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Executive Summary

My Advanced Clinical Practice Fellowship (ACPF) from the Registered Nurses Association of Ontario (RNAO) provided a learning experience that otherwise would not have been possible, particularly this early on in my career. The goal of the fellowship was to learn about organizational change, as well as to draft a tobacco use cessation policy and procedure, have it approved by Toronto Public Health's (TPH) Senior Management Team (SMT) and create a plan to implement the policy across the 2014 calendar year. The experience afforded me the chance to consult with the majority of TPH's management teams, meet with and receive feedback from TPH's Medical Officer of Health regarding the policy and ultimately increase my profile within the organization.

SMT approved the Tobacco Use Cessation Practice Policy and Procedure on December 13, 2013. This is the first policy that SMT has approved within 2 months. Things would not have proceeded the way they did without the fellowship; the ACPF protected my time to create materials and provided the flexibility in my schedule to meet management teams when it was convenient for them. Prior to the consultation period, I investigated the competing values framework and completed an environmental scan of Ontario Public Health Unit's minimal contact intervention (brief intervention for tobacco use cessation) policies, guidelines or trainings (Appendix Ten). The competing values framework highlights the paradox organizations face when balancing the need for flexibility and adaptability while also striving to maintain stability and control. Assessing the nature of these characteristics gave me and understanding of the forces at play within TPH as a whole, as well as within individual directorates/programs. This understanding informed my approach when consulting various management teams. Some directorates/programs desire stability and appealing to that value served us well, while others have greater tolerance for change as they move forward. Combining this knowledge with the lessons learned consulting with practitioners who had implemented a tobacco use cessation policy, guideline or training within their health unit (Appendix Ten) provided the basis from which I could develop and adapt my consultation.

My consultation included meetings with TPH's Smoking Cessation Champion network, 7 management teams, TPH's Interprofessional Practice Leader Network, TPH's Nursing Practice Council, a joint directorate documentation committee and lead managers and consultants who had experience with the policy development/approval process (i.e. baby friendly initiative, , suicide prevention policy). We also secured a fax referral partnership agreement with Smokers' Helpline (SHL) so that we could include referral to this service as a component of the policy and procedure.

There were a number of additional activities that contributed to my overall learning experience (outlined in the learning plan). I attended TPH's Nursing Practice Council meetings to talk with nurses from all directorates about the policy consultation and the importance of talking with clients about their tobacco use, advising them to quit and linking them with supportive services. The corporate courses I completed also proved quite helpful. I took Communicating Change on the first day of the fellowship and through one of the exercises – Communicate change in 60 seconds or less – I learned what I wanted to express related to "selling" interest in the policy. This was particularly useful for our consultations with management teams, as time was limited and all expressed some

degree of resistance in adding additional work for their program/directorate. The Self-Directed Leader highlighted some of what I had learned in the first months of the fellowship – the importance of my role in clearly articulating the details of the policy, presenting it in simple language, motivating others to see the benefit and listening to and applying feedback provided. Attending the National Conference on Tobacco or Health enhanced my tobacco content knowledge, inspired my creativity and connected me with leaders in the field. I contacted a Ryerson professor of nursing following the conference, receiving direction that I incorporated into the Dec. 13, 2013 SMT presentation.

I have a better appreciation of how change happens within the largest public health unit in Canada. The fellowship also offered the opportunity to move forward with this important work at record speed. My experiences presenting to management teams and key stakeholders have increased my confidence and capacity to lead. I learned how to negotiate resistance, turning difficult situations into successes in moving the policy forward. My presentation skills developed significantly during the course of the fellowship. I now see myself as a content expert with knowledge to share. I will ensure that the policy is implemented successfully in 2014.

I have demonstrated extraordinary leadership in getting the policy developed, approved and creating a viable implementation plan in approximately 5 months. There has been resistance to the policy from consultation to approval; I listened to each program's/directorates' concerns, incorporating the feedback into the final policy and procedure documents. The final product is true to the evidence-based guideline but is also flexible enough to meet the varying needs across the organization. This experience has both developed and highlighted my capacity to lead. I am confident that I will achieve my goal of obtaining a consultant health promotion or management position sooner than expected as a result of this experience.

Special thanks to my mentorship team and to the RNAO for this opportunity.