FAMILY TIES

Four Ontario families tell Registered Nurse Journal how their passion for nursing has been passed from one generation to the next.
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Toni Sammut, R.N.
ONTARIO RNs RESPOND TO CRISIS IN THE MIDDLE EAST
By Kimberley Kearsey
RNAO members across the province react strongly to the association’s action alert and open letter urging Prime Minister Stephen Harper to push for an immediate ceasefire.

FAMILY TIES
By Jill Shaw
Four Ontario families tell Registered Nurse Journal how their passion for nursing is as much a family trait as height or eye colour.

RN PROFILE
By Helena Moncrieff
Thunder Bay RN Sandra Petzel, Organ and Tissue Donor Coordinator for Trillium Gift of Life Network, reminds families how one generous act can create hope for others.

CROSSING BORDERS AND OCEANS FOR A CAUSE
By Jill Shaw
While the world bears witness to the ravages of HIV/AIDS, a global shortage of nurses leaves many without access to the care they need.

TODAY’S STUDENTS, TOMORROW’S LEADERS
By Jill Shaw
RNAO celebrates a new membership year with kudos to four Ontario nursing students who are learning how to become politically active.

MILTON RNs JOIN FIGHT TO BAN PESTICIDES
By Amy Hunter, RN, MSN, and Marnie Smith, RN, BSN
Two nurses take to the podium at Town Hall to talk about the harmful effects of pesticide use.
Students lend expertise, vision to RNAO

Fall is always an exciting time at RNAO. As we welcome a new membership year, we’re reminded that September is as much about new beginnings for the association as it is about new beginnings for students heading back to the classroom. The excitement of meeting new people, the anticipation of camaraderie and teamwork, and the satisfaction of shared knowledge and learning — these feelings fill the air on school campuses across the province, but they also set the tone at home office on Pearl Street.

As students head back to class and look to teachers and mentors to help them develop their expertise in a chosen field, RNAO looks to students for lessons on what the profession’s next generation needs and wants from its professional association. As you will see in our feature on page 22, students’ voices are being heard not only in the corridors of RNAO, but also in the corridors of Queen’s Park.

This fall, eight aspiring RNs visited home office to participate in board and assembly meetings. They were invited to attend because they are nursing’s future leaders, and building strong relationships with tomorrow’s nurses is vital to the success of RNAO. There are close to 3,000 students who have chosen to belong to their professional association this year. And they sign up not only because they can learn from its staff and assembly, but because they too can do some teaching of their own.

For instance, an informal survey about Registered Nurse Journal revealed students like the magazine. As one student so eloquently said: “…the Journal does an exceptional job of bridging the gap between politics and practice by speaking to the impact one has on the other.” They like the fact that it helps them complete school and assembly, but because they too can do some teaching of their own.

As we embark on the 2007 membership year, we want to thank students for their valuable insight. We also want you to know we’ll be looking to you for more opinions and input in the months ahead. After all, it’s that contribution that what the profession’s next generation needs and wants from its professional association (Nov. 9-12) and RNAO’s Healthy Workplaces in Action conference (Nov. 30-Dec. 1) were incorrect in the July/August issue of the Journal. Please refer to pg. 26 for the accurate listings.
Nurses respond passionately to RNAO action on Middle East crisis

For 34 days this summer, the world witnessed war in the Middle East, sparked by the kidnapping of two Israeli soldiers along the Lebanese border. RNAO watched the tragedy unfold, realizing early on that combat between Hezbollah fighters and the Israeli Army would lead to tremendous consequences for the civilians caught in the crossfire.

You may wonder why nurses should care about war, or why RNAO should respond to such tragedies on the other side of the world. The answer to that question takes us back to 2003, when RNAO released its position statement on peace, which provides us with the framework we need to advocate for vulnerable populations beyond our own borders.

As Canadians, we count ourselves lucky to live peacefully, in a country that does not face the threat of war on a daily basis. We’re proud of our peacekeeping history and our reputation for helping those who may not be safe in their own backyards. That same philosophy of caring is a big part of nursing, particularly as it pertains to the health of thousands of innocent people whose lives are disrupted by war.

As nurses, we recognize that without peace, we are denied freedom of movement and access to basic necessities of life, including access to health services. We recognize peace as a fundamental determinant of health.

As I write this column, the war is over, but thousands of Lebanese and Israeli civilians are trying to cope. They have lost family members, their homes, their livelihoods, and any semblance of normalcy in the midst of chaos.

We have an ethical responsibility as nurses to acknowledge these challenges and the resulting health concerns, and to speak out for the safety of vulnerable populations not only in the Middle East but in other areas of the world where war turns peoples’ lives upside down.

The devastating health consequences of armed conflict resonate with nurses in Ontario and across the country because nurses care for immigrants and refugees from war-torn countries in their daily practice. We care for patients who have been directly affected by war or terrorism, and we care for our colleagues who return from dangerous missions abroad.

Above all else, we care about advocating for our patients, whether here at home or on the other side of the world. We care about our mandate to “speak out for health.”

There is no health if there is no peace.

MARY FERGUSON-PARÉ, RN, PhD, CHE, IS PRESIDENT OF RNAO.
Mailbag

Shedding light on the dangers of nursing in the community
Re: In harm’s way, July/August 2006

After reading through my recent Registered Nurse Journal, I decided to send you a letter describing an incident that happened close to five years ago, while I was working as a community care nurse. Even though it is not a current event, I feel it might shed some light on nursing in the community.

You may not know that for the dedicated and conscientious men and women who travel to meet clients every day, there comes a price sometimes.

This particular day, I was filling in for a full-time nurse. As a part-time RN, I was familiar with some of her clients because I had visited them in the past. I arrived at the residence of one particular gentleman who was a quadriplegic and required a rather lengthy visit. His wife, who knew me as well as the wife of my client, they had visited them in the past. I arrived at the residence of one particular gentleman who was a quadriplegic and required a rather lengthy visit. His wife, who knew me fairly well, asked if she could slip out to the store while I was caring for her husband.

There were two little grandchildren playing in the apartment, supervised by the stepdaughter of my client. They did their own thing while I was in another room with my client. The phone rang and a man was hollering on the other end to be rung up. The stepdaughter’s reply was “no no.” I kept doing my work and kept my mind on the task at hand. The phone rang again, with the same hollering on the other end. The stepdaughter was getting upset. Things seemed quiet for a moment when, all of a sudden, the apartment door was being pounded upon and a loud voice was now just outside. Everyone was frightened. The children began to cry and the stepdaughter was yelling “go away” repeatedly.

The door was forced open and a big, loud, tattooed man was chasing the stepdaughter around the apartment. There were death threats being directed at this woman. The man had something in his hand — I’m not sure if it was a knife or some other weapon — and I felt in danger. Moments later, a police woman showed up, cuffed this man and took him away. I made sure my client was OK and left the building.

I remember sitting in my car for what seemed hours, but in reality was about ten minutes. I was shaking, I immediately called my office and reported the incident. The rest of my visits for that day were picked up by other RNs so I could go home and recover. An incident report was filed and I was not to return to this client’s home for several weeks.

I feel compelled to tell my story because I believe working as a nurse can be rewarding yet sometimes dangerous. We need to be aware of our surroundings and we must have a plan for our own safety in the event of crisis or danger. After all, if something happens to us, who looks after the ill?

Dorothy L. Nagy, RN
Welland, Ontario

Nursing instructors need experience in addition to education
Re: Nursing shortage a formidable but workable challenge, Executive Director’s Dispatch, July/Aug 2006

Sadly, I think the nursing profession is partly to blame for the nursing shortage. Why is it that master’s and PhD prepared nurses are the only nurses qualified to be clinical instructors? There are plenty of RNs with five, 10, 15 or more years of experience who would be great clinical instructors. They don’t have a master’s degree or a PhD. Why doesn’t their hands-on experience working in a clinical area count?

If we want to keep nurses 55 and older in the profession — nurses who are about to retire — why don’t we invite some of them to become clinical instructors? This would keep them in the profession by showing them their experience is valued, and it would help keep the enrolment numbers up, or even help to increase the enrolment numbers into nursing.

Let’s face it, some of the qualified RN applicants who are turned away from nursing programs (in Ontario) will go elsewhere (i.e. the U.S. or U.K.) and will never come back. Others will choose a different career path. Either way we lose.

Jannet Hudson, RN
Etobicoke, Ontario

New grad initiative gets great reviews in Windsor
Re: Wanted: RNs full time, July/Aug 2006

I saw this article in the magazine and just wanted to share with readers what we did under the new grad initiative at Hotel-Dieu Grace Hospital (HDGH) in Windsor. We hired 29 new grads, two for the operating room and 27 for the inpatient areas. Each was offered 12 weeks of preceptorship. On a unit by unit basis, the nine unit managers and I met with the hospital human resource department. We looked at current vacancies posted and unfilled, potential retirements, sick leaves, potential sick leaves (for upcoming surgery), maternity leaves and the ‘standing transfers’ of our part-time HDGH staff.

The hospital made a commitment to offer part-time HDGH staff the full-time opportunities first because our part-time staff has supported the hospital over time. We also made a commitment to provide all the new grads with full-time jobs on the resource team (float team). We could not have made it through the summer without the new grads. They are a delight, a breath of fresh air, and exhibit energy and enthusiasm with a thirst for knowledge. Mixed review? Not from my perspective. It’s a great opportunity for future nurses.

Lynda Monik, Director, Inpatient Services, HDGH
Windsor, Ontario

WE WANT TO HEAR FROM YOU.
Please e-mail letters to letters@rnao.org or fax 416-599-1926.
Please limit responses to 150-250 words and include your name, credentials, hometown and telephone number. RNAO reserves the right to edit letters for length.
Knowledge shared, power gained: RNAO expertise is everywhere

Recently, I had the joy of showing our new home on Pearl Street to two RNs who have deeply influenced my career: Kay Arpin, RNAO board member during the early 1960s, and Laura Barr, RNAO executive director from 1960 to 1976.

During their visit, I shared news about RNAO’s newly minted partnership with the Chinese Nursing Association (CNA) and the Beijing Nightingale Consultation of Culture (BNCC). Through this partnership, RNAO will participate in a “train the trainer” exercise, which will begin a journey of leadership and management development to empower the 1.3 million nurses who practice across China.

My mentors joined me in celebrating this exciting milestone and asked: do members know? This column allows me to continue that celebration with all of you: RNAO’s members and the true owners of the association.

Across continents and cultures, RNAO’s work has quickly gained a reputation as some of the best in the world. Thanks to the expertise, creativity and passion of RNAO’s staff and about 25,000 members across the province, our influence and impact grows by leaps and bounds.

In 2002, we were featured in the report from the National Invitational Conference for Executive Nurse Leaders, led by Joyce Clifford and Linda Aiken. One of the quotes in the article stated: “The work of the Registered Nurses’ Association of Ontario (RNAO) is a powerful example of how a profession finds a public voice and uses it to shape policy: It is a story about the power of numbers and the power of having the public on your side. It touches valuable lessons about learning to speak the language of politics and policy and of using the media to communicate your message to the public. And, it is a model for all nursing leaders who ever wondered what they could do to effect change at the regional or national level.”

Today, our policy work, political action and media presence have become benchmarks for other organizations. Our educational and clinical practice work is equally impressive. Indeed, our evidence-based clinical and healthy work environment best practice guidelines (BPG) are highly respected knowledge tools for nurses and health organizations. And our workshops, conferences and institutes are magnets for knowledge dissemination.

My colleague Irmajean Bajnok, Director of RNAO’s Centre for Professional Nursing Excellence, joined me in China for this exciting initiative. As we sealed the deal with our Chinese colleagues, we were filled with awe over the tremendous growth of RNAO. Our partnership with the Chinese nurses is the latest move in our endeavor to respond to organizations who seek to learn from us. These partnerships, in turn, help us to learn.

While vacationing this summer, Tazim Virani, Director for our Clinical BPGs, began a dialogue with a health-care organization in Kenya that is looking to join RNAO as an International BPG Spotlight Organization (IBPSO). Also, this summer, we hosted Paolo Chiari, a nurse researcher at the University of Bologna, Italy, to talk about implementing our BPG, Assessment and Management of Foot Ulcers for People with Diabetes. Our Italian colleagues have already translated several BPGs that are making a difference for thousands of Italian nurses and their patients. Chiari’s visit was the next step in our relationship building with European partners.

We are equally thrilled about several other international partnerships. The Universidad Católica in Santiago, Chile, is using RNAO’s Client Centred Care BPG in its curricula, and our colleagues at six hospitals in Hong Kong are using the BPGs on prevention of falls and pressure ulcers.

While our influence stretches across oceans and languages, we continue to grow and influence close to home. In January, Jackson Health System in Miami became the first international member of RNAO’s Centre and now joins the journey of BPG uptake. The University of Iowa has also signed a contract with RNAO.

Even closer to home, Canadian colleagues are taking note of RNAO’s work. Just a few months ago, we were delighted to hear that the Saskatchewan Health Quality Council integrated RNAO’s wound care BPGs into an interdisciplinary tool they will use across their province.

RNAO’s intensive work in Ontario is well known to you. From policy to political action to BPGs, we are making a noticeable difference for nurses and the public they serve. Now, with over 1,000 BPG Champions, 21 BPG Spotlight Organizations and about 325 other organizations across Ontario taking it upon themselves to implement clinical and healthy work environment BPGs, the future is bright for nursing practice in our province. Combine these accomplishments with nursing’s gains in human resources and we have a recipe for success.

As we move forward, we will continue to build relationships and share our expertise at home and abroad. As you read at the top of this page, knowledge shared is power gained.

DORIS GRINSPUN, RN, MSN, PhD (CAND), O.ONT, IS EXECUTIVE DIRECTOR OF RNAO.
Bolstering the world’s response to AIDS

The 16th International AIDS Conference was held in Toronto from Aug. 13-18. RNAO was there in full force along with the Canadian Nurses Association (CNA) and the Ontario Nurses’ Association (ONA). Federal Health Minister Tony Clement lauded nurses as the “backbone” in the world’s response to AIDS (Sault Star, Aug. 14).

• RNAO Immediate Past President Joan Lesmond, Chief Nursing Officer for Toronto’s Casey House Hospice, spoke at the conference on how nurses are “the linchpin of the [AIDS treatment] system.” “We cannot be complacent...HIV and AIDS touches everyone at every level.” (CBLFT-TV Toronto, SRC-TV, CBQFT-TV, Ottawa-Gatineau, CBQFT-TV, Toronto, CHRO-TV - Ottawa; CITY-TV – Toronto, CBOT-TV – Ottawa, CIII-TV – Ontario, Aug. 8-15; CFMJ-AM Toronto, Aug. 14; National Post, Aug. 17)

• RNAO member and ONA President Linda Haslam-Stroud penned a letter about the need to mandate safety-engineered equipment to reduce the number of HIV infections in nurses. “The real reason nurses are infected with HIV on the job is because they are on the front lines of patient care. They are at patients’ bedsides, providing hands-on care while dealing with very heavy workloads due to the nursing shortage. Most nurses are under stress to do more with less help, and they lack access to equipment...” (National Post, Aug. 25)

• Hospital for Sick Children nurse and RNAO member Justina Makhobalo said she was shocked by the conditions when she returned to her native Lesotho last February. “There are no doctors or nurses, no equipment and people are very sick and dying. It isn’t the main hospital here that’s full...it’s the mortuary...it’s heartbreaking.” (Ottawa Citizen, Aug. 14)
Nurses fight to beat the heat
The end of July brought an intense heat wave to much of southern Ontario, with temperatures peaking at 50 degrees with the humidity index. Several cities, including Hamilton, Toronto, and Ottawa issued heat alerts, and nurses all over the province advocated for at-risk groups, including seniors in nursing homes and homeless individuals.

• RNAO member and street nurse Cathy Crowe called on the government to install more public cooling centres, and suggested more fans and air conditioners be accessible to the homeless and elderly. “Heat waves are becoming a public policy hot spot – literally – but Toronto seems a few years behind other cities in their response.” (Toronto Star, CHCH-TV Hamilton, CFRB-AM Toronto, CBL-FM Toronto, CBC-R National, CTV-TV National, CBLT-TV – Toronto, CIII-TV – Ontario, CP24-TV – Toronto, July 22, 25, 31, Aug. 1)

• RNAO member Nicky Kerr warned that “exposure to extreme heat and humidity can lead to illnesses such as heat exhaustion and heat stroke.” (Sault Star, Aug. 2, CICI-TV – Sudbury, CHBX-TV – Sault Ste. Marie, CITO-TV – Timmins, CKNY-TV – North Bay, July 14)

• RNAO member Debbie Bryant shared some suggested safety precautions to be taken in extreme heat: “What people need to watch for is heavy sweating and cool skin, muscle cramps, weakness, headache and nausea. If you have these symptoms you need to get medical attention immediately.” (Orillia Packet & Times, Barrie Examiner, July 14)

• RNAO member Donna Churipuy encouraged people to check in on elderly neighbours. “If we lived in a climate where we had two weeks to get used to it, we could acclimatize….we can’t acclimatize for something like [this heat].” (Peterborough Examiner, Aug. 2)

• RNAO member Janet Milligan suggested there might be a need to set a maximum allowable temperature in nursing homes (Orillia Packet & Times, Aug. 2)

• RNAO member Kim Stasiak told the Welland Tribune that Niagara’s hospitals were experiencing an increase in

CMA election leaves RNs worried
“…Mary Ferguson-Paré, president of the Registered Nurses’ Association of Ontario (RNAO)…says the decision to endorse Dr. Day as the national representative for this country’s 62,000 doctors means members of the CMA are essentially endorsing a parallel, for-profit health-care system and may leave many Canadians wondering if doctors have their interests in mind. “I believe there are many ways we can work together to improve our Medicare system for all Canadians. This isn’t one of them,” says Ferguson-Paré. “The views of Brian Day are contrary to those of the general public. Dr. Day’s election means Ontario nurses will redouble their efforts to stand up for Canada’s publicly funded health-care system…”

RNAO’s Nursing Best Practice Guidelines Program (NBPG) will partner with Women’s College Hospital to co-host the World Union in Wound Care Conference, which takes place in Toronto in June 2008 and attracts between six and eight thousand health-care professionals from around the world. Clockwise from left: Kevin Woo, Women’s College Clinical Scientist/Nurse Practitioner, Dr. Gary Sibbald, Professor of Medicine and Public Health Sciences, University of Toronto, RNAO Executive Director Doris Grinspun, NBPG Program Coordinator Stephanie Lappan-Gracon, and Tazim Virani, NBPG Program Director.

On Aug. 22, B.C. surgeon Dr. Brian Day was elected the next president of the Canadian Medical Association (CMA). The endorsement of Day, a known proponent of two tier health care, sparked controversy and led RNAO to release a statement expressing dismay. (Welland Tribune, Toronto Star, CanWest News Service, National Post; CKGL-AM Kitchener, Aug. 23)

On Aug. 25, four nurses from Blind River District Health Centre, including (L-R) RNAO member Carol-Ann Agnihotri, NP, Dianna Baskerville, RPN, Sheila Manninger, RN, Mary Nadon, nurse manager, and her daughter Fran, were invited to golf with Health Minister George Smitherman (centre). Agnihotri spoke one-on-one with Smitherman about the lack of funded positions for NPs in her home community of Sudbury.
More nurses, doctors needed to cover shortage

Upset by the possible closure of St. Mary's Memorial Hospital's emergency room over Simcoe Day weekend, Health Minister George Smitherman immediately asked his office to find health-care workers to work. RNAO member Gloria Riddell was among those who responded to the call. The hospital's interim site administrator and RNAO member Wayne Priestap said media coverage of the closures might help solve any future staffing problems. (Metroland Southwestern Group, Aug. 9). One of the doctors who helped keep the ER open during weekends in August said he “can’t do this forever” and asked local doctors to step up to the plate. Priestap agreed, but said that before the shortage occurred, the Huron Perth Healthcare Alliance had already been canvassed for ER doctors and none were available (Stratford Beacon-Herald, Aug. 17).

RNs address obesity and its impact on the health of our young

RNAO member Alexis Green is helping to run a new program at Brockville General Hospital that fosters healthier lifestyles for young girls who are obese. Green said overweight children tend to become overweight adults and “it’s important to try to develop good habits and teach [kids] activity is fun.” (Brockville Recorder and Times, July 13)

• RNAO member Dorothy McCann took to the airwaves to discuss a University of Guelph report that found Ontario teenagers are less physically active than they were six years ago, and high schools have reported a decline in the number of physical education classes students take after grade nine. McCann discussed the health risks of these findings (CBL-FM – Toronto; CBCL-FM – London; CBQ-FM – Thunder Bay; CBO-FM – Ottawa, CBCS-FM Sudbury, July 26).

New CD-ROM helps kids understand cancer

RNAO member Susan Awrey helped design a new CD-ROM, Radiation for Kids, which is being used by nurses as a teaching tool. The resource aims to give children diagnosed with cancer and their families some sense of what they can expect once treatment begins. Awrey says the CD helps reduce fear of the unknown. “There’s always going to be some anxiety…they’ve been through so much by the time they get here. It helps them get an understanding of what’s going on.” (Timmins Daily Press, St. Catharines Standard, Niagara Falls Review, CP Wire, Cornwall Standard-Freeholder, Kingston Whig-Standard, Welland Tribune, Peterborough Examiner, July 31, Aug. 3)

NPs needed in Sudbury

Fourteen RNAO members and nurse practitioners (NP) wrote to the Sudbury Star in early September reminding citizens that they can deliver primary care — but not without jobs. Marilyn Butcher, Roberta Heale, Nina Hoyt, Stephanie Van Gilst, Rochelle Hatton, D. Esther Allen-Fogarty, Jennifer Fournier, Christel Glinker, Sarah Crichton, Genevieve Courant, Christine Volpini, Annette Hoop, Gisèle McMurray and Nathalie Chisholm say there are currently eight unemployed NPs in the Sudbury area who could be serving thousands of people without access to a family physician. RNAO and the Sudbury NPs have been lobbying the Ministry of Health to hire and relocate more NPs to underserviced areas (Sept. 4).

Neighbourhood health-care clinics lose funding

RNAO member Bonnie Wooten has been lobbying Ontario’s Ministry of Health to provide sustainable funding for neighbourhood health-care clinics piloted in 2004 through the Middlesex-London Health Unit. The clinics were very successful, but were forced to shut their doors due to a lack of federal funding. Wooten said the clinics helped families with infants and young children struggling to find a doctor. “This was a great way for them to find some kind of health care and then we would always try to find them a family doctor.” (London Free Press, Aug. 2)

Nurses fight cuts in Kenora

RNAO member Debra Bastone led a rally against the possible layoff of 32 nurses and the closing of 22 beds at Kenora’s Lake-of-the-Woods Hospital. Bastone reminded officials that Ontario is already facing a nursing shortage, and that the hospital is already understaffed and nurses over-worked. “We can’t afford to lose even one nurse, or see any reduction in nursing hours, because it will put patients at risk.” (Canada News-Wire; Kenora Daily Miner & News, CBQ-FM – Thunder Bay; CJRL-AM – Kenora, Aug. 2, 3, 23, 30)

ER sends plea to the public

Sudbury Regional Hospital’s chief nursing officer and RNAO member David McNeil spoke to the media in August about the hospital’s decision to issue a plea to the public not to visit the emergency room for non-urgent care. McNeil compared crowding in the ER to flooding in a dam, and said non-urgent patients might be sent out of town for care (Sudbury Star; PER-TV Sudbury, Aug. 3; CBCS-FM Sudbury, Aug. 18).
Ontario RNs respond to crisis in the Middle East

Thousands of civilians were caught in the crossfire of this summer’s war in the Middle East. Their fight for survival – and health – prompted RNAO to act. As the death toll mounted on both sides of the conflict, RNAO issued an action alert and open letter to Prime Minister Stephen Harper, which said: “As registered nurses, we are acutely aware there is no health determinant as fundamental as peace itself.”

The letter, unanimously approved by the board of directors and linked to RNAO’s 2003 position statement on peace and security, urged Harper to push for an immediate ceasefire and to support UN Secretary General Kofi Annan’s proposal for an immediate truce.

The Canadian Nurses Association (CNA) and the International Council of Nurses (ICN), which also have position statements on armed conflict, issued similar letters. “As more and more innocent civilians lose their lives, their communities and their livelihoods in Lebanon and Israel…we join human rights advocates, nursing groups and others around the world in urging world leaders to push for an immediate ceasefire…,” CNA wrote.

In its statement, ICN noted that “most of the displaced are now living in precarious conditions, with poor access to proper sanitation, clean water and sufficient food, undermining the health of the population and creating circumstances favourable to epidemic diseases.”

Seventy two people responded to the action alert, 66 of them in support of RNAO’s action alert and letter and six against it. All respondents expressed strong views. Here’s what members had to say:

*I’m frustrated to see so little leadership in the world today…RNAO’s lobbying effort is reassuring to me as a nurse and a Canadian…”
Sheilagh Callahan, RN, Toronto

“As a student studying to become a registered nurse, I realize that peace is at the stem of world and individual health.”
Cheryl Purvis, nursing student, Lyn

“The letter...s ums up my feelings about Canada’s responsibility to the rest of the world. Canada is known for peace…Peace is what my children and all children require in order to maintain health.”
Karen Pental, RN, Dunnville

“We need to speak up loudly now and be committed to stopping Canada’s military involvement. In the past, we have let issues go. We grumble about them behind closed doors...We have to make our voices stronger.”
Lorraine Nelson, RN, Ancaster

“It is not effective to keep using the word “terrorist” to justify continued support of this ‘fight first and count the bodies later’ approach.”
Trish Leahy, RN, Toronto

“We have an obligation as citizens of this planet to watch out and care for our neighbor.”
Janice Elliott, RN, London

“I commend you and your team for the open letter...The letter and its supporting documents have been skillfully crafted to reflect the social and humanistic values of our health-care discipline…”
Avraham Santopinto, RN, London

Some believe RNAO is overstepping its mandate

I am writing to express my extreme concern about the above-noted open letter, which was posted on the RNAO website and circulated to the RNAO membership on August 1, 2006.

Based on RNAO’s mission statement and strategic directions (as they appear on the RNAO website) your mission is to represent nurses and the nursing profession in Ontario and to advance health care and health related goals. Your strategic priorities are entirely related to advancing nursing, Medicare and health care.

This is the mandate of the organization that I joined many years ago and I am proud to be a member, life member and past president of RNAO in support of those missions and objectives.

Nowhere do the mission statement or strategic directions of RNAO contemplate the organization taking a public position on political issues that go beyond its stated scope and mandate of representing nurses in Ontario and advocating on health and health related issues within that context. Further, at no time has RNAO sought support or sanction from its members to take a position on any issues going beyond the organization’s stated scope and mandate, whether concerning the Middle East or elsewhere.

While I support the right of individuals to hold differing and strong opinions, and while I welcome debate on those opinions and the underlying issues, it is a gross misuse of the platform of this organization to express opinions that are essentially personal in nature and that go far beyond the scope and mandate that have been sanctioned by its members. RNAO has no business attempting to use its profile and membership to influence Canada’s international public policy.”
Judith Shamian, RN, Toronto

“I do not support the RNAO stance on the current conflict in the Middle East...I object to the RNAO becoming involved in political situations of their choice,”
Susan Brajtman, RN, Ottawa
For some families, being a nurse is as much a family trait as height or eye colour. In some cases, children get their first glimpse of the profession by watching a parent or loved one head off for a night shift. In other, less traditional cases, a parent sees the work their child is doing at the bedside and begins considering a career change. But in all cases, it seems the desire to be a nurse is in the genes.

According to four Ontario families that have passed the passion for nursing down the family tree, there are definite perks that pop up when your relatives are also your colleagues. There’s always someone close to your heart who understands how physically and mentally draining a bad day can be. There’s always someone who understands your inclination to celebrate after a patient has beaten insurmountable odds. And there’s always someone to learn from.

We asked these families to tell us what it’s like when nursing becomes a family affair. They all agree the profession has changed. Today’s RNs no longer wear the caps their mothers and grandmothers once donned. And, the patients nurses see today are sicker than ever before.

But while the practice environment continues to keep pace with a changing world, the work of nurses will always remain the same. Whether new to the workforce or recently retired, these nurses all agree that the patient is number one, and that there are few things more rewarding than hearing someone say “thank you.”

Three generations of nurses care for patients in Pembroke

Ask 87-year-old retired RN Doris Collier what has changed in nursing over the last 60 years and she’ll tell you: just about everything. She marvels at the knowledge nurses have today, and the advances in technology that not only enable RNs to practice more effectively, but also allow them to get patients up and on their feet faster than ever before. As the eldest member of a family of nurses that spans three generations, Collier has watched nursing’s evolution from the front row.

In 1941, Collier graduated from the Brockville Psychiatric Hospital and began her career in psychiatric nursing. In the 1950s, she shifted gears and worked in maternity care. In 1961, she began working on the surgical floor at Pembroke Regional Hospital (PRH).

Collier had no idea her move to PRH would mark the start of a 40 year tradition that would see her daughter and granddaughters all growing up to become RNs caring for patients at PRH.

The tradition seems perfectly logical when you consider Collier’s children saw how much flexibility being a nurse gave their mother. During the 1950s, Collier worked the night shift at Montreal’s Royal Victoria Hospital, first as a psychiatric nurse and then in maternity care. The position allowed her to be at home with her family during the day. Although she loved her work, Collier admits that coming home to get her children breakfast, sleeping a while, getting up to prepare lunch, and then catching a few more winks before suppertime could be grueling.
Doris Collier (foreground) shares her love of nursing with daughter Pat Bergsma (centre) and granddaughters Angela Dubois (right) and Stephanie Stewart (left).
“You know, when you’re young, you can put up with that,” she says. “I guess I didn’t require a lot of rest. But let me tell you, when I’d get off the bus in the morning (coming home), I was ready for bed.”

Pat Bergsma, one of Collier’s two daughters, followed in her mom’s footsteps and chose the path to nursing that led straight to PRH. In the early days after Bergsma’s graduation in 1970, Collier was still working on the surgical floor. Bergsma says having her mom close by meant there was someone she could go to for advice about what had happened that day at work. Fifty-eight-year-old Bergsma, who retired in 2003, continued the tradition of being a role model when she found herself mentoring her own daughters and daughter-in-law, who is a nurse in Ottawa, later in her career.

“Nursing gives us a common bond. We’re never at a loss for things to discuss,” Bergsma says, adding she and her mother love to hear the younger RNs talk about what’s new in the profession. Bergsma says patients today have more access to information than ever, so nursing has become about working with patients instead of directing them. Bergsma says patients today have the same tall, red-headed nurse,” Leanna says. “I remember (assessing) a man who seemed confused. I asked him if he felt OK, different in any way, and he said ‘no, but I told you all of this yesterday.’”

Leanna and her younger siblings, Laura and Rebecca Fair, take the confusion in stride and say patients usually have a good laugh when they realize the nurse they’re speaking with is not necessarily the same person they saw earlier. Three of the four Fair sisters are nurses and the fourth is a pharmacy technician. Leanna says it makes sense that all four girls went into health care. They grew up on a farm where they were always surrounded by the natural birth and death of animals. The connection to health care also goes back a few generations; their mom works as an optometric assistant and their grandmother was a pharmacy assistant.

Rebecca, 26, and Laura, 28, say they knew they wanted to be nurses from the time they were young. Laura was 12 when she was inspired by the nurses who cared for her during a month-long hospital stay with a bout of Osteomyelitis.

Thirty-year-old Leanna is the oldest sister, but was the last to begin a career in nursing. Out of high school she pursued a degree in health sciences and graduated in 1999. While working as a client services assistant at the local Community Care Access Centre, she started looking for more client interaction. In 2001, she decided to enroll in the collaborative nursing program at McMaster University and Conestoga College.

Leanna says returning to student life wasn’t easy. She admits she couldn’t have finished her BScN without her sisters, who watched her two small children while she went to class, and substituted as lab partners if she couldn’t make it to school.

While all three siblings agree it’s invaluable to have one another at work – whether to confide in or share ideas with – it can be hard to separate their professional and home lives, especially when two live under the same roof. That’s the case for Laura and Rebecca. Laura says having her sister at her side at home and work means

From the Philippines to Ontario: RN discovers nursing by default

Leah Padilla comes from a family of nurses and doctors, which is exactly why she didn’t want to become an RN. While growing up in the Philippines, she considered becoming a nutritionist. The field was still in its infancy at the time, so her father urged her to become a nurse instead. Despite her initial reluctance, Leah enrolled in nursing school, passed her exams, and eventually spent 38 years of her 40-year career as an RN in Canada. She has no regrets about her decision. In fact, she admits the lessons she’s learned from other nurses in the family have helped immensely in her career.

As a child, Leah remembers her great-aunt, who was the chief nurse at a hospital in the Philippines, hosting parties for staff. Leah

(continued on page 16)
sometimes heard nurses grumbling because her aunt wouldn’t give them time off. It wasn’t until Leah became a nurse manager later in her career that she started to appreciate the health-human resource challenges her aunt faced.

Leah’s family ties, and experience as a manager, have also helped daughter Liza, who began working as an RN at Grand River Hospital in nearby Kitchener, says that having siblings as co-workers makes it easier to overcome the challenges of the job. “Sometimes, nursing is very stressful. You want to talk to somebody about it. With your sister, you can say ‘this is what happened; I don’t know how I would have handled it differently.’ They can talk about what could be done differently in another situation.”

Rebecca acknowledges each of her sisters has a different approach to nursing. While she prefers oncology and palliative care, Laura and Leanna thrive on adrenalin-pumping emergency situations on the medical floor. All agree, however, that it’s those differences that make working together so beneficial and keep any sibling rivalries at bay.

“We’re very close outside the hospital,” Leanna says. It’s that friendship that has allowed them to work together all their lives, and it’s their shared passion for nursing that is likely to keep them caring for Groves’ patients well into the future. RN
She says she had only been at PRH about two months when a visitor to the hospital overheard her speaking and knew just from the sound of her voice that she had to be Bergsma’s daughter.

“To me, that was totally different,” Dubois says. “Down in the States, I would never run into somebody I knew, let alone who knew my family.”

Dubois’ younger sister, Stephanie Stewart, has spent her entire career at PRH, including the last three years on the obstetrics unit - the same place her mother spent most of her career. Although Dubois is two years older, the two sisters began their careers together, starting college in North Bay at the same time. Both Stewart and Dubois say they decided to go into nursing because it was so much a part of their lives at home.

“I knew from the time I was about 12 that I wanted to be a nurse. I think it (the desire) came from watching my mother get satisfaction from her job,” Stewart says, adding the demands of shift work didn’t dampen her enthusiasm for the profession. “We just knew that every second Christmas, mom wasn’t going to be there. So it’s not any different for me because I was raised seeing that,” she says.

Growing up, (nursing) was table talk at supper,” Dubois remembers. “Mom would come home, and we would always ask, ‘well, how many babies did you have today?’”

Both Dubois and Stewart say there’s always plenty of shop-talk at family gatherings, and it’s invaluable to have someone close to you with whom you can share ideas and learn from.

But Bergsma says there can also be some drawbacks to having family ties at work: “Anything that goes wrong in the facility, your mother soon knows,” she says with a laugh. RN

Daughter graduates from nursing school alongside her dad

When Krista Robinson-Holt, then a charge nurse at Sunnybrook Health Sciences Centre, found herself short of staff one day, she called an agency to send in some help. Making that call may have been a normal part of her work, but the person the agency sent was far from ordinary. It was, in fact, her father who arrived to lend a hand.

“The other nurses got a real kick out of it because it’s so unusual,” she remembers. “I said, ‘he’s my dad, honestly,’ but nobody believed me.”

That could be because the Robinsons have turned the idea of inter-generational nursing upside down. In the early 90s, Bill Robinson and his daughter graduated just weeks apart; Robinson from the registered practical nursing program at Humber College, and Robinson-Holt from the nursing faculty at the University of Toronto. Robinson says he has always enjoyed learning about the human body; and after 40 years as a commercial photographer and working in related fields, he was looking to escape the hectic travel schedule of his job. Nursing seemed like an ideal field to pursue his interests. Robinson-Holt says she is proud to say her dad is a nurse, but it wasn’t always that way. As a young nursing student, she says it sometimes felt like her dad was stepping on her turf.

“I had some trouble coping with the fact that my dad wanted to be a nurse,” Robinson-Holt admits. “I was going out on my own, and to look back in the rear-view mirror and see your own dad following in your footsteps, I don’t think I coped with that very well...My dad and I have a pretty close relationship, and I think I needed some breathing room.”

Today, Robinson-Holt is the director of health planning and research at the Ontario Long-Term Care Association. Her dad works part-time at a retirement home and in mental health. Robinson-Holt says she can now appreciate being in the same line of work as her father because it gives her the opportunity to stay connected to the front lines. She enjoys being able to ask her father how the policies she examines – ranging in focus from patient lifts to pandemic planning – are actually playing out on the front lines.

Of course, their conversations aren’t always about policy planning. Robinson-Holt says they also discuss clinical matters that the non-nurses in the family sometimes don’t appreciate.

“We’ll be at Swiss Chalet, and over the table something will come up about wound infection and my mother will say: ‘Stop, I don’t want to hear it. I’m eating.’”

Robinson-Holt believes that having family ties in nursing not only means professional support and clinical banter at the dinner table. It’s also helpful to know there is a loved one to advocate for you in the health-care system if you become ill. In 2002, Robinson-Holt was diagnosed with early-stage melanoma and required surgery. After the procedure, she says her father sprang into action, monitoring her for signs of depression, and changing her dressings after surgery.

It’s also sometimes nice to have a second, professional opinion in the family during tough times. When Robinson had to consider putting his own mother into a long-term care home, he and his daughter discussed the difficulty of making that decision and the options available to them. While Robinson-Holt believed her grandmother should have been placed in the home earlier because of her battle with Alzheimer’s disease, Robinson wanted to continue to care for her himself. He says he frequently uses that experience to help patients’ family members at the retirement home where he works.

“Family members are quite lost,” he says. “When something happens to the parent, it’s tough. They don’t know what to do.”

Both father and daughter agree that nursing can be an emotionally and physically draining career, and the demands on nurses are only likely to increase as the population ages. But Robinson-Holt believes it would still be a good career choice for any future members of the Robinson clan.

“You get great satisfaction (knowing) that you’re there at some of the most important times in people’s lives. I’ve had people die in my arms,” Robinson-Holt says. “You’re bearing witness to some of the most important events in their lives.” RN
WHY NURSING?
In 1966, with limited career options for women, Sandra Petzel looked to her mother – a registered nursing assistant – for inspiration. As a health-care professional in a small community, “she was respected,” Petzel remembers, “and I saw her love of nursing and what she was able to accomplish.”

Petzel followed in her mother’s footsteps and graduated from St. Mary’s School of Nursing in Sault Ste. Marie in 1969. She took her first job in emergency. “It was a time when nurses were in high demand,” she remembers, adding that she considered moving to the U.S. to work. Her boyfriend convinced her to apply for a marriage licence instead of a green card and to move with him to Thunder Bay. She’s been there with him for 37 years.

Petzel found her “golden” job in haemodialysis in 1970. Dialysis patients, she says, connect with the system regularly for many years. As a result, a close relationship develops.

In the three decades Petzel has been working with dialysis patients, she’s seen some disturbing changes in wait times for kidney transplants: it was 18 months in the 70s and today patients can wait nine years.

To become a better patient advocate, Petzel volunteered with the Kidney Foundation in 1980. Three years ago, she became an Organ and Tissue Donor Coordinator for the Trillium Gift of Life Network (TGLN). Working out of Thunder Bay Regional Health Sciences Centre (TBRHSC), Petzel coordinates transplants in a region that stretches from the Manitoba border to Marathon, and from James Bay to the U.S. border. When a possible donor is identified in her region, that donor is brought to Thunder Bay.

RESPONSIBILITIES
With each potential donor, Petzel – or one of the five ICU nurses who back her up with on-call work – is brought in to provide support and talk to the patient’s family about organ donation. If the family consents, Petzel does a social and medical history, draws blood from the donor, and sends it to the Gift of Life provincial resource centre in Toronto.

It can take from 18 to 42 hours from the declaration of death to the end of the donor process. Petzel stays with the family throughout, and says it’s a very intimate time.

That’s the high profile part of Petzel’s job. She and her 20 counterparts across the province also promote awareness of organ donation by participating in public awareness events. Petzel is currently working on a garden at TBRHSC to recognize donors.

MEMORIES OF A JOB WELL DONE
In 2000, Petzel was honoured with the Kidney Foundation’s Mission Award for her remarkable commitment to increasing awareness of organ donations. “That was great,” she remembers proudly.

But the job is also its own reward. “Every case is memorable...so rich. Families allow me to be with them at the end of life,” Petzel says. “I vividly remember their faces, conversations...it’s just very memorable, even when they say no... because they took time to consider it.”

FUTURE PLANS
Petzel says she loves her job because it offers her an opportunity to see a beginning where others see an end.

“By the time I’m brought in, the death has already happened. I’m offering the opportunity of preventing another family from going through the same thing. I can’t put the light back on here, but can stop it from going out elsewhere.”

HELENA MONCRIEFF IS A FREELANCE WRITER WHO LIVES IN TORONTO.
For a week in August, 20,000 people from around the world, including nurses, politicians, members of aid organizations, activists, health-care professionals, celebrities and people who are HIV positive, converged on Toronto for the 16th International AIDS Conference.

The theme, *Time to Deliver*, highlighted the pressing need to care for the 38.6 million people the UNAIDS Joint Program on HIV/AIDS says are living with the disease. For these millions of people, access to health professionals who can help treat and manage the illness is a top priority.

But the troubling truth is that in many corners of the globe, those health-care professionals just aren’t there. In fact, the World Health Organization says 57 countries are short four million health-care workers. And many of those countries are in sub-Saharan Africa and Asia.

It’s this last statistic that is so significant for nurses. Because behind the numbers and reports about Africa’s battle with AIDS, one simple fact remains: without nurses at the bedside and in communities around the world, the tragedies of HIV/AIDS cannot be halted.

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Nurses play a pivotal role in the fight against this disease because they are on its battlefields every day. They are fighting to provide access to anti-retroviral therapy (ARVs) in impoverished communities. They’re bearing witness to the final moments of so many lives. And they’re sharing their expertise across borders and oceans to help colleagues in other developing countries provide care under extraordinary stress.

In many parts of the world, that stress on nurses is the result of escalating numbers of patients in over-crowded hospitals. It also comes from the ongoing stigma attached to HIV. According to Stephen Lewis, UN Special Envoy to Africa on HIV and AIDS, that discrimination not only affects patients, but nurses as well, many of whom don’t get tested for fear their patients will learn they are HIV positive.

The stress under which AIDS nurses practice is further compounded by a global nursing shortage, which is particularly pronounced in African countries. In these troubled communities, the workforce is not only losing nurses to the disease, but poaching by recruitment agencies from Western nations. Lewis cites the U.K. as one of the culprits looking to remedy the nursing shortage in its own backyard.

“How do they cope?” Lewis asked. “How do they do this job? What is this supernatural quality which is invested in the nursing profession?”

R.N. Jamie White, who just returned to Canada after a year working in the tiny southern-African country of Lesotho, says nurses aren’t endowed with any magical powers. Like him, they are simply driven to provide help.

“How do they cope?” Lewis asked. “How do they do this job? What is this supernatural quality which is invested in the nursing profession?”

“Every day, I was challenged to my core to get up and keep going,” he says of his work at an outpatient clinic for HIV/AIDS patients. “But I knew I was able to provide help for thousands … when you look these people in the eyes, you find the inner strength to get over your own personal problems.”

White was part of the OHAfrica Program, a project run by the Ontario Hospital Association (OHA) that aims to help provide treatment for HIV/AIDS patients. Its goal is to also train health professionals in Lesotho.

As one of 20 staff members – including five Canadians and 15 local staff – White helped triage patients and was responsible for ensuring those on ARVs took the drugs properly.

Of the 5,000 patients the clinic treated during White’s tenure, 1,500 were on ARVs.

White says he always felt overwhelmed knowing he and his colleagues were only able to treat a pinprick of those in Lesotho who need help. Nearly 30 per cent of the country’s 1.8 million people are HIV positive. Despite those daunting numbers, White
says watching the determination of Lesotho’s people, particularly the women, drove him to continue the fight.

“It’s not this country of victims roaming around the streets and holding their heads in their hands,” he says. “I saw absolute demonstrations of human strength and perseverance.” That includes mothers who face incredible stigma for being tested, but do it anyway so they can access the drugs that will allow them to stay alive for their children longer. And grandmothers who find themselves caring for as many as 12 grandchildren orphaned by AIDS.

White is just 27 years old, but his experience in Africa has shown him the path to his life’s work. He plans to spend the next year receiving acute-care nurse training in Scotland before starting to work with Doctors Without Borders/Médecins Sans Frontières. He says he’d eventually like to see African countries empowered to tackle the disease without foreign-aid, but there simply aren’t the people on the ground to achieve that goal.

RNAO Immediate Past-President Joan Lesmond, who joined OHA’s fact-finding mission to Lesotho in August 2005, believes the only way to make progress in Lesotho is to work with local resources. “Nursing is everywhere,” she says. “The answer is to help nurses cope in their environment.”

During her trip, Lesmond says she visited clinics where more than 100 people filled waiting rooms. She admits, however, that these overwhelming patient volumes are not unique to Lesotho. According to the World Health Organization (WHO), sub-Saharan Africa has only three per cent of the world’s health-care workers, yet 64 per cent of people there have HIV/AIDS.

During this year’s AIDS conference, WHO launched a program called Treat, Train and Retain, which focuses on combating the global shortage of health human resources by providing health-care workers with access to resources for HIV prevention and care, recruiting and training more health-care workers, and improving the work environments of those already in the workforce.

The retention piece is particularly important when you consider the challenge of keeping home-grown nurses so they aren’t courted away by organizations and governments from the developed world.

Sister Christa Mary Jones, a Canadian-
since 1971, says African nurses in every position are being poached because they’re good. clean water and sanitation. She said AIDS, coming adversity. Speaking at the nursing forum on Aug. 12, she described how South African nurses have taken on everything at what they do – and they’re used to over- playing roles, but that’s changing. Patients through that kind of emotional experience, whether in Canada or Kenya. Dealing with tough, emotional moments like that, and facing other challenges such as 12 hour shifts, little time off, and few supplies to prevent HIV transmission, might seem overwhelming to some, but the nurses in Kenya take it all in stride. “I’ve never worked with a happier workforce,” she says. “There was always dancing at the nursing station, singing, jokes. It was all about how Russian nurses have visited Elmhurst’s intake clinic, where nurses and social workers assess patients’ needs before they see a doctor. Members of Elmhurst have also traveled abroad to provide their Russian colleagues with training about HIV transmission, and to build skills in patient interviews and screening for mental health or substance abuse concerns.

Orenburg’s nurses now spend more time on patient interviews and managing medications. And, according to presenters at the conference, 88 per cent of Orenburg’s patients receiving the team approach to care continued their treatment. The Elmhurst nurses involved in the project say such success provides ample proof the model should be adopted across Russia for people living with HIV.

### Russian nurses receive mentoring amid growing patient numbers

Twenty-five years after the emergence of HIV/AIDS, Africa remains a hotbed for the disease. We cannot forget, however, that it also touches other corners of the globe. According to the UNAIDS Joint United Nations Program on HIV/AIDS, the Russian Federation is grappling with the epidemic, reporting approximately 940,000 people over the age of 15 were living with the virus at the end of 2005.

Like their colleagues around the world, Russian nurses have an important role to play in helping HIV positive patients. Delegates at the 16th International AIDS Conference in Toronto heard how these nurses are expanding their roles in an effort to provide better care. Russian nurses have traditionally found themselves saddled with administrative and janitorial roles, but that’s changing thanks to nurses from the Elmhurst Hospital Centre Infectious Disease Clinic in New York City. The American facility is joining with the Orenburg Oblast AIDS Centre (Orenburg, Russia) to provide mentoring as part of an international development project.

Jacqueline Stith, nursing supervisor at Elmhurst, spoke at the conference about how Russian nurses have visited Elmhurst’s intake clinic, where nurses and social workers assess patients’ needs before they see a client. She (the RN) traveled abroad to provide their Russian colleagues with training about HIV transmission, and to build skills in patient interviews and screening for mental health or substance abuse concerns.

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That is what motivates Walsh to continue to work on projects that support Kenyan nurses. In fact, she’s beginning a study that will look at the scope of practice for RNs across Africa, and how it influences their ability to administer ARVs. Walsh says nurses need to be supported in that part of their jobs, because whether giving ARVs is within the legal scope of practice or not, they find themselves doing it because there isn’t anyone else available.

Walsh is also concerned about the stigma that prevents so many health-care professionals from seeking testing and treatment. Shortly after returning to Toronto, she learned one of her Kenyan co-workers died of AIDS.

Walsh says her former co-worker never considered seeking treatment because she didn’t want to wait in the same line for her drugs as her patients, who would never again allow themselves to be treated by that nurse. That’s why, at the AIDS conference, Walsh met with Kenya’s chief nursing officer to begin working on plans to establish a wellness centre where health-care workers can receive treatment separately from their clients.

Similar initiatives are happening in other countries as well. Christine Mutati, a staff member at the Zambia Nurses Association, told a small session of delegates at the nursing forum about support groups the association has set up across the country. Mutati says at least 400 of Zambia’s nurses are HIV positive, but admits those numbers are not necessarily accurate given the stigma around admitting you have the disease. To overcome that stigma, and to offer support for nurses with HIV, groups of nurses visit their HIV positive colleagues. If a nurse dies, the groups provide an allowance to support any children who may be left behind.

As nurses, and millions of others around the world, lose their own personal battles with the disease, nurses like Walsh, White and their colleagues who converged at the AIDS conference remain committed to telling the world how the disease continues to plague humanity, and calling for the world’s attention.

White says the conference was a good opportunity to connect with other agencies providing care, but Prime Minister Stephen Harper’s absence left him feeling the political will to make changes is still missing. "Anyone involved in the fight will tell you it doesn’t matter how we get the money … we just need the support. We need to face this with urgency.”

That sense of urgency is what White says every nurse needs to feel if we are to halt the spread of HIV/AIDS. More nurses need to recognize the influence they can have in the fight to stop an epidemic that is not only ravaging much of the African continent, but is also felt in every corner of the globe.

The conference was a start, but there’s so much work that still needs to be done.

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**Nursing students in Kenya know the risks but take their chances**

According to statistics compiled in 2002 by the Kenyan Ministry of Health, more than 50 per cent of hospital beds in that country are filled with HIV/AIDS patients. For some, this startling statistic begs the question: who takes care of all these patients?

For RN Molly Swenson, a researcher at the Seattle-based Statistical Center for HIV/AIDS Research & Prevention (SCHARP), the question is more specifically: how do Kenyan nursing students, who will be entrusted with caring for this vulnerable group in the future, perceive their risk of infection, and how do the dangers of HIV influence their behaviours at work and home. She decided to dedicate three months of her graduate research to find out.

While many male students told Swenson they felt they were most likely to contract HIV/AIDS through sexual intercourse, female nursing students felt they were most at risk in the clinical setting. The 30 students participating in the study, including 15 females and 15 males, explained to Swenson they are bound to provide care, even if proper protective equipment is not available. In terms of their personal lives, some female students say they know about HIV and the risk, but that cultural practices prevent them from being able to ask their partners to use condoms.

Amanda Walsh, a University of Toronto nursing graduate who spent a month last year in Kenya, is not surprised by Swenson’s findings. In the city of Kisumu, Walsh worked with clients at Port Florence Community Hospital. She speculates that both students and full-fledged nurses in the workforce believe “you are a nurse, but you’re a member of your community first.”

While conducting research in Kenya in 2004, Swenson and her team also met with hospital officials and educators to encourage greater distribution of infection prevention and post-exposure guidelines, and more discussion of prevention, attitudes, beliefs, and perceptions of HIV/AIDS at school.
A ttending RNAO’s board of directors’ meeting and annual Day at Queen’s Park in January forever changed Julie Desjardins’ outlook on nursing. The fourth-year student in the McMaster University/Mohawk College collaborative nursing program admits she used to tune-out talk of all things political. But after meeting with so many politically active RNs – and with MPPs who took the time to listen to their concerns – getting involved in policy issues and government relations has become her passion.

“It was quite transforming for me in terms of how I viewed nursing and politics, and our ability as students and as nurses to influence change in the health-care system,” she says.

Since January, Desjardins has drafted letters to Ontario’s Minister of Health and Long-Term Care about full-time work for nursing graduates, volunteered to work for her local councilor during the upcoming municipal election campaign, and is actively exploring new ways to lend her voice to calls for the government to eradicate the competitive bidding process in home care. She says she now understands how she can use her growing political-savvy to make a difference in the lives of her patients.

“I’ve started to believe that the stuff we’re taught in school isn’t just a bunch of lip-service we’re paying to the idea we can make a change,” she says. “We really can.”

Desjardins is just one of many students who have seen how in-class lessons come alive in real-world nursing. In fact, we are seeing more and more students becoming politically active as part of nursing curricula. And instead of feeling like their class assignments are just another project, many students are making sure to undertake causes that leave a lasting impression in the real world.

As RNAO looks forward to another membership year, it seems Ontario’s nursing students are emerging as the ones to watch. Four soon-to-be-RNs from Hamilton, Oshawa, Toronto and London tell us why they’re developing a passion for being politically active. 

Today’s students, tomorrow’s leaders

As RNAO looks forward to another membership year, it seems Ontario’s nursing students are emerging as the ones to watch. Four soon-to-be-RNs from Hamilton, Oshawa, Toronto and London tell us why they’re developing a passion for being politically active. 

BY JILL SHAW

Illustration: Marie LaFrance
Stanyon expects the study’s findings to be available by the end of this year. Once the data is out, she hopes local officials will take action on its findings and provide the homeless with the resources they need. Stanyon says if nurses and nursing students become more involved in projects like this, politicians will not be able to ignore their collective voice.

“As nurses, I don’t believe we’ve been politically active in the way we probably should be,” she says. “We have to be lobbying for policy change, and we have to get to know the politicians and let them know what we see happening to people’s health.”

Ryerson University nursing student Hannah Singer agrees it’s up to nurses to let politicians know how policy helps or hinders the health of patients. She also believes it’s important to speak up about what helps or hinders the health of nurses. When the fourth-year student and four classmates needed a topic for a political action project last year, one issue stood out above all the rest: keeping nurses safe from the risk of violence on the job.

After hearing frequent news reports in Toronto’s media about shootings and other violent crimes plaguing the city’s streets, the group members – including three who are interested in working in emergency rooms after graduation – started to wonder about the fallout when those victims of violent crime enter the ER. Their research revealed that several U.S. states ban police and media outlets from reporting the name of the hospital where violent-crime victims are being treated. This policy helps to reduce the likelihood the assailants will come to the hospital seeking revenge, or to “finish the job.” Singer and her classmates decided to try and bring the policy to Ontario.

As part of the eight-month project, the group contacted Toronto police and various media outlets from reporting the name of the hospital where violent-crime victims are being treated. This policy helps to reduce the likelihood the assailants will come to the hospital seeking revenge, or to “finish the job.” Singer and her classmates decided to try and bring the policy to Ontario.

Unfortunately, the nursing class for which the students were doing the project ended before Singer and her classmates could convince local police and media to stop reporting where victims of violence are being treated. But that has not affected their resolve. This October they join RNAO representatives at a meeting to discuss the possibility of a voluntary ban with staff members from the office of Monte Kwinter, Ontario’s Minister of Community Safety and Correctional Services. Singer says political projects like this help students to keep the issues top-of-mind, even in the midst of a hectic student schedule.

“It forces you to look at the external world…it forces you to think outside your little bubble of being a student and realize that there are things you can do to empower yourself and make a difference,” she says.

University of Western Ontario (UWO) student Stephanie Watts believes the greatest way to make a difference for Ontarians is to touch the lives of fellow students – and not just those in nursing. Since the spring of 2005, Watts has been a volunteer for the Trillium Gift of Life Network (TGLN), the agency that oversees organ and tissue donation across the province. When her fourth-year political action professor gave her the opportunity to bring her volunteer work into the classroom, it was an opportunity she couldn’t pass up.

Watts and five classmates decided to come together to provide all UWO students with information about the importance of organ donation. They set up information booths where they passed out donor cards and public awareness products. They also took the time to answer students’ questions – a delicate task considering they were asking young people to contemplate their wishes after their deaths.

If it’s that difficult to talk about organ donation with students while they’re healthy, Watts acknowledges it can be even harder for nurses to bring up the topic with families of gravely ill patients. In fact, Watts says the group’s research showed many nurses find that part of their job challenging, and that’s why the students set about incorporating organ donation into the nursing curriculum at UWO.

Watts believes if students learn these skills in school, they may be more comfortable broaching the topic when they start working. It’s an important skill when you consider 13 Ontario hospitals have policies in place to report every death to TGLN in an effort to boost the potential number of donors.

As part of their research, Watts’ group made a trip to Toronto to visit the TGLN offices, the Eye Bank of Ontario, and the Hospital for Sick Children’s tissue bank. Last November, they invited an organ recipient to talk about what it’s like to wait for an organ, life after transplant, and the role health-care professionals played in her treatment and recovery. She drew more than a few tears from the nursing students. Watts says she hopes her peers will remember that

"(Political activity) forces you to think outside your little bubble of being a student and realize that there are things you can do to empower yourself and make a difference.”

— Hannah Singer, Ryerson University

JILL SHAW IS COMMUNICATIONS OFFICER/WRITER AT RNAO.

Registered Nurse Journal 23
Milton RNs join fight to ban pesticides

BY AMY HUNTER AND MARNIE SMITH

It’s mid-June, 11:30 p.m., and I’m standing at a podium passionately telling Milton’s town council why I think it needs to create a bylaw restricting the cosmetic use of pesticides on residential property. I’m speaking as a concerned resident, parent, and as a member of RNAO. My path to the podium has been a frenzy of information gathering, processing and planning. It’s not something I ever planned to do, but it’s certainly been exciting and empowering.

It’s only been two weeks since I read Doris Grinspun’s inspiring editorial (Registered Nurse Journal, May/June 2006) encouraging members to become politically engaged. Getting involved in this health policy initiative stems not only from that editorial but also from a simple concern for my children’s – and other’s – wellbeing.

My first foray into the world of pesticides began two years ago. I helped my nursing colleague Marnie Smith prepare a presentation to the local school’s management board – a presentation that outlined the health risks of pesticide use around children. Marnie requested they use alternative organic methods and provided them with information on pesticide alternatives. We also wrote a letter-to-the-editor, which was published in our local paper.

We were thrilled that we swayed the board to try alternative lawn care strategies. Our success, however, was short-lived and they returned to old practices this year. Again, Marnie approached the board with our concerns. Subsequently, they agreed to a compromise: no spraying during the school year, only during the summer for infestations.

A local advocacy group, Pesticide Alternatives Milton (PAM), heard about our initiative and contacted us to join them in presenting the issues to a sub-committee of town council in early June.

To us, the issues were clear, and the decision obvious. Sadly, the committee turned down our motion to create a bylaw and suggested that pesticide discussions be added to the agenda for the next town council meeting.

Council would meet in two weeks, which provided us with a small window to garner more support for the initiative. We joined forces with PAM to draft a petition. We took to the streets, informing our neighbours and local business owners about the issue, and providing information about the health and environmental risks of pesticide use.

In just over a week, we had nearly 1,500 signatures.

Walking around our neighbourhoods gave us a unique opportunity as nurses to engage in informal one-to-one health education with residents. Many of our community members thanked us for bringing this important issue to the forefront. It was a very rewarding experience to interact with our neighbours as health educators. And it became clear that people respect and value nurses’ knowledge and understanding of an issue.

But preparation for our presentation to council didn’t just happen on the streets.

There is a considerable amount of information on the internet about pesticides. Reading and gathering reputable data, papers and position statements became a full-time job. We found and read bylaws from many different communities and referenced documents that outline the steps to creating a pesticide bylaw.

One day after calling RNAO for assistance, I received a letter of support and an outline of its position on pesticide use. Thanks to this enthusiasm, I had more confidence in my mission and approached other health professional organizations.

Our research complete, we wrote another letter-to-the-editor urging people in Milton to become informed about this issue and to attend the upcoming council meeting.

The room was packed with residents. Nearly 20 delegates argued both sides of the issue. My presentation followed a lengthy and heated debate about the future of lawn care companies and a citizen’s right to spray their own property. To our disappointment and surprise, council could not agree to move forward on the bylaw and decided to discuss the issue again in 2007.

Deflated and frustrated, we left. How could they ignore the information, petitions, and citizen support? How could they dispute statements from the World Health Organization, nursing and physician associations, and environmentalists?

The feeling of powerlessness was immense, but fortunately, short-lived.

Through the haze of frustration we realized the tremendous influence we had on our neighbours and community. As nurses, we can influence people and health policy through our knowledge and ability to retrieve, analyze and communicate health information.

Next year, we will continue our fight for a bylaw that protects our citizens — especially our children — today and in the future.

AMY HUNTER, RN, MSN, IS A PART-TIME FACULTY MEMBER AT MCMASTER UNIVERSITY’S SCHOOL OF NURSING. SHE ALSO WORKS IN PUBLIC HEALTH. MARINE SMITH, RN, BScN, IS A PUBLIC HEALTH NURSE FOR HALTON’S HEALTHY BABIES HEALTHY CHILDREN PROGRAM.
RNs speak out on changes to the Nursing Act
At the end of August, more than 130 members responded to an RNAO action alert and wrote to the College of Nurses of Ontario (CNO) about proposed changes to the Nursing Act and other associated regulations. If adopted, these changes will have a major impact on advanced practice nursing in Ontario.

The proposed changes will provide for four streams of NP practice: primary health care, pediatric acute care, adult acute care, and anesthesia. All NPs will have more independence to practice without medical directives or delegation.

Although some RNAO members had concerns about how these proposed changes might be implemented, the vast majority supported them.

In a letter to CNO President Mary Ann Murray and Executive Director Anne Coghlan, RNAO reminded CNO Council members that the regulations will safeguard the public by making sure only those who meet rigorous competency requirements are able to use the title registered nurse in the extended class (RN(EC)) or nurse practitioner.

RNAO’s letter emphasized to the members of CNO Council that these regulatory changes would provide for RN(EC)s to work to their full potential, which will increase timely access to health care as recommended by both the Health Council of Canada and Roy Romanow’s Commission on the Future of Health Care in Canada.

RNAO supports the proposed changes to prescriptive and diagnostic authority for NPs. Abandoning the practice of only allowing NPs to prescribe particular drugs and tests named on an approved list will follow the lead of Saskatchewan and British Columbia, where nurse practitioners can prescribe broadly.

If CNO Council approves these changes, a formal document will be submitted to the Ministry of Health and Long-Term Care. RNAO hopes that if the document is submitted, government will move quickly to enact the recommended regulatory changes.

Building community care

In a letter to Health Minister George Smitherman, RNAO and the Community Health Nurses’ Initiatives Group (CHNIG) congratulated the Capacity Review Committee for recommending a comprehensive Public Health Human Resources Strategy as the first priority for action. Strengthening the public health workforce by such actions as hiring more public health nurses is essential in order to meet the needs of Ontarians. Although supportive of the report’s recommendations that will rejuvenate public health in Ontario, RNAO and CHNIG believe more work still needs to be done so nurses are able to lend their knowledge to communities and families across the province.

For example, to support their nursing practice, RNAO and CHNIG recommend ensuring that the Health Protection and Promotion Act legislate that all public health units have an appointed chief nursing officer. Also in May, the provincial government released Choosing Quality, Rethinking Excellence, the long-anticipated response to former Ontario Health Minister Elinor Caplan’s report on home care and the competitive bidding process. RNAO and CHNIG applauded the government’s recommendations to increase wages for personal support workers. However, the association is looking to government for concrete actions on Caplan’s recommendations for improving working conditions for nurses in the home-care sector. This is particularly urgent since the sector lost 27 per cent of its nursing workforce between 1998 and 2004.

CHNIG and RNAO are also encouraging the government to designate agencies as preferred care providers based on the number of full-time employees, the amount of support and education available, employee retention, overtime hours and utilization of best practices.

Speaking out on nursing’s image
RNAO responded in July to two advertising campaigns depicting nurses in a sexist and demeaning manner. The ads, for Hydra Vodka Water and Coors Light, portrayed nurses as sex objects and drew heated letters from RNAO Executive Director Doris Grinspun and region 6 political action officer Laurie Spooner, who alerted RNAO to both campaigns. In her letter, Grinspun pointed out that such images imply nurses are sexually available to their patients, leading to sexual harassment in the workplace and widespread disrespect for nurses. In both cases, she demanded an immediate apology and withdrawal of the ads. Vincor International, makers of Hydra Vodka Water, responded immediately with an apology and assurances the campaign would be removed by the end of July. After working extensively with Coors Light staff and with Sandy Summers, executive director for the Centre for Nursing Advocacy in the U.S., the offending images were finally removed from the Coors Light website in late July.

RN Laurie Spooner wrote letters to Vincor International and Molson Canada calling for the removal of the offensive ads.

“Linking sexual images to the profession of nursing...reinforces long-standing stereotypes. Those stereotypes continue to discourage individuals from entering the profession, foster the potential for sexual harassment...and contribute to a general atmosphere of disrespect.

What the public sees in the media shapes the current image of nurses. Unfortunately...the public generally undervalues nurses and there is a lack of understanding about what nurses do.

The truth of the matter is that registered nurses across this province...are making the difference between life and death for patients every single day.”

RN
Nursing instructor Susan Kagan is making history as facilitator of a new nursing graduate certificate program in forensic health sciences at Toronto’s Seneca College. Hailed as a ‘real life crime scene investigator (CSI),’ Kagan says the program is not for the squeamish. It involves examining cases of sexual assault, domestic violence, child abuse, gangland shootings, and other violent or dangerous situations. The first of its kind in Ontario, the year-long program is looking to enroll 30 RNs or RPNs this fall. To find out more, visit www.senecac.on.ca/health-sc/forensichealthstudies or e-mail Kagan at susan.kagan@senecac.on.ca.

Former RNAO President Judith Shamian received an honorary doctorate of science from Ryerson University on June 12. The current president and chief executive officer of the Victorian Order of Nurses (VON), Shamian, who held the title of RNAO president in 1998/99, is described as a tireless champion of health-care reform. She is also known for shaping and influencing health policy, both nationally and internationally.

ICU nurse and RNAO member Ann van Deursen has compiled a cookbook to support Toronto’s Princess Margaret Hospital Foundation’s Cardiovascular Intensive Care Unit (CVICU) drive to raise money for the Wig Salon Patient Assistance Fund, created in 2006 to help cancer patients look and feel better. The Universal Language of Food contains 400 recipes that celebrate the diversity of patients and health-care workers. For more information, visit www.getwiggywithit.net.

On June 12, Memory for Max, Claire, Ida and Company, a Canadian film that documents the lives of eight seniors living at Baycrest’s long-term care facility in Toronto, was released on DVD. It is now being used as a teaching tool for the long-term care sector. Nancy Webb, VP of Public Affairs at Baycrest, says the DVD helps health-care professionals see past dementia to find the real identities of people in their care. For a copy of the DVD, contact Allan King Films Ltd, 416-964-7284, or go to www.allankingfilms.com.

RNAO member Gail Siskind, Director of Investigations and Hearings at the College of Nurses of Ontario (CNO), received the prestigious Member Achievement Award from CNO’s Council on Licensure, Enforcement, and Regulation (CLEAR) on July 14. The award recognizes Siskind’s leadership and commitment to ensuring fair treatment for nurses.

### Calendar

#### October

**October 26-27**
3RD INTERNATIONAL CONFERENCE, EMBRACING THE FUTURE OF NURSING: EDUCATING TOMORROW’S NURSES
Hilton Suites Toronto/Markham Conference Centre and Spa
Markham, Ontario

### November

**November 9-12**
ANNUAL NURSE PRACTITIONER ASSOCIATION CONFERENCE
Hamilton Convention Centre
Hamilton, ON

**November 30-December 1**
6TH INTERNATIONAL CONFERENCE HEALTHY WORKPLACES IN ACTION 2006
Hilton Suites Toronto/Markham Conference Centre and Spa
Markham, Ontario

### Coming June 7-8, 2007
INTERNATIONAL CONFERENCE ON EVIDENCE-BASED BEST PRACTICE GUIDELINES: SETTING THE CONTEXT FOR EXCELLENCE IN CLINICAL PRACTICE AND HEALTHY WORK ENVIRONMENTS
Hilton Suites Toronto/Markham Conference Centre and Spa
For information, visit www.rnao.org beginning in October

Unless otherwise noted, please contact Vanessa Mooney at RNAO’s Centre for Professional Nursing Excellence at vmooney@rnao.org or 416-599-1925 / 1-800-268-7199, ext. 227 for further information.
NOTICE OF SPECIAL GENERAL MEETING
Hilton Downtown Toronto, Friday, Jan. 26, 2007 commencing at 8:30 a.m.
Take notice that a special general meeting of members of the RNAO (herein after referred to as association) will be held at the Hilton Downtown Toronto on Friday, Jan. 26, 2007 commencing at 8:30 a.m. for the purpose of voting on recommendations the RNAO Board of Directors will present regarding resolution #1.

By the order of the Board of Directors,
Mary Ferguson-Paré, RN, PhD, CHE, President

NOTICE OF 2007 AGM
Hilton Suites Toronto/Markham Conference Centre, Friday, April 20, 2007
Take notice that an annual general meeting of the Registered Nurses’ Association of Ontario (herein after referred to as association) will be held at the Hilton Suites Toronto/Markham Conference Centre on Friday, April 20, 2007, commencing the evening of April 19 for the following purposes:
• To hold such elections as provided for in the bylaws of the association
• To appoint auditors at such remuneration as may be fixed by the Board of Directors and to authorize the Board of Directors to fix such remuneration
• To present and consider the financial statements of the association (including the balance sheet as of Oct. 31, 2006), a statement of income and expenditures of the period ending Oct. 31, 2006, and the report of the auditors of the association (thereon) for the fiscal year of the association ended Oct. 31, 2006.

To consider such further and other business as may properly come before annual and general meetings or any adjournments or adjournments thereof.

By the order of the Board of Directors,
Mary Ferguson-Paré, RN, PhD, CHE, President

CALL FOR RESOLUTIONS
DEADLINE: Monday, Jan. 8, 2007 at 5:00 p.m.
Do you want to shape nursing and health care? As a member of your professional association, you can put forward resolutions for ratification at RNAO’s annual general meeting, which takes place on Friday, April 20, 2007. By submitting resolutions, you are giving RNAO a mandate to speak on behalf of all its members. It is important to bring forward the many pressing nursing, health and social issues that affect nurses’ daily lives and the public they serve. RNAO members represent the many facets of nursing within the health system. You play a vital role in ensuring nurses’ voices are heard and in advancing healthy public policy across the province and elsewhere. RNAO encourages chapters, regions without chapters, interest groups and individual members to submit resolutions for ratification at the 2007 annual general meeting. Please send materials to dlau@rnao.org

Please keep in mind:
• a one-page (max.) backgrounder must accompany each resolution
• the resolution must bear the signature of an RNAO member in good standing
• all resolutions will be reviewed by the provincial resolutions committee

Please refer to the following resolution for guidance:
WHEREAS 11 per cent of nurses live in rural areas and 3.3 per cent elect to work in rural areas of Ontario where the expectation is a broad scope of nursing practice, and
WHEREAS rural nurses often work in organizations/agencies where there is a lack of sufficient collegial consultation and support which often results in significant recruitment and retention issues, and
WHEREAS basic and continual educational preparation for the broad scope of

THEREFORE BE IT RESOLVED
that RNAO formulate a task force to explore and identify basic and continual educational, recruitment and retention initiatives to support rural and remote nursing practice.

CALL FOR NOMINATIONS 2007-2009
DEADLINE: Monday, Jan. 8, 2007 at 5:00 p.m.
RNAO Board of Directors
As your professional association, RNAO is committed to speaking out for health, speaking out for nursing. Your talent is vital to our success. RNAO is seeking nominees for • president-elect • regional representatives • provincial resolutions and provincial nominations committees

Being a member of RNAO has provided you with opportunities to influence provincial and national nursing and health-care policy, discuss and share common challenges related to nursing, nurses and health care, and network with numerous health professionals dedicated to improving the health and well-being of all Ontarians. Joining as a member of the board of directors will provide you with an extremely rewarding and energizing experience. You will contribute to shaping the present and future of RNAO. You will also act as a professional resource to your constituency. The nomination form will be available on RNAO’s website in October. If you require further information, please contact Daniel Lau, Director of Membership & Services, dlau@rnao.org.
Classifieds

DO YOU HAVE FINANCIAL PLANNING ISSUES?
ARE YOU NEARING RETIREMENT?

I will assist you with your retirement planning, which may include information on: HOOP, a defined benefit pension plan; Canada Pension Plan; RRSP benefits; taxation; investment planning; and estate planning. With over 15 years of experience as a consultant/planner, I have insight into your professional issues. As a certified financial planner with a fee-based business, I am also licensed to sell some products. An appointment can be arranged at your convenience. Please call 416-259-8222 ext. 504. Gail Marriott CFP

CANADIAN RELIEF FOUNDATION.
MAT International Disaster Response Workshop. Eastern Canada workshop to be held in Toronto from Oct. 14 to 15, 2006. Topics will include: CMAT volunteer recruiting; field hospital orientation; SPHERE standards overview; water purification seminar; special guest speakers. To register, visit www.canadianrelief.ca and click on “training and course-work.” For more information, e-mail volunteer@canadianrelief.ca or call 1-877-832-0712.

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• 6 month course completion
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Leading Effective Teams (3 units)
• 6 month course completion
• theory and methods of teams by integrating professional and leadership disciplines

Decentralized Budgeting (1 unit credit)
• 4 month course completion
• concepts of financial management and budget preparation
• important to nurses involved with decentralized management

Total Quality Management/Quality Assurance (1 unit credit)
• 4 month course completion
• theoretical and practical aspects applicable to developing quality assurance/ improvement programs

For further information please contact:
Leadership/Management Distance Education Program
McMaster University, School of Nursing
1200 Main Street West, 2J1A
Hamilton, Ontario, L8N 3S5
Phone (905) 525-9140, Ext 22409
Fax (905) 570-0667
Email mgtprog@mcmaster.ca
Internet www.fhs.mcmaster.ca/nursing/distance/distance.htm
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Update on resolution #1

As you know, voting delegates at RNAO’s 2006 Annual General Meeting endorsed an open and transparent consultation on RNAO’s relations with the Canadian Nurses Association. RNAO’s board of directors would like to thank members who completed the survey regarding RNs’ views on several important national issues. The short survey asked a series of questions that will guide RNAO’s board of directors on how best to represent its members. The board values very much the opportunity to hear your views.

We also encourage everyone to participate in consultation meetings in communities across the province. For information, contact your local RNAO representative, or check the ‘members only’ section at www.rnao.org.
Please join us in beautiful and historic Ottawa for our most comprehensive conference ever.

This year’s theme Working Well: Taking the Pressure Off refers to improving patient outcomes and the day-to-day lives of wound-care clinicians. Learn how to reduce stress and improve job satisfaction.

Keynote speakers include Elizabeth Ayello, past-president of the NPUAP, Heather Orsted, CAWC past-president, Barbara Braden, co-developer of the Braden Scale, Dr. John McDonald, AAWC president and expert in lymphedema management and Dr. Marla Shapiro, a family physician, TV personality and a cancer survivor whose topic is Work, Family & Self.

New for 2006
- Each of the four conference streams is a mini-symposium within the larger conference
- Special needs of Aboriginal population
- Bacteriology 101
- Assessment tools
- Update on pressure ulcer risk assessment using a validated and reliable scale (Braden)
- Interprofessional education for collaborative, patient-centred practice
- Hyperbaric oxygen treatment
- Limb salvage – new vascular surgery techniques
- The basic science of growth factors
- Pressure ulcers as quality indicators
- Pressure Reduction/Relief Surfaces – new thinking about the evidence
- Psychosocial aspects of living with wounds
- Two new post-conference workshops: “Your Wound Case Studies” and “Nutrition and Wound Healing”
- Bariatric complexities and effects on the health-care system
- Back by popular demand: Puzzling wounds/differential diagnosis, Charcot foot, post-conference dressing workshops

Plus
Canada’s largest wound care trade show with over 40 exhibiting companies, great networking and social events like the President’s Banquet & the Fun Run/Walk, plus awards, scholarships and more. Visit www.cawc.net for more information.

The 2006 host hotel will be The Westin Ottawa.

For complete information and easy online registration, visit the CAWC Web site at www.cawc.net.
NURSING EDUCATION INITIATIVE

You may be eligible to receive up to $1,500 in tuition reimbursement! For pertinent deadline information or to obtain a copy of the application form, please visit the RNAO website at www.rnao.org

For the most current information about the Nursing Education Initiative, please contact:

RNAO’s Frequently Asked Questions line 1-866-464-4405

OR
e-mail Meagan Wright educationfunding@rnao.org.

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- Case Manager - MH&A, Abbotsford - Posting #20293
- Clinical Information Specialist (Nurse) (2) - Posting #18260 / #18888
- Clinical Nurse Educator (4) - Posting #20916 / #12882 / #18243 / #19474
- Clinical Nurse Specialist, New Westminster - Posting #20268
- Clinical Resource Nurse - Home Health, Chilliwack - Posting #20981
- Nurse Practitioner (2) – Burnaby, Posting #23269 and Abbotsford, Posting #20273
- Patient Care Coordinator - Pediatrics, Abbotsford - Posting #22239
- Project Implementation Coordinator, Infection Control - Posting #24246
- RN - Site Leader, Mission - Posting #14215
- RPN/RN - Community Mental Health Nurse - Posting #20302
- RPN/RN - Acute Home Treatment Program, Langley - Posting #19772

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