellness and focus more on the needs of others who rely on them (patients, or their colleagues)." The BPG, she says, includes helpful self-assessment tools to assist nurses in identifying their level of fatigue and, ultimately, their ability to work.

Studies outside of Canada point more specifically to dangerous outcomes. A 2004 article in the *Journal of Nursing Care Quality*, a U.S. publication, states nurse fatigue was one of the top three causes of drug errors identified by nurses (the other two were physicians' handwriting and nurses' distraction). A 2007 issue of the *Association of periOperative Registered Nurses (AORN) Journal*, which is also American, carried results from a survey that found almost 40 per cent of respondents reported fatigue-related near errors, and incidents included missing items during patient assessment.

Given these statistics, it is vital that nurses talk to their manager or colleagues if they think they're unable to work due to fatigue, or if they feel they need to rearrange their shifts, or combine breaks to squeeze in a nap. Advising supervisors of other commitments also helps to keep things manageable. "You have to know how to advocate for yourself, while remaining respectful," says Husk.

RNAO's BPG, co-led by Anne Rogers, Emory University, and Milijana Buzanin, University Health Network, speaks directly to this point. It recommends that all employees, nurses, physicians, volunteers and students take responsibility for identifying and reporting unsafe conditions – including fatigue – in accordance with professional practice standards and hospital policy, without fear of reprisal.

While nurses should take time to care and advocate for themselves, there are others who play a role in addressing fatigue. RNAO's BPG contains a number of suggestions targeted towards the health system, health-care organizations, government, and individual nurses. All share a collective responsibility where fatigue is concerned.

Irmajean Bajnok, Director of RNAO's International Affairs and BPG Centre, says nurses and organizations have difficulty understanding how to begin to tackle this pervasive issue. In fact, RNAO and CNA's joint *Nurse Fatigue and Patient Safety* report (2010) found 90 per cent of nurses said their workplace had not developed policies or procedures to address fatigue. "There really isn't a simple fix because fatigue opens a Pandora's Box of other issues... workload and staffing, and a workplace and safety culture," Bajnok says. "Many organizations have workplace safety on their radar, but at this time, fatigue is not really considered a safety issue. We need to help organizations incorporate ways of acknowledging the impact of fatigue, and addressing it as part of a focus on developing a culture of workplace health and safety."

Bajnok is hopeful all health-care organizations will follow in the footsteps of professions that have already implemented measures to fight fatigue. Flight crews, for example, receive education about the link between fatigue and increased potential for human error. "The aviation industry could serve as a model for health care with respect to creating a culture where nurses feel comfortable communicating their needs regarding fatigue-related monitoring," suggests RNAO's BPG. "The focus on fatigue should be just as strong in health care as it is in aviation," charges Bajnok. "But it's not, which means patients' safety can be compromised." The BPG includes a number of organizational recommendations that can help shape a supportive work environment that allows fatigue levels to be monitored, fatigue discussions to take place with ease, and policies that support a culture of safety.

Tanja Futter (left) leads a working group on fatigue at The Scarborough Hospital (TSH). TSH Chief Nursing Executive Rhonda Seidman-Carlson (right) says every nurse has a role to play creating awareness of fatigue.

Since the guideline launched in August 2011, only one organization – The Scarborough Hospital (TSH) – has committed to implementing it. A year ago, the organization's nursing practice committee (NPC), which leads the fatigue initiative at TSH, decided it would focus its efforts on mitigating fatigue after a number of the group's 30 members flagged it as an issue that requires more attention.

Tanja Futter is a nurse with the hospital's sexual assault/domestic violence care centre. She leads the NPC working group on fatigue, and admits there have been moments in her own career when she could have taken better care of herself. One such time was right after she began working on the project. In addition to working at the hospital, Futter is a part-time street nurse for Toronto's Sanctuary, a Christian charitable organization that reaches out to those who are less fortunate. In both roles, she cares for people who have experienced traumatic situations. The pressure from this work almost led to burnout, she says.

Physically and emotionally exhausted, she "reached the point where I withdrew into myself a little bit." She dreaded hearing her pager go off, began having trouble sleeping, and felt as if she had nothing to offer her friends. When she began having harrowing nightmares, Futter says she realized she's no different from any other nurse. "If (fatigue) is going to happen to me, it's going to happen to other nurses," she acknowledges. She now balances her life and passion for the profession by cycling, running and spending time with friends. All allow her to relax, collect her thoughts and composure, and boost her energy levels.

Futter leads the working group because she wants "nurses to stay in (their jobs) for a long time. I'm the person who tells nursing students 'you've chosen the best profession in the world,'" she says. "But I know in order to do it forever I need to care for myself." She encourages other nurses to do the same.

There are about a dozen nurses involved in the TSH project. The group created a poster and pamphlet to draw attention to the issue. The poster details some of the signs of fatigue and provides tips on how to manage them. Take breaks to let your mind rest. Get off the unit during breaks, if possible, and talk to a co-worker if you need support. The pamphlet discusses the effects of fatigue, and how to identify and prevent it. The materials were distributed throughout Nursing Week 2012.

Futter and her colleagues also reached out to nurses across the organization – including recovery room and ICU nurses – asking them to fill out a questionnaire to help the group better understand what factors contribute to fatigue at TSH.

Forty-four per cent of nurses who completed the questionnaire said they worked more than their regularly scheduled hours. Fifteen per cent returned to work after fewer than 10 hours off since their last shift. Fifty-five per cent worked without breaks, 81 per cent said they worked at a high pace (defined as an environment in

PHOTO: (PREVIOUS) DANIEL EHRENWORTH; (ABOVE) JEFF KIRK

which "decisions and nursing assessments are made and actions are planned"), 49 per cent worked when scheduled off, and 63 per cent slept fewer than six to seven hours before starting their next shift.

To help turn some of these numbers around, the fatigue group is hoping to share the results of the survey with all 1,500 nurses at the hospital, and has also created a master schedule for all units that ensures managers aren't scrambling to fill staff gaps. Inconsistent scheduling often leads to nurses working overtime hours. To remedy this, the Nursing Resource Team (NRT) will help colleagues on a "just in time" basis. When a nurse falls ill, for instance, an NRT nurse will fill in on a shift-by-shift basis.

TSH has also started to track the correlation between overtime and incidents related to medication errors and patient falls, adds its VP of Interprofessional Practice and Chief Nursing Executive Rhonda Seidman-Carlson. She says she brought the issue of fatigue to the hospital's senior team because she wanted to "create a bit of a discomfort" when it comes to the drastic consequences fatigue can have on a patient's care.

While she acknowledges, much like Bajnok, that the solutions to fatigue aren't easy, Seidman-Carlson, who is also RNAO's president, knows it's a critical issue and has committed to keeping it on nurses' radar. "I do believe that chief nursing executives have a great role to play in keeping the issue of fatigue alive, and not allowing the response to be 'it's always been an issue." Every nurse has a role to play in creating awareness around fatigue, she adds. "We've got to find things to do about it. We've got to find ways to address it and not wait until a catastrophic event occurs to do something."

Outside of the workplace, nurses can also take steps to alleviate fatigue. In addition to eating healthy food and avoiding stimulants such as caffeine, RNAO's BPG says participating in exercise and physical fitness programs promotes personal wellness.

Juggling personal and professional commitments, combined with long work hours often spent standing, lifting patients and/or darting from room to room can make it tough for some nurses to lace up or sign up for a gym membership. Susan Rosato is making it easier for health-care professionals to get their hearts pumping.

The London nurse oversees London Health Sciences Centre's (LHSC) year-old fitness program, a project that started out as two 30-minute strolls. It's now blossomed into over 80 30-minute exercise classes each week that range from gentle breathe and stretch routines to high-intensity interval training.

The idea came to Rosato two years ago, when she was working out in a park with her trainer. She asked her instructor "would you put something together for my colleagues?" He agreed, and Rosato, who was working at a dental clinic, assessed the interest of her co-workers. Weeks after a program was initiated with her team at the clinic, Rosato saw the transformation. "Everything was different," she says. "We were more cohesive, more productive." Then she had another thought: if the program has had such a profound impact on a small clinic, what would happen on a larger scale? Prior to her 10-year stint in dental care, Rosato worked as a recovery room nurse for 15 years at LHSC. She had experience in a larger health-care environment.

She decided to test her new idea in August 2010, and, on her days off, went to LHSC to pilot two 30-minute walking programs – one at lunch, the other at the end of the day. Within two weeks, over 400 staff stopped her in the halls, asked about the program and expressed interest.

In May 2011, a more comprehensive fitness initiative launched across the hospital's three sites, and the response has been overwhelming, Rosato says. "The number one story I hear consistently...(nurses) one day wake up and look in the mirror and don't recognize themselves, physically and mentally," she says. "The physical demands of nursing are immense. You need to find some balance and take care of yourself."

To make exercise even more accessible, Rosato created *We Come to You,* where she and/or a trainer will head to a unit or department

Staff at London Health Sciences Centre, including nurses, can reenergize in the workplace thanks to a unique fitness program led by RN Susan Rosato

for one hour to provide basic stretches. "Nurses can't leave their bedsides for great periods of time. They like to be able to see and know (what's going on), and they like to support each other," says Rosato. Slowing down for a couple of moments to practise deep breathing can make a huge difference, she adds. Patients have even watched and commented "I like that you take care of yourself, because then, you can take better care of me."

More than a year after its inception, there were 50,000 LHSC fitness program visits. Many have said they feel stronger, more energetic, productive, happier and mentally clearer. In fact, in a survey of 400 participants, over 90 per cent revealed the program had improved their quality of work life. Rosato couldn't be happier. "You can't change the stress of your working environment, and you can't change the demands," she says. "But what you can do is make yourself as well as you possibly can in order to handle (those demands)."

Husk agrees. "We sacrifice our own wellbeing for that of others, typically," she says. "We can run ourselves down." She suggests solutions for bringing fatigue to the forefront aren't being explored as much as possible because health-care organizations' focus has been on implementing BPGs that directly improve patient outcomes, such as reducing falls, pressure ulcers and helping clients to quit smoking.

As Husk points out, taking care of the nursing workforce through the implementation of fatigue mitigation strategies (outlined in RNAO's BPG) will ultimately improve nurses' quality of care and work satisfaction, both of which can lead to consistent, quality patient care. She challenges nurses to introduce the idea of implementing the BPG in their workplaces. "We need to advocate for ourselves," she says. "We don't realize how much change we can make by speaking out." **RN**

To download a free copy of RNAO's fatigue BPG, visit www.RNAO.ca/bpg/fatigue

MELISSA DI COSTANZO IS STAFF WRITER FOR RNAO.

 BY CLAIRE O'KEEFFE

Combating gun violence

HAMILTON RN TURNS GRIEF INTO ACTION.

On a fall evening in 1996, Karen Vanscoy's 14-year-old daughter, Jasmine, was shot dead by a 17-year-old male aquaintance with an untreated mood disorder. Jasmine's eight-year old brother witnessed the tragedy in the family's living room.

"The boy who killed my daughter accessed the (unregistered) gun from his stepfather's unlocked kitchen cabinet," Vanscoy says.

Since that horrific night 16 years ago, Vanscoy has worked as a determined advocate for gun control and victims' rights. A long-time member of the *Coalition for Gun Control*, she is regularly interviewed by Ontario's media and meets with politicians to endorse strong gun controls. She also attends press conferences and campaigns across the province to provide the victim perspective. As a nurse, she adds important insight to the cause. In 2010, she joined 500 colleagues to sign an RNAO action alert calling on the federal government to defeat Bill C-19, *Ending the Long-Gun Registry Act*.

Much of Vanscoy's advocacy over the past few years has focused on Bill C-19, which received royal assent by the federal Conservatives in the spring of 2012. The passing of this *Act* means gun owners are no longer required to register shotguns or rifles. It has also led to the destruction of gun registry data, including past records, in all but one province in Canada.*

This is "a real setback," she says. "Over 70 per cent of gun fatalities...are done with shotguns."

Vanscoy admits her fight for stricter gun controls did not start immediately following her daughter's death. In fact, soon after the tragedy, she left nursing, convinced she would never return.

Vanscoy looks back, recalling the start of her career at 21.

Three things you don't know about Karen Vanscoy:

1. She took roller derby classes in 2012.
2. She loves to garden.
3. She juggles.

"I wanted a profession where I could give back to the community and nursing was a natural fit," the third generation nurse says. In 1989, she graduated as a nursing assistant, and was hired by Hamilton Psychiatric Hospital (now St. Joseph's Healthcare Hamilton). She discovered a passion for mental health.

"As I learned more about the social injustice faced by people with mental illness...I felt I could make a difference," Vanscoy says. Employed by the Canadian Mental Health Association in 1995, she worked in soup kitchens and shelters. In 1996, she helped start Niagara Falls' first *Out of the Cold Program* for the homeless.

Following Jasmine's death that year, Vanscoy says her enthusiasm for mental health nursing waned. "My daughter was murdered by someone who had serious mental health issues, and I had been caring for people with these issues," she explains. Feeling devastated and lost, she left the profession in 1998 and worked as an educational assistant. That same year, she protested at her first gun rally.

In 2001, the need for extra income prompted Vanscoy to return to nursing part time at Hamilton Program for Schizophrenia (HPS). Before long, she began to accept that her daughter's murder was an isolated incident. People with mental illnesses are "more likely to be victims than to be violent." The work, she says, restored her passion for nursing.

Two years later, she returned to school to complete a BScN at McMaster University, and graduated on the dean's honour list in 2010. Today, she is a community mental health nurse in Thorold, Ontario.

Jasmine's killing prompted a political interest in gun control, but nursing helped Vanscoy to see the link between gun violence and health. "Nursing allowed me to support strong gun laws from a health and prevention perspective," she says, noting suicidal people are at significant risk if they have access to guns.

Referring to the recent wave of gun violence in the U.S., she insists strong gun controls, including gun registries, help prevent at-risk people from endangering themselves and others with a firearm. "Stronger gun laws inform gun culture," she says. "Gun culture (can) inhibit gun violence."

Despite the destruction of Ontario's long-gun registry and records last October, Vanscoy remains hopeful her ongoing advocacy will create a culture of safety: "When you don't look at prevention as a positive way to create change, I think you're missing the mark." **RN**

CLAIRE O'KEEFFE IS EDITORIAL ASSISTANT AT RNAO.

PHOTO: MCMASTER UNIVERSITY

** Late last year, Quebec won a court battle to save its records*

RUNNING FOR OFFICE

RNAO workshop offers RNs the knowledge and political skills to help them chase their dreams.

BY MELISSA DI COSTANZO

Alana Halfpenny remembers the moment that inspired her to start thinking about becoming politically active.

It was 2002, and she was a newly minted nurse practitioner. One of her first positions was at the Middlesex-London Health Unit, providing primary care to low income families. Just weeks into the job, she remembers talking to a single mother in her early twenties about proper nutrition for her five-year-old child. The woman, who was on social assistance, broke down crying. Her son enjoyed munching on grapes, but she couldn't afford to buy them.

That moment struck a chord with Halfpenny. Her own mother raised five children alone and Halfpenny often wore her brother's hand-me-downs. Like the mother in her office, her family also relied on social assistance. "I know what it's like," says the Sarnia NP. Halfpenny acknowledges she's experienced many similar moments with patients in her 20-year nursing career. "After a while, you start to (say) 'that's it. I can't take it anymore. I need to do something about it.'"

It's no surprise then that Halfpenny, who is now an NP at West Lambton Community Health Centre, is passionate about advocating for those who are living in poverty. Over the years, she has also nurtured a keen interest in economics, employment trends and environmental issues. "I see all of these (intersect)," she says, adding that when she decides to run as a political candidate, she hopes to influence all of these issues as well as health care.

The 41-year-old admits 10 years ago, the idea of running for city council or as MPP for Sarnia-Lambton was just a fleeting thought. Fast-forward to November 2012 and Halfpenny, who acts as the policy and political action executive network officer for the association's Lambton chapter, found herself invited to attend RNAO's *Political Candidate Training* session, a crash course that provides nurses with the skills and knowledge to chase their political aspirations. She says she had reached a tipping point with her political work. The session provided that extra nudge.

Halfpenny was one of 13 nurses who participated in the two-day course, which was patterned after similar programs offered by RNAO in 2002 and 2006. The association believes nurses can play a critical role in shaping municipal, provincial and federal politics and policies because they bring unique insight and knowledge from their experiences with patients and the health-care system. "Their perspectives are invaluable, which is why the association has routinely held training sessions to

Alana Halfpenny

Etobicoke-North MPP hopeful Gurleen Gill at an all-candidates' debate at Humber College on Sept. 20, 2011

PHOTO: ALEX CONSIGLIO

help encourage members to take the political plunge," says RNAO CEO Doris Grinspun.

The training couldn't be timelier, considering the current state of Ontario's political landscape. Premier Dalton McGuinty announced his resignation in October 2012. He formally stepped down with the announcement of his successor* in January. Ontario could head to the polls as early as this spring if the opposition parties fail to accept a provincial budget.

Many nurses have already added the title of 'politician' to their resume. There are currently 10 nurses serving Canada in the House of Commons. In Ontario, noteworthy nurse-politicians include MPPs Madeleine Meilleur in Ottawa-Vanier, Laurie Scott in Haliburton-Kawartha Lakes-Brock, Soo Wong in Scarborough-Agincourt (who was at the training session to share some advice), and Carolyn Davies on municipal council in Amherstburg.

These nurses are paving the way for others, and are challenging statistics that suggest individuals from other professions – mostly men – are more likely to pursue a political career. According to the Parliament of Canada website, businesspeople, lawyers and consultants are currently the top three occupations in the House of Commons.

"As nurses, we really have the strength and the tools to be strong voices for communities."

GURLEEN GILL

Gurleen Gill is hoping the tide will change. "As nurses, we really have the strength and the tools to be strong voices for communities," says the Toronto RN. "We just have to stop letting things deter us from standing up."

Gill attended RNAO's training as both a participant and presenter. The home care nurse at Bayshore Home Health ran for the Green Party of Ontario in the 2011 provincial election. She says her leap into politics came after years of growing interest in addressing social inequities. Former Toronto street nurse Cathy Crowe (also a speaker at the training session, and a past Ontario NDP candidate) served as an "incredible inspiration" Gill says. "She reinforced the idea that there are no boundaries (for nurses)."

After making the decision to run, Gill campaigned for three months, recruiting a handful of volunteers and attending dozens of all-candidates' debates, speaking engagements and meetings. She knocked on hundreds of constituents' doors, all the while continuing her full-time job at Bayshore.

It was hectic, she admits. "Wake up, work, campaign, sleep" was the routine most days, but Gill says she wouldn't have it

** At press time, the new provincial Liberal leader had not yet been selected.*

any other way. In fact, she's already decided she'll be running again in the next provincial election: "It was a very rewarding experience, and it's empowering to know it's within your hands to create change."

Her advice to RNs? Don't let politics and campaigns intimidate you. Nurses can truly understand the needs and deficiencies of Ontario's health-care system, communities, and the social determinants that impact peoples' quality of life, she says. "We have the experience, knowledge, and ability to be great advocates for our patients, and by extending these skills into politics, we can be outspoken leaders."

Gill attended RNAO's candidate training session to learn about strategies for recruiting fundraisers for her next campaign. She admits this was a challenge, and shared her struggles with colleagues during the training in November.

Many nurses – some of whom travelled from Sudbury, Ottawa, Owen Sound and Brockville – wanted to learn about the nuts and bolts of running a campaign. They listened to the experiences and advice of seasoned politicians such as Wong, Crowe, PC Education Critic Lisa MacLeod, and former NDP MPP Shelley Martel.

Former Ontario NDP candidate and RN Cathy Crowe (left) shares political advice with colleagues, including Dot Klein (right).

Several participants indicated they may not be ready just yet to toss their hats into the ring while others were certain they would be running for office in the future. A few simply wanted to pick up political advocacy skills they could use in their workplace, or were looking to throw their support behind another candidate.

Dot Klein was one such nurse. An RN for almost 50 years, Klein says she is passionate about advocacy, particularly as it relates to the disadvantaged, children and the elderly. In March 2012, Klein attended her first *Annual Day at Queen's Park*, RNAO's signature political action event. Every year, nurses travel to the province's legislative assembly, meeting in small groups with Ontario's decision makers, including cabinet ministers, other MPPs and their staff.

Since that experience, Klein has thought about taking her political action a step further, but wasn't sure how to do so. When the invitation to attend RNAO's *Political Candidate Training* session landed in her inbox, she couldn't say no. "As nurses, we're not just part of the system. We can help (change) the system," she says, adding she felt as though she was in a room full of "kindred spirits" at the session.

Following RNAO's training session, Klein sifted through the party platforms, determining which party and provincial candidate align with her interests. Since then, she's chosen to support Nickel Belt MPP and NDP Health Critic France Gélinas. Klein is also considering running for municipal council. She says she is "feeling more confident to be...politically active."

Gananoque RN Denise Wood is also hopeful she'll be a candidate in the 2014 municipal election. The RN and executive director of the Leeds and Grenville chapter of the Alzheimer Society of Ontario says politicians need to look at the health-care dollar, and how it's being used. "We're not spending enough on prevention," she says, especially when it comes to education about Alzheimer's and vascular dementia. This will be a key message she hopes to relay when she runs for city council.

Wood says she left the training feeling invigorated. "Nurses don't usually talk politics," she says. "The fact that we might make a difference...and to be given a chance to (discuss that) was very empowering."

> **"As nurses, we're not just part of the system. We can help (change) the system."**
>
> ***DOT KLEIN***

RN Esther Gieringer agrees. The training has given this Owen Sound RN confidence she has "never felt before – it's quite amazing," she says. Gieringer works at Summit Place, a long-term care home, and says she has begun to gather information about political parties' policies and platforms, doing as much as she can to educate herself. Her motivation to attend the session stems from her interest in helping mothers who have not been able to protect their children through the family court system. "I think this is where my heart is leading me," she says. "If I can help them have a voice, and some accountability and responsibility, I think there is justice in that."

Though she feels pulled in this direction, Gieringer admits she has no idea where the training will lead her. Despite the uncertainty, she says "it seems like the puzzle pieces are falling into place." She acknowledges RNAO has afforded her the opportunity to see her puzzle take shape. "I'm not sure I would have pursued (politics) if it wasn't for RNAO." **RN**

Visit www.RNAO.ca/policy to read about political issues of importance for Ontario RNs.

MELISSA DI COSTANZO IS STAFF WRITER FOR RNAO.

POLICY AT WORK

RNAO sets health policy priorities ahead of next Ontario election

It's anyone's guess when a provincial election may be called; however, RNAO is ready if and when politicians hit the campaign trail.* Anywhere between 10 months to a year ahead of each provincial election, and with the intention of influencing all parties, RNAO issues policy recommendations related to nursing, the health-care system and the health of our communities. The association also prepares detailed, evidence-based backgrounders to support its recommendations. This year is no different. Anticipating a provincial election within the next 12 months, RNAO released its challenge to Ontario's political parties in the presence of the board of directors and party representatives at Queen's Park on Jan. 30. The event coincided with RNAO's regular board meeting.

The platform, *Why your health matters*, includes recommendations nurses believe will help lift people out of poverty. It also has suggestions for cleaning up the environment. Other areas of RNAO's plan call for faster access to primary care and access to home health care for everyone who needs it. A key plank in the platform demands full utilization of all health-care professionals, including RNs, so there is increased access to quality care that is centred on the patient. Given Ontario's standing as the country's second worst jurisdiction with respect to RN-to-population ratios, the platform also asks for 9,000 additional RNs by 2015.

For a copy of *Why your health matters*, visit www.RNAO.ca/platform2013

RNAO takes Queen's Park Day "on the road"

With Ontario's legislature suspended at the request of former Premier Dalton McGuinty last October, most MPPs headed back to their constituency offices. RNAO decided to take its *Annual Day at Queen's Park* "on the road." This proactive approach will ensure RNAO's leaders and politicians have an opportunity to meet and discuss health policy priorities. The meetings will bring to life the newly released RNAO platform, *Why your health matters*. The association will work with chapters, regions without chapters, and interest groups to meet the target of 90 meetings between now and April. Interested in setting up a meeting with your MPP? The policy department can help. Contact Kayla Scott, 1-800-268-7199, ext 214.

RNAO responds to health ministry's seniors strategy

Ontario's Ministry of Health released highlights of its long-awaited seniors care strategy in January. The report, *Living Longer, Living Well*, was led by Samir Sinha, Director of Geriatrics at Mount Sinai and Toronto's University Health Network. Sinha was tasked with mapping out a strategy that would help Ontario seniors stay healthy and live longer at home, and RNAO was among the key stakeholders invited to provide recommendations.

Saint Elizabeth home care nurse Tamara Condy cares for one of her senior clients in London.

The report contains a number of sound proposals. Among them: ensure every older person has access to primary care; increase funding for the home and community sector by four per cent; and address the need for more supportive housing and transportation, especially for seniors living in poverty. One of the recommendations, however, raised grave concerns for RNAO and relates to a proposal to develop "an income-based" test for people who require home and community support services. RNAO says the idea runs counter to the province's *Commitment to the Future of Medicare Act* and is an open invitation to privatize health services. The full report is expected to become public shortly.

Racism in health care

RNAO is encouraging nurses to read a Health Council of Canada report that examines how First Nations, Inuit and Metis people say they are treated when accessing health care in large urban cities. Many report instances of racism and stereotyping. The study, *Empathy, dignity, and respect: Creating cultural safety for Aboriginal people in urban health care*, found aboriginal people sometimes feel intimidated by Western approaches to health care. One of the report's conclusions calls for changes to health-care environments so culture is taken into consideration. For a copy of the study, visit www.healthcouncilcanada.ca **RN**

*Although voters went to the polls in October 2011, the Liberals did not win a majority, which means the party needs the support of either opposition party to pass legislation.

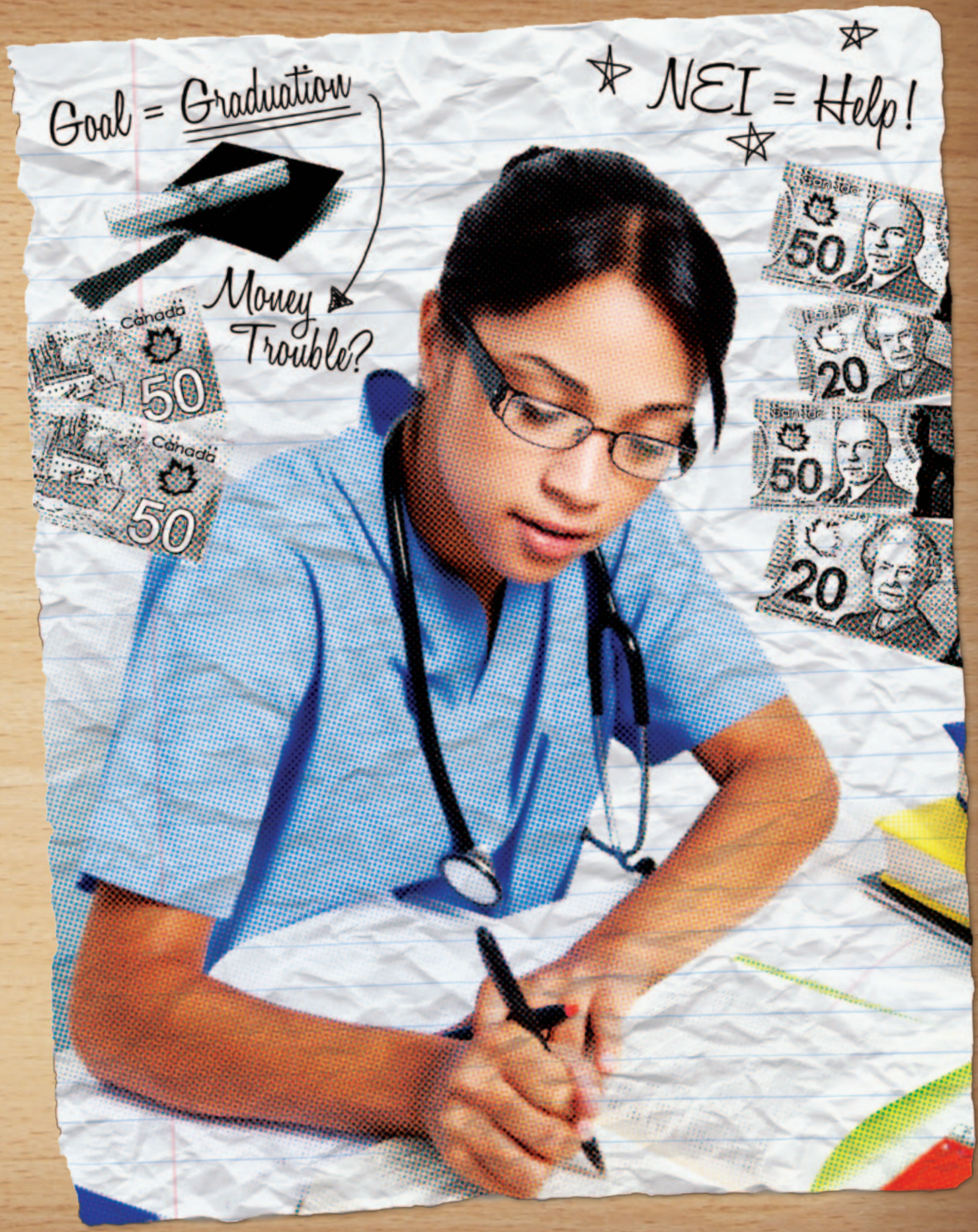
LIGHTENING THE FINANCIAL LOAD

Changes to Ontario's Nursing Education Initiative grant criteria mean more nurses will benefit. BY MELISSA DI COSTANZO

Five years ago, Kimberly Jones was about to walk away from a job she loved. The nurse and single mother of three had just been offered a position as a site administrative manager at Hamilton Health Sciences (HHS). But there was a hitch: Jones, who graduated in 1995 from Mohawk College's three-year nursing diploma program, needed a baccalaureate degree to stay in her new role.

She applied and was accepted to Australia's Charles Sturt University online nursing program, which enabled her to study while working, and still spend time with her children. But the annual tuition was staggering: $10,000.

Jones faced other financial pressures that made the pursuit of education difficult. She had just paid $20,000 for orthodontic work for her kids. A mortgage and the cost of food and babysitting also ate away at her income. To make ends meet, she picked up various part-time jobs to supplement her new, part-time role as administrative manager. In addition to teaching at Mohawk College, she worked in a hospice, the ER, and psychiatry a few times a month. Facing a stack of bills, Jones found herself thinking about giving up on her degree. "I thought: 'I'm totally throwing in the towel,'" she recalls. "Every semester, I had anxiety that was never ending. (I kept thinking) 'How can I come up with the money?'"


Goal = Graduation
Money Trouble?
NEI = Help!
Canada
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Then a nursing colleague reminded Jones of Ontario's Nursing Education Initiative (NEI), a provincial grant that RNs and RPNs can access to help offset educational and training costs. She had applied for NEI in 2002 to help pay for a management and leadership course. Five years later, she filled out an online application, and received $1,500, the maximum annual amount nurses can receive through the program. Though she admits balancing the books continued to be a challenge, Jones says NEI was her saving grace. If her studies equated to two years of struggling financially, Jones says she may have quit. "RNAO has been probably one of the biggest influences on my nursing career, from a financial and professional standpoint," she says. "I couldn't have done it without (NEI)."

Encouraged by the support, Jones stuck with her dream and obtained her BScN in 2009. The following January, she signed up for the Charles Sturt University master's program. She's enrolled in two courses each year for the last three years, and NEI has reimbursed her fees because the priorities she's noted in her applications have matched well with the priorities set out by the government.

Nurses can apply year after year, but funding is limited, explains Louis-Charles Lavallee, Director of Information Management and Technology at RNAO. Lavellee is in charge of administering NEI on behalf of the provincial government.

The program launched 14 years ago, when the Ministry of Health announced a nurse training and education fund in response to a 1999 Ontario Nursing Task Force report, *Good Nursing, Good Health: An Investment for the 21st Century*. The task force behind the report, which included then-RNAO president Judith Shamian, urged the ministry to develop a "comprehensive method of funding nursing services." Eight months ahead of the recommended deadline of November 1999, RNAO and the Registered Practical Nurses' Association of Ontario (RPNAO) began accepting application forms.

How it works

Due to high demand, criteria for NEI funding have changed. Applications are reviewed and given a score out of 100 based on points in six areas: previous NEI funding; employment sector; predominant clinical area of practice; employment status; type of education/training; and institute classification. A ranking of 70 means 70 per cent of the maximum amount ($1,500) will be funded, with some exceptions. This method ensures more nurses are reimbursed, and is more equitable than the ranking system used in the past, which saw some applicants receive full grants while others received none.

Since its inception, over $60-million has been doled out to nurses across the province. NEI has received more than 139,000 applications, and more than 100,000 courses have been approved for funding. Thousands of nurses have accessed NEI to help them achieve professional goals, boost their knowledge and skills to help them provide better patient care, or to mentor the next generation of nurses.

For Anne Moulton, the program helped to accomplish all three.

Moulton, a nurse educator in the hemodialysis program at St. Joseph's Healthcare Hamilton, received grants to put towards her undergraduate degree. She's since achieved her master's and has embarked on her next educational chapter: a PhD she intends to complete by 2015. This educational journey was a personal commitment, she says, adding she never expected anyone else to support her financially.

She is thrilled younger nurses can reap the positive spinoff from the education she is able to fund through the initiative. "My career is coming closer to an end, and I want to ensure (I'm) as educated as possible, so I can mentor new nurses," she explains. She's doing just that at work and through McMaster University, where, for the past two years, she's tutored fourth-year undergraduate students during their clinical placements at St. Joseph's.

One of her students recently recognized Moulton's drive to inspire other nurses to pursue professional development, penning a letter that read, in part: "The goals that you set for yourself within your career and the determination that you consistently show in order to achieve them are so inspiring to me."

Her students' gratitude "makes it all worthwhile," says Moulton, who acknowledges NEI played a large role in helping her to get to where she is today. "It has made a huge difference, and I'm very appreciative of it." **RN**

Interested in finding out more about this program? Visit www.RNAO.ca/NEI

MELISSA DI COSTANZO IS STAFF WRITER AT RNAO

NEI at a Glance

1. Funding is capped at $1,500/applicant annually
2. Nurses who have never received funding will be given priority
3. Reimbursement is limited
4. Online applications (www.RNAO.ca/NEI) are strongly encouraged
5. All nurses registered with CNO can apply.
6. Faxed applications are not accepted
7. Applications must be received no more than 90 days after course completion
8. A record $5.6 million was given out in 2007, the highest annual tally to date
9. The highest number of applications from RNs sits at 13,000 in 2004

LEGAL COLUMN

BY CHRIS BRYDEN

Documentation and legal liability

WHAT YOU NEED TO KNOW – AND WHY – WHEN IT COMES TO YOUR CLINICAL NOTES.

I OFTEN ADVISE MY NURSING CLIENTS: "If it's not documented, it didn't happen." While this is not a hard or firm legal rule, the legal importance and impact of nurses' clinical notes and records cannot be overstated. Aside from the actual delivery of patient care, documentation is perhaps the most important element of a nurse's role.

Poor or sloppy documentation can expose a nurse to three forms of personal legal liability: professional liability before the College of Nurses of Ontario (CNO); civil liability, in negligence and malpractice actions; and liability as an employee, subject to discipline and termination from employment.

Professional liability

Poor documentation can land a nurse in hot water before the CNO. Its *Documentation, Revised 2008* practice standard sets out comprehensive requirements for the taking of proper clinical notes. To briefly paraphrase, the standard requires that clinical notes be accurate, clear, and comprehensive, and that they be completed in a timely manner. When CNO conducts a disciplinary investigation, one of the first things it typically requests of nurses is a copy of the clinical notes and records for the patient(s) at issue. Your notes will likely be highly relevant should you ever find yourself before the CNO.

While the CNO reviews each situation on a case-by-case basis, poor documentation may, either on its own or coupled with other practice issues, result in disciplinary sanctions, including suspension of your registration. The most serious cases of improper documentation typically involve dishonest or inaccurate note-taking carried out to conceal some sort of wrongdoing or fraudulent activity. Such conduct may result in revocation of your registration.

> "ASIDE FROM THE ACTUAL DELIVERY OF PATIENT CARE, DOCUMENTATION IS PERHAPS THE MOST IMPORTANT ELEMENT OF A NURSE'S ROLE."

Civil liability

Under this form of liability, nurses can face malpractice or negligence actions, or lawsuits brought by patients (or their families) in respect of the standard of care provided to a patient. A recent Ontario malpractice case, *Sozonchuk vs. P.*, provides an excellent case study.

In this case, a patient's family brought a malpractice suit against a nurse after the patient, as a result of allegedly inadequate care, was left with severe functional limitations. The nurse testified before the court that she had checked on the patient several times throughout the day, and performed several assessments. She also testified that she had a number of concerns about the patient's condition and had discussed those concerns with colleagues.

The judge, however, observed that the nurse had not documented any of the assessments, concerns or discussions she testified about. He also noted that many of the notes and entries she did make were not made in a timely fashion. As a result, the judge concluded that the nurse's evidence at trial was not "reliable given that in many cases she failed to make any record of events she was testifying to." Her testimony in court was deemed unreliable as a result of gaps in her clinical notes.

As a result, the nurse was found to have been negligent and was ordered to pay a portion of the settlement that the hospital had to pay to the patient's family.

Liability as an employee

Nurses are held to very high standards and expectations in respect of their documentation practises. Given these high standards, it is very easy for a nurse to have their employment jeopardized by poor documentation. Judges and arbitrators in wrongful dismissal suits have upheld terminations and dismissals where documentation errors have been made, particularly where those errors led to, or even had the potential to have a negative impact on a patient(s).

Protect yourself

The three forms of liability discussed above are by no means exhaustive. Nor should these forms of liability be seen as mutually exclusive. It is possible for a nurse to be terminated from employment, face disciplinary sanctions before the CNO, and face civil liability before the courts at the same time, and/or arising from the same series of incidents and events. In any of these forums, poor documentation can be damaging, if not fatal to a case. The best way to avoid these forms of liability is to review and familiarize yourself with the CNO's *Documentation, Revised 2008* practice standard and apply it to your daily practise. Judges and decision-makers often use professional practice standards as a guide, and are far less likely to hold a nurse liable when he or she has complied with those standards. **RN**

CHRIS BRYDEN IS A LAWYER WITH RYDER WRIGHT BLAIR AND HOLMES IN TORONTO. HE HAS REPRESENTED RNAO'S LEGAL ASSISTANCE PROGRAM (LAP) MEMBERS FOR FOUR YEARS.

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ER Active Health Care Agency Ltd. is currently recruiting enterostromal therapy, wound care, continent nurses for full-time and part-time positions. Qualifications: licensed to practise as a registered nurse in Ontario. IIWCC ET and Continent certificate preferred. Minimum three years experience. Email your resume with cover letter to careers@erahca.com
Deadline: February 28, 2013. ER Active Health Care agency is a dedicated full-service health professional recruiting and training organization with office in Mississauga, Ontario. Office hours: 9:00 a.m. to 5:00 p.m. Monday to Friday.
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2013 Options for Diabetes Conference for health-care professionals
Thursday, April 11, half-day workshop.
Friday, April 12, full-day conference.
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As directed by the chair of the AGM, **RNAO members will have the opportunity to vote electronically on important governance issues that affect the association between March 18 and April 4.**

Before you can vote, you should make sure you have set up an account with **myRNAO.ca**

If you don't have an account, or aren't sure, go to **myRNAO.ca** and click on the "my account" tab. A step-by-step process will guide you.

Please note, you must have an active account in order to vote. So don't delay.

For help, call 1-800-268-7199 and ask for someone in the membership department.

Nursing Week story collection

For the sixth consecutive year, RNAO is inviting members to share their stories for possible publication on the RNAO website during Nursing Week (May 6–12). A select few will also be published in the summer issue of *Registered Nurse Journal* (July/August).

For this year's collection, we want to lighten the mood. In 500 words or less, tell us about your funniest nursing moment. We know your practice is full of profound and touching experiences every day. But we also know humour is bound to creep into your work, whether you ask for it or not. And as they say, laughter is sometimes the only way to make it through stressful moments that would otherwise bring you to your knees. Is there an instance, a conversation, a response or action from a patient that brings a smile to your face? We want to hear about it.

The deadline for submissions for publication on the website is April 29, 2013. Submissions for the summer issue of *Registered Nurse Journal* will be accepted until June 7, 2013.

Send your stories to editor@RNAO.ca or call 1-800-268-7199, ext. 233 for more information.

We know every member has a story to tell. And we thank you for sharing.

You can still get involved

RNAO BOARD COMMITTEE WORK OPPORTUNITIES (2013–2015)

- **Legal Assistance Program** (LAP) has two vacancies for RNAO members.
- **Membership Recruitment and Retention Committee** has one vacancy for an undergraduate nursing student (must be a member of the Nursing Students of Ontario interest group).
- **Provincial Nominations Committee** has two vacancies for RNAO members.
- **Provincial Resolutions Committee** has one vacancy for RNAO members.

Submit your CV with a letter outlining any relevant experience, and describing your interest in the position.

Deadline: February 25, 2013

Contact Penny Lamanna (plamanna@RNAO.ca) for further details.

Are fees tax deductible?

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

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

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

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

DO YOU KNOW A SPECIAL NURSE?

Toronto Star readers are being asked to nominate a Registered Nurse or Nurse Practitioner for the *12th ANNUAL TORONTO STAR NIGHTINGALE AWARD 2013.*

Information on Award Criteria and where to send your nomination will be published in the Star and online at **thestar.com/nightingale**

Deadline for nominations is March 20, 2013. Award recipient and nominees will be announced during Nursing Week 2013.

NIGHTINGALE TORONTO STAR thestar.com AWARD

2013

The Nursing Education Initiative (NEI)

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 cycle, 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
www.rpnao.org
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Ontario

NATIONAL INSTITUTE on NURSING INFORMATICS

FEBRUARY 22-24, 2013 IN TORONTO, ONTARIO.

The 2nd National Institute on Nursing Informatics, led by Dr. Lynn Nagle and a national faculty, is a unique educational opportunity for nurses interested in learning more about nursing informatics and applications in practice. The Institute will focus on issues and challenges related to informatics including sessions on:

- **clinical data standards**
- **health system use of data**
- **consumer informatics**
- **clinical decision support**
- **clinician engagement**
- **organizational change management**
- **human factors**
- **use of social media**

The Institute will be preceded by 5 webinars on the foundations of nursing informatics.

For the latest information about this institute and our other professional development programs please visit Bloomberg.nursing.utoronto.ca/pd

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IN THE END

BY MARIA CHIERA-LYLE

What nursing means to me…

Career day at my son's school last year just happened to take place during Nursing Week. I was invited to talk to students in Grades 6, 7 and 8 about nursing. When I was first invited, I wondered what the children might learn from me, an advanced practice nurse educator in neurosciences. I searched my workplace for props and equipment that would capture their interest and leave them with a positive impression of the profession. My display table included a plastic puzzle of a brain that came apart, photos of halo vest devices, stomach and tracheostomy tubes, a staple remover and some nursing journals.

DROP US A LINE OR TWO
Tell us what nursing means to you. Email editor@RNAO.ca

I told the kids about some of the less pleasant aspects of nursing. I talked about collecting urine, stool, mucus, wound and blood specimens, and the role of the nurse to see signs of trouble. "Oh, that is nasty," one young boy said. Acknowledging his innocence, I reiterated that indeed it may not be pleasant, but that nurses take a scientific approach to these tasks. They inform us of disease process, I explained. I was taken aback when he then asked, "Are you a scientist?" I smiled and said yes, that is exactly what I am.

In this moment with one of my son's pre-teen friends, I realized that being a nurse has taught me how to be a scientist at the bedside. I felt really proud of what my profession has taught me. From the enhanced knowledge base in disease process and management to the observation of good patient outcomes that are a result of my nursing interventions.

By the end of career day, I was thrilled to have been invited, and equally thrilled to hear some students say they would choose nursing as a profession. When the principal asked the children what they had learned from my presentation, the answers varied. Nurses spend a lot of time in school, and learning does not end, they said. Nurses do a lot of cool stuff besides poke people with needles. They need to be good at mental math. They speak a different language (with acronyms). And they really work hard to make people better, they added. The way they answered those questions made me feel like my work as a nurse was validated and that nursing itself is more than just a profession or job; it's a calling.

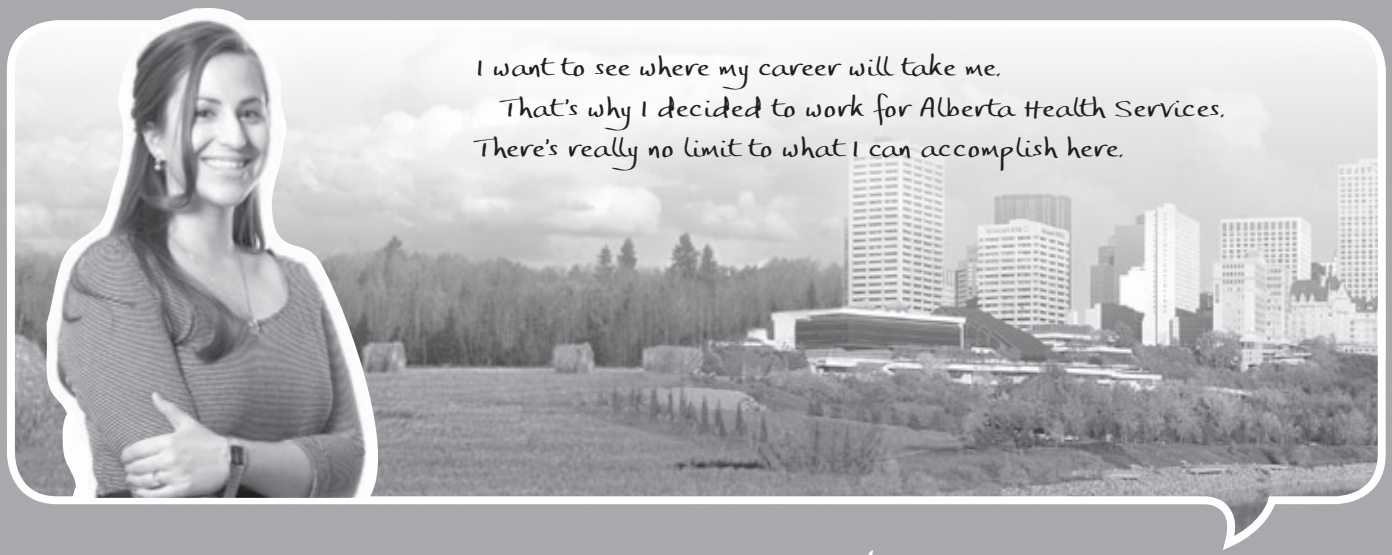
I was especially proud when my son said to me, "Thanks mom. You did good today." I think my presentation to his classmates really opened his eyes to all of the sacrifices and choices I have made in my career. My son now has a better understanding of what mom does as a nurse. Maybe he will even become one himself one day. **RN**

Maria Chiera-Lyle is an advanced practice nurse educator in neurosciences at Toronto Western Hospital.

ILLUSTRATION: JULIA MINAMATA

Alberta Health Services

CAREER OPPORTUNITIES
For RNs, RPNs, NPs and New Graduates



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There will be upcoming career opportunities at the Edmonton Family Care Clinic, Strathcona Community Hospital, as well as with our Corrections Health Team, at the new North Edmonton Remand Centre.

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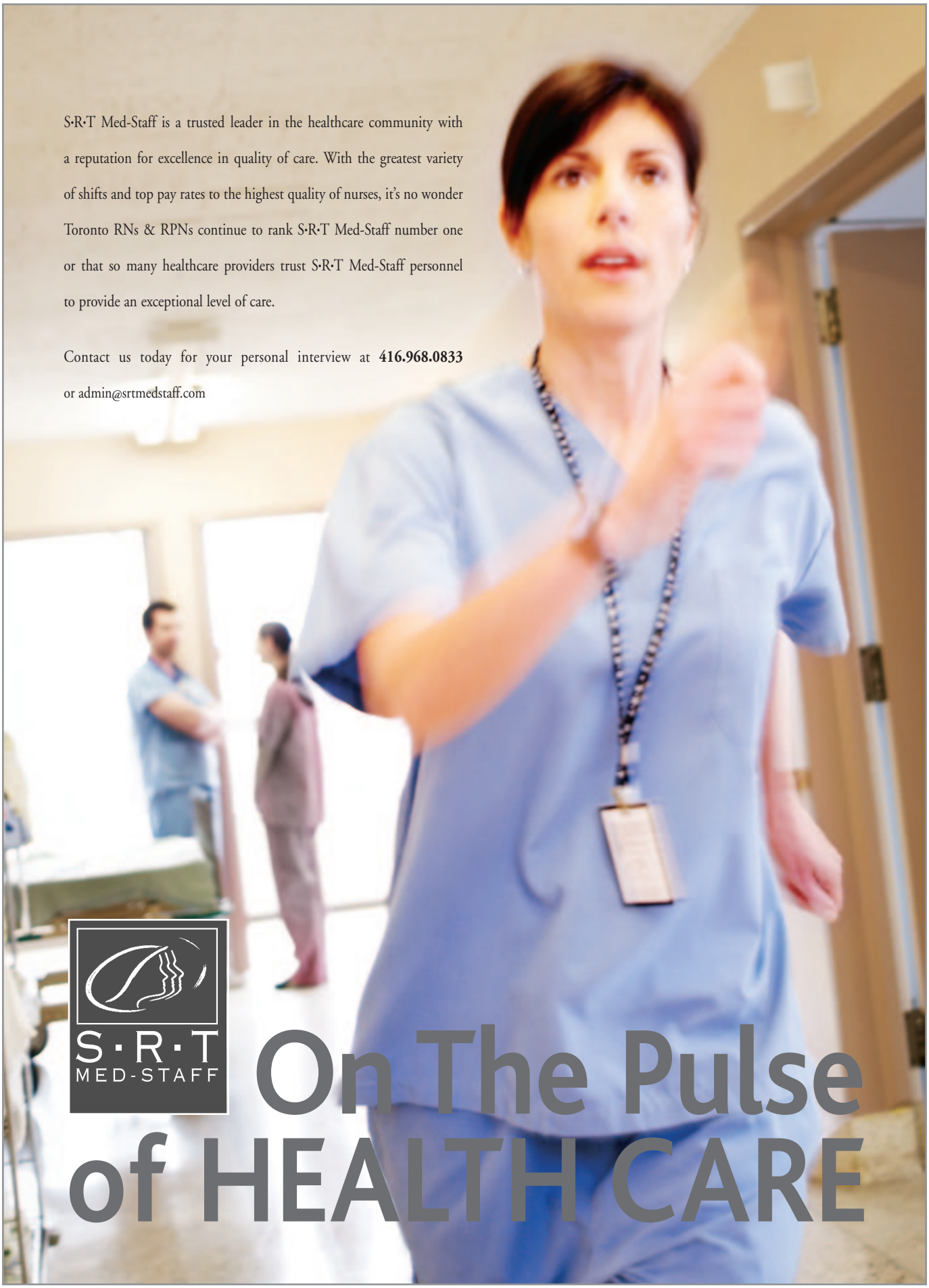

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