

# Registered Nurse

JOURNAL

## HOMES FIRST

Hope and housing  
for the homeless





**RNAO**

Registered Nurses  
Association  
of Ontario

100 West Beaver Creek  
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Centre for Professional  
Nursing Excellence

## **Nursing Politics & Policy Summer Institute**

# *Understanding Politics & Policy*

## *Power, Agendas & Players*

### **August 8-13, 2004**

*Nottawasaga Inn Convention Centre & Golf Resort  
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Nurses are critical to good health, yet too often nurses don't know how to influence policies that affect health care and nursing. The goal of the RNAO Policy Institute 2004 is to provide an introduction to policy development, analysis and implementation, and equip nurses to be more effective policy actors.

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This institute will be of interest to provincial chief nursing officers; policy leaders in health care; policy analysts in government, professional associations, regulatory organizations, and unions; administrators, chief nursing officers, and directors in health care; and all others interested in the dynamics of how policy is made and implemented.



**Go to [www.rnao.org](http://www.rnao.org) to access the institute program and registration form, or to get on the mailing list send your contact information to Talia Ferszt at [tferszt@rnao.org](mailto:tferszt@rnao.org).**

The Institute is presented through the RNAO Centre for Professional Nursing Excellence and co-sponsored by the Ontario Ministry of Health and Long-Term Care, Nursing Secretariat, Health Canada Office of Nursing Policy, and Health Canada, Strategic Policy & Intergovernmental Affairs, Ontario/Nunawut Region.

# Registered Nurse

JOURNAL

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**The journal of the  
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Editor's Note

## A celebration like no other



**In this issue of *Registered Nurse Journal* we dedicate eight pages to the 2004 AGM.** In the magazine world, that's a generous allotment for any feature. This year's event, however, was such a resounding success that there was simply no way to cover it in fewer pages.

With over 700 nurses from across the province registered for the three-day event, confirmations from nurse leaders, politicians and humanitarians that they would be honoured to speak, and breakout rooms for nurses to receive complementary therapies from the Complementary Therapies Nurses Interest Group (CTNIG), to reflect at the labyrinth set up by the Parish Nursing Interest Group (PNIG), or to view historic artifacts set up by a number of curators in memory of 100 years of organized nursing, eight pages almost seems insufficient.

And, frankly, it is.

Sadly, there was simply not enough room to include in this issue everything that took place over the span of those three days in April. We've brought you what we can in pictures and updates, and we hope our renewed approach to this year's resolutions will give you the best perspective on the direction of the association in the coming year.

Perhaps the cancellation of the 2003 AGM due to SARS is one reason for this year's enthusiastic and exceptionally productive, focused and proud crowd. Perhaps it is a measure of the momentum building as the profession and your association become stronger and stronger every year.

Whatever the reason, I was proud to be a part of it. And I'm already looking forward to next year's event.

**Kimberley Kearsey**  
Acting Managing Editor

**GO ONLINE TODAY** to sign the *Medicare Protection Pledge* to ensure all candidates in the federal election, and all public office holders, are held accountable for where they stand regarding not-for-profit health-care delivery.

[www.healthcoalition.ca/pledge](http://www.healthcoalition.ca/pledge)

## Keeping public health top-of-mind



**Just before officially** assuming the role of president, I represented RNAO at a fundraising event in Toronto called *The Coldest Night*. Hosted by the Homes First Foundation, which raises funds for one of the city's largest alternative providers of one-stop supportive, non-profit housing and support services for the chronically homeless, the event served as a venue to raise awareness of the complicated health and housing challenges of this marginalized population.

It was an important event for me to attend given my passion and RNAO's commitment for ongoing promotion and improved awareness and advocacy on behalf of all of Ontario's marginalized citizens.

Events like this fundraiser, and stories like the cover feature in this issue of the *Journal*, remind people of the importance of recognizing the correlation between social determinants of health, such as housing, and the public health of all citizens.

According to a recently released Health Canada study entitled *The Social Determinants of Health: An Overview of the Implications for Policy and the Role of the Health Sector*, "In terms of health of populations, it is well known that disparities (i.e. the size of the gap or inequality in social and economic status between groups within a given population) greatly affect the health status of the whole. The larger the gap, the lower the health status of the overall population."

To recognize housing as an influence on public health is vital for nurses, especially at a time when we as a country embark on what is perhaps one of the most important periods of policy development regarding public health in Canada.

On March 23, 2004, Canada's federal government released its budget and

announced the creation of the Canada Public Health Association, comprised of a national network of centres across the country that will act as locations for disease control and emergency response. This is an exciting first step to better public health in our country, and one that RNAO believes should raise awareness and help to tackle the challenging correlation between health and the social, economic and political determinants that influence it.

**“It's my promise to the nurses of Ontario, and to the clients we all serve, that I will be a messenger for the marginalized.”**

These external influences on lifestyle and health inevitably affect the way nurses in all health-care sectors do their jobs. They affect nurses' ability to consider broad issues when promoting health and preventing disease.

They also influence the political and advocacy agenda of RNAO.

So much of RNAO's advocacy and educational work can be tied to health promotion and building better public health. Keeping an issue like homelessness on the political agenda ensures it remains top-of-mind, and enables us to maintain a productive dialogue with policy makers as well as pressure for solutions that lead to the best health outcomes for Ontarians.

As my predecessor, Adelaine Falk-Rafael, so succinctly put it in her column entitled *Understanding what keeps us healthy* (Sept/Oct 2002 *Registered Nurse Journal*), "There is consensus within the global health promotion community that at least 13 factors are prerequisites to health: peace; shelter; education; food; income; a stable ecosystem; sustainable resources; social justice; equity; social security; social relations; empowerment of women; and respect for human rights."

We must continue to keep these health determinants at the forefront of our discussions and debates at decision-making tables.

As your new president, I intend to continually address these primary determinants of health whenever I speak. I will ensure the issues of marginalized populations are raised at all forums, especially when talking to politicians. With persistence and passion, we can challenge the status quo and ensure accountability from our elected officials.

Health Canada's recent study notes that in the past "the health sector has been reluctant to champion policies that improve social conditions because areas of social and economic policy largely fall outside the health department's jurisdiction. There has been some reluctance to step on toes and to explore ways of collaborating across sectors."

In my view, stepping on toes is vital if we are to see change.

And this column is just the beginning.

It's my promise to the nurses of Ontario, and to the clients we all serve, that I will be a messenger for the marginalized. And I will remind everyone I meet that poverty, inadequate housing, declining incomes, social justice, and the increasing gap between the rich and the poor in this country are as interconnected to our health as the medical services we all rely on when we get sick.

---

JOAN LESMOND, RN, BScN, MSN IS  
PRESIDENT OF RNAO



## Mailbag

### Childrens' mental health needs overlooked

Re: *Overlooked and underestimated*, January/February 2004

While I applaud the author for this article on mental health in Ontario (because it is a topic that is mostly ignored or avoided), I was rather disappointed to find the article included only two vague references to the plight of the children and youth of this province.

Other than the reference to 'Laura's son,' and the reference to underfunding by Selinah Sogbein, nowhere in the article or corresponding information boxes is there

any mention of the frightening situation in regard to the treatment available to children.

As an RN, the VP of the board of directors for a children's mental health agency called *Pathways for Children and Youth*, a member of the board for *Children's Mental Health Ontario* (CMHO), and the father of children who require the services of *Pathways*, I find the almost total lack of reference to children's needs by the media in general to be very concerning.

Perhaps a second article concerning the needs of the youngest and most vulnerable members of our society might be in order.

I urge anyone interested in the subject, or in helping advocate for children, to contact the CMHO ([www.cmho.org](http://www.cmho.org)), *Parent's for Children's Mental Health* ([www.parents-forchildrensmentalhealth.org](http://www.parents-forchildrensmentalhealth.org)), or their local agency.

**J. Nicholas Kaduck, RN**  
**Kingston, Ontario**

#### WE WANT TO HEAR FROM YOU.

Please e-mail letters to [letters@rnao.org](mailto:letters@rnao.org) or fax 416-599-1926.

## Ontario's future is in good hands

*Following is an excerpt from the reflective journal of Tracey Martin, a recent graduate of the nursing program at Durham College. After completing a placement at RNAO during the week of the association's 2004 annual general meeting (AGM), Martin felt compelled to share her positive experiences with RNAO members, and to urge other students to attend this placement as a way to see outside the box and gain a real understanding of political lobbying within the profession of nursing.*

**A**s a graduating RN, I recently had the opportunity to attend a one-week student placement at RNAO. During this five-day placement, I attended a board of director's meeting as well as the AGM.

After meeting many dynamic members of RNAO, there is no question in my mind that this organization is shaping our future. I left this experience feeling rejuvenated, confident in my decision to become a nurse, excited about the positive lobbying taking place at all levels of gov-

ernment to better the profession, and obligated to assist fellow colleagues and friends along this journey.

During this placement I had one of my first political lobbying experiences at Queen's Park. On day two, Doris Grinspun, RNAO executive director, gathered the nursing students together and we set off to hear Minister of Health and Long-Term Care George Smitherman comment on Justice Campbell's interim report on the SARS outbreak. To see first hand how the media works, and how important RNAO's comments were after the Minister completed his statements, was inspiring. The media was also interested in talking with the future generation of nurses, and that was when my first interview and introduction to the media took place. This exciting and nerve racking experience, made me realize that I have an entirely new responsibility and obligation to the nursing profession, and to the people of Ontario.

After this exciting experience, we set out for the AGM in Markham to hear



many guest speakers, including Roy Romanow, George Smitherman, Howard Hampton, Elizabeth Witmer, Dalton McGuinty, and Cathy Crowe. The message was clear. Registered nurses must provide direction to politicians, to ensure we secure Medicare. Our new graduating nurses are needed here and now, and we must offer them full-time work and protection. The environment and equipment within the workplace must be safe to protect the well-being of nurses and Ontarians.

I encourage all nurses to join RNAO and become involved in advocating on behalf of our profession. It is our responsibility to communicate the needs of our patients, and to provide direction and protection to enhance the health of all Ontarians. Together we can build a brighter future.

**Tracey Martin, RN**

## Recognition demands even greater responsibility



**March 31, the day I** was invested into the Order of Ontario, will always occupy a special place in my life. It is a tremendous professional and personal acknowledgement, and I truly see it as collective recognition of our profession, professional association, and the incredible partners – both professional and personal – with whom we work so intensely to protect and strengthen Medicare.

The Order of Ontario recognizes and honours those who have enriched the lives of others by attaining the highest standards of excellence and achievement in their respective fields. It is my belief that nurses embody these attributes every day in their contribution to the health and well-being of individuals, families and communities across Ontario.

Indeed, the results of the 2004 Leger Marketing study on the *Top Most Admired Professions by Canadians* revealed that nurses have the highest level of public trust – 95 per cent – of any health-care professional.

This recognition and trust brings with it even greater responsibility. As registered nurses, we are unwavering in our conviction that access to care must be based on need, not ability to pay. Now, more than ever, we must be diligent in our efforts to steer politicians, decision-makers, and the Canadian public in purposeful and strategic ways to this same conviction.

Sadly, after two years of deliberation and debate and the release of Commissioner Roy Romanow's final report, *Building on Values: The Future of Health Care in Canada*, little, if any, progress has been made to secure the reforms outlined in this remarkable blueprint.

Today, Canada is at a crossroads, and the events that are about to unfold this summer have the potential to irrevocably and irre-

versibly alter our national health-care identity.

Prime Minister Paul Martin has called a federal election, but his own government cannot reach consensus on the issue of delivery of health-care services. On April 27, Health Minister Pierre Pettigrew said he favours experimenting with private delivery. On April 28, he said that his goal is to expand public delivery. Which is it?

Conservative Leader Stephen Harper's health policy platform indicates he believes

**“Canada is at a crossroads, and the events that are about to unfold this summer have the potential to alter our national health-care identity.”**

in universal access, but openly argues that the provinces should be free to privatize delivery. NDP Leader Jack Layton wants to stop privatization to ensure public money goes to health care, not profits.

Indeed, a key election focus will be whether profit-driven investors will have a greater involvement in the delivery of health care. As registered nurses, we must intensify our discussions about the direction of health care with colleagues, family, friends and community members, and urge every citizen to cast their vote for a healthy country. RNAO will do its part by playing a central role, in partnership with the Canadian Health Coalition, to lead the *Medicare Protection Pledge* campaign. I urge you to visit [www.medicare.ca](http://www.medicare.ca) to sign the petition and encourage many others to sign, download

the pledge, and ask for the signatures of local MPPs, MPs and federal candidates.

In addition to the pending federal election, the current prime minister and the provincial/territorial leaders are planning a health care summit. RNAO will pressure the government to ensure this meeting is open and fully televised. We know where Canadians stand and we have every right to know where each first minister stands. Who sides with the great majority of Canadians supporting reforms based on publicly funded and not-for profit delivered health care? Who doesn't? This is not the time to waffle. This is the time to define ourselves and the nation as we move forward to protect and strengthen Medicare.

The proponents of privatization and for-profit health care, although few in numbers, can marshal the media and significant financial resources. In response, Canadians and their nurses must mobilize themselves and mobilize those around them to make the one responsible choice. It is a choice between eroding access and effectiveness through increased for-profit delivery or, instead, expanding not-for-profit delivery and the principles of the Canada Health Act (CHA) to include public health, primary health care, home health care, long-term care, rehabilitation and catastrophic drug coverage. It is a choice between health care as a benefit for some or health care as a human right for all.

The Order of Ontario is our award. I encourage each of you to take personal joy from this achievement and embrace an even greater responsibility to preserve and strengthen Medicare.

Medicare is our single greatest collective asset – and should remain that way.

---

DORIS GRINSUN, RN, MSN, PhD (CAND), O.ONT, IS EXECUTIVE DIRECTOR OF RNAO

# Nursing in the news

## RNAO & RNs weigh in on . . .

### The anniversary of SARS

One year after the SARS outbreaks, RNs speak out about what has, or has not, changed.

- In a live interview, RNAO executive director **Doris Grinspun** told *CBC television* that elected officials have yet to learn that overreliance on part-time and casual nurses is hazardous during an emergency like SARS (Mar. 13).
- RNAO member, **Louise LeBlanc**, said patients continue to be screened for SARS at The Scarborough Hospital, and emergency room nurses still wear gowns and masks (*North York Mirror*, Mar. 5).
- **Marg Zwicker** said more negative pressure rooms and infection control barriers were installed in the ICU at Rouge Valley Ajax and Pickering Hospital because of the SARS outbreak. "It was all inspired by SARS." (*Ajax & Pickering News Advertiser*, Apr. 16).

### SARS reports

- RNAO's reaction to Justice Campbell's interim report was covered provincially and nationally.
- RNAO executive director **Doris Grinspun** said the time for studies has passed; the number of RNs working full time must increase to prevent the spread of infectious diseases (*Toronto Star*, *Toronto Sun*, *The Globe and Mail*, *Broadcast News* Apr. 20 & 21). The associa-

tion's reaction to the report also garnered radio and television coverage from dozens of stations across the province.

- Following the report's release, RNAO member, **Elaine Marshall**, told *City TV* (Toronto) she and her colleagues were provided with little information during the outbreak (Apr. 20).
- RNAO president **Joan Lesmond** was featured on *CH News* (Hamilton) following the release of the Walker Expert Panel's final report (Apr. 21).

### Help for hospitals

- The *National Review of Medicine* profiled RNAO executive director **Doris Grinspun** as part of its coverage of the \$385 million in funding to bail out hospitals (Mar. 15).
- RNAO member, **Rishma Bhanji**, authored a letter to the editor in support of the condition that the funding must be used to hire nurses (*Toronto Star*, Feb. 29).

### The need to preserve public health care

- At a downtown Toronto rally against P3s, RNAO executive director **Doris Grinspun** told *The Globe and Mail* P3s are more expensive and provide lower-quality care than the public sector. "There's absolutely no financial or moral sense to this." (Apr. 3)
- **Grinspun's** comments also received coverage from

the *St. Thomas Times-Journal*, *Brockville Recorder and Times*, *Brantford Expositor*, *Kingston Whig-Standard* and *Broadcast News* (Apr. 5).

- RNAO member and co-chair of the Kingston Health Coalition, **Ross Sutherland**, said protestors from Kingston were attending the rally to ensure Canada's health-care system remains sustainable and accessible. "We won't accept private hospitals." (*Kingston Whig-Standard*, Apr. 1)

"We won't accept private hospitals."

– Ross Sutherland,  
*Kingston Whig-Standard*

### Money for Medicare

In letters to the editor, both RNAO immediate past-president **Adeline Falk-Rafael** and RNAO executive director **Doris Grinspun** wrote that eliminating tax cuts would provide funds for Ontario's cash-starved health system (*Toronto Star*, Mar. 9 & 17).

### Sharing an RN's story

RNAO member, **Tilda Shalof**, recently published *A Nurse's Story: Life, Death and In-Between in an Intensive Care Unit*, an account of the good, the bad and the ugly situations she has faced as an RN. "Maybe it takes having a loved one sick for people to realize what we do. If people know more about this work, they will feel empowered to make good choices for their loved ones." (*Toronto Star*, Mar. 23)

Shalof was profiled in the *Ottawa Citizen*, which also published an excerpt from her book (Apr. 18).

### Battling MS

Upon being named an honorary chair for the *Super Cities Walk for MS*, RNAO member, **Ruth Root**, shared her experience living with MS with the *Northumberland News*. "I'm a person living with MS, but it

"If we are to have Third World conditions in our cities, we will have Third World results and we can expect tuberculosis, hunger, women who are abused and children who are expected to fail."

– Cathy Crowe,  
*Toronto Star*

does not control me. Like everyone else, I live with what I've got." (Mar. 12)

### Diving into political life

RNAO member, **Ross Sutherland**, was recently nominated as the federal NDP candidate in his eastern Ontario riding. His platform is based on preserving public health care and the environment (*Kingston Whig-Standard*, Apr. 5).

### Cancer care

Following the release of a Canadian Cancer Society report predicting more than 145,000 Canadians will be diagnosed with cancer this year, RNAO member, **Lia Kutzscher**, said an increase in patients will mean longer wait times at the local cancer clinic (*Orillia Packet & Times*, Apr. 16).

### Helping kids with CF

**Louise Taylor** told the *North York Mirror* advancements in treatment for cystic fibrosis mean children with the disease can live longer, healthier lives. She often tells parents of patients, "Be prepared to send your child to university." (Mar. 13)

### New collaborative nursing programs

RNAO member, **Cherylyn Cameron**, said the collaborative nursing degree program that Georgian College, in conjunction with York University, will be offering at its Orillia and Owen Sound campuses in September will allow local RNs to advance their knowledge and skills without commuting to Toronto (*Orillia Packet & Times*, Mar. 10).

### Free tuition for RN students

News that a provincial program offering nursing students tuition reimbursement in return for working in under-serviced areas never got off the ground garnered province-wide coverage.

• RNAO immediate past-president **Adeline Falk-Rafael** spoke about the issue on *CBC Radio One* in Thunder Bay, where a local student was trying to access the program (Mar. 19).

• RNAO executive director **Doris Grinspun** mused the program may have been lost in the shuffle following the election of a new government last fall (*Toronto Star*, *Windsor Star* Mar. 23 & 25).

### ER wait times

To reduce emergency room wait times, **Diane Wilkinson** said patients were being asked to complete surveys. "We had six-hour delays ... that kind of wait – that's just not OK." (*Kitchener-Waterloo Record*, Mar. 11)

### The ups and downs of home care

• **Renee Kenny** told the *Toronto Star* she hopes the Ministry of Health will support new two-way voice and video technology, developed by Centennial College, that will provide home-care patients with immediate and flexible care (Mar. 5).

• RNAO member, **Diane Duff**, said the project will improve the ease and efficiency of home health care, but it will take time to adjust to the technology. "Nurses are very hands-on people, so there's sometimes a bit of resistance until they see what it can do." (*Toronto Star*, Mar. 5)

• In a column in the *Hamilton Spectator*, **Melissa Northwood** encouraged readers to contact their local MPPs and urge them to stop the process of contracting out home health care services (Mar. 20).

• **Ross Sutherland** said news that home health-care services will be provided by a private nursing agency whose nurses are paid per patient, means care will suffer. "You're paying

these nurses to work faster rather than working better." (*Kingston Whig-Standard*, Mar. 11)

### Caring for the homeless

• In a speech to Toronto's *Mayor's Summit on Affordable Housing* Cathy Crowe told the audience the need for affordable housing for society's most vulnerable is a public health crisis (*Toronto Star*, Mar. 1).

• RNAO members, **Patrick Mahoney**, **Elaine Shuhaibar** and **Sigrid Vinson** volunteer to provide Hamilton's homeless with foot care services, warm clothes and food. "I see puncture wounds on the bottoms of their feet where they've stepped on a nail. And I've removed pieces of glass," Mahoney said (*Hamilton Spectator*, Apr. 26).

• **Diane Bewick** said a provincial grant of over \$670,000 will bring health-care services to vulnerable families before they suffer health problems (*London Free Press*, Apr. 6).

### Aboriginal health

RNAO member, **Leila Macumber**, told the *Sudbury Star* the 10,000-mile walk on the Serpent River First Nation Reserve, intended to encourage community members to walk their way to fitness and health, was a resounding success (Apr. 5).

"We had six-hour delays ... that kind of wait – that's just not OK."

– Diane Wilkinson, *Kitchener-Waterloo Record*

"If people know more about this work, they will feel empowered to make good choices for their loved ones."

– Tilda Shalof, *Toronto Star*

### CORRECTION

The March/April 2004 edition of *Nursing in the News* incorrectly reported that the Peel region's *Healthy Babies Healthy Children* program was closing. The item should have read that the program's services are being reduced, but not closed. *Registered Nurse Journal* regrets the error.

For complete versions of any of these stories contact Jill Shaw at [jshaw@rnao.org](mailto:jshaw@rnao.org).

# HOMES FIRST

“**W**ithout this place, many of these people would be dead, living on the streets or warehoused in shelters,” says David Reycraft, a tenant services supervisor for Toronto’s Strachan House. Opened in 1996, the 76-room transitional building is run by Homes First Society, one of the city’s largest alternative providers of one-stop supportive, non-profit housing and support services for the chronically homeless. The reclaimed downtown factory building with its open concept, industrial design serves some of the city’s most marginalized.

Stories of hope, despair and renewal abound in the open concrete hallways. Many residents are coping with mental illness and addictions. They’ve lost jobs, families and health. For most, this is their first stop before moving on to more permanent housing managed by Homes First or similar non-profit supportive housing providers like HouseLink and the Supportive Housing Coalition; others will die here.

Funded primarily by the three levels of government, Canada Mortgage and Housing Corporation and the United Way of Greater Toronto, Homes First manages 15 housing sites for more than 500 men, women and children in Canada’s largest city. The facilities run the gamut from overnight shelters to permanent housing. They include shared and individual units depending on

## Hope and housing for the homeless

Solving  
homelessness  
through  
innovative  
programs that  
transform people,  
buildings and  
communities.

the preference and needs of the tenants, who pay a modest rent through social assistance. Some buildings offer emergency support around the clock; others are staffed for a couple of hours a day.

Soft-spoken Aboriginal resident Webb Shapwaykeesic has battled alcoholism and has been in and out of shelters since he moved to Toronto 12 years ago from the remote northern town of Collins, Ontario. Since getting into Strachan House, his life has turned around. He now dreams of moving back to the natural landscape he remembers as a child. Rick Bard became homeless when addictions and unemployment landed him on the streets. As a result of his five-year stay here, he’s moved into permanent and private quarters at another Homes First facility. Nathalie (a pseudonym) is a schizophrenic hooked on crack. She lost custody of her three children and now works the streets. The paid janitorial and other daily work at Strachan House is vital to their prescription for recovery. “The work and friendships here keep me going,” says Webb.

Webb, Rick and Nathalie are the lucky ones. In a pre-budget brief to the provincial Liberals (Feb. 2004), the Ontario Non-Profit Housing Association (ONPHA) estimated that province-wide we are still short some 11,000 much-needed supportive units. Because of the long-term cumulative under-



Homes First  
executive director  
Kate Stark



**“Without a lot of social support, and a roof over your head...it’s hard to overcome the double whammy of mental illness or addiction and homelessness.”**

funding of mental-health services in Ontario over the last 12 years, many of the homeless have been released from hospital or jail with nowhere to go. The Canadian Mental Health Association estimates that in Toronto, 30 to 35 per cent of the homeless are mentally ill. For homeless women, that figure rises to 75 per cent.

“Without a lot of social support, and a roof over your head...it’s hard to overcome the double whammy of mental illness or addiction and homelessness,” says Homes First executive director Kate Stark. “The first step is providing people with a home to call their own and giving them a voice in the decisions that affect their housing.”

The Golden Report (the result of a 1999 Task Force chaired by Anne Golden and created by then Mayor Mel Lastman) analyzed homelessness in Toronto over nine years and found that of the 170,000 people who had been homeless, 17 per cent were chronically so. “The chronically homeless cannot easily access other kinds of social and subsidized housing because of their unique problems and (because of) absurdly long waiting lists, sometimes up to 19 years,” says Gabriella Micallef, executive director of the Homes First Foundation. The foundation held its

## Supportive vs. social housing

Supportive housing means “housing plus support” geared to the elderly, the physically disabled, developmentally disabled, the seriously mentally ill, victims of violence, people living with HIV/AIDS, and those with substance abuse issues. There are 418 supportive housing providers in Ontario, managing 16,930 units.

Social or affordable housing programs provide housing units, rental supplements or shelter allowances to low-income households. Families with children are the fastest growing group of homeless. Social housing waiting lists are long, and getting longer. Ontario Non-Profit Housing Association estimates over 158,000 Ontario households are on waiting lists. “Many people move on from supportive to social housing, so both are necessary parts of a continuum,” says David Peters, ONPHA’s special advisor on affordable and social housing.

first fundraiser (The Coldest Night) in January 2004 to raise awareness of homeless issues and to generate private sector involvement in funding non-profit housing. The event raised \$130,000 including a donation of \$1,000 from RNAO.

“Housing is a basic determinant of health, and without this fundamental base, it’s hard for people to move ahead,” says RNAO’s president, Joan Lesmond. “RNAO will be lobbying all levels of government to make sure the issue is at the forefront of the political agenda, and that homelessness is no longer an option,” she says.

With over 20 years of hands-on experience housing the needy and downtrodden, Homes First announced earlier this year that it will take on a new, more ambitious, visionary project in Toronto. It plans to build Canada’s first large-scale supportive housing project. “We want to take some of the lessons we’ve learned and use them to build a new model of a supportive housing community in Canada,” explains Stark.

The idea arose when Micallef discovered New York’s *Time Square Hotel*, run by an organization called Common Ground. The non-profit developer turned a rundown hotel in the city’s downtown core into an inspiring social housing success story. Using an innovative mix of public and private sector partners, the development houses 650 previously homeless residents. It has emerged as a community asset and has attracted franchises where residents have found jobs.

With the working title, *Times Square North*, the project has received early political and funding support from Canada Mortgage and Housing Corporation. Homes First hopes the city and province will also come on board soon. If built, it will house 200 to 300 previously homeless residents. It will be a mixed community: the mentally ill, chronically homeless and others who can’t fit into the shelter system will live alongside others, like students, seniors and artists, who are looking for affordable housing. Homes First is currently organizing a steering committee with representatives from the financial community, the legal profession, the construction industry, the marketing field and the social service sector. The timeline for completion is 2006.

But the project still has a long way to go. It needs a site, which they hope will be government donated. Its capital cost will likely run between \$20 to \$30 million. But as

Micallef says, "People always say that supportive housing is costly, but my comeback is, it's much cheaper than treating the homeless in hospital emergency rooms or housing them in prisons and shelters. We're looking for a long-term solution." Homes First did some comparative costing and estimates that permanent housing programs cost \$7,200 to \$14,400 per person, per year. That's not much when you compare it with prison cells (\$40,000 to \$108,000), shelters (\$10,800 to \$25,500) and mental health institutions (\$104,000 to \$130,000).

While plans for the project are exciting, Micallef remains grounded. "This project will provide much needed housing for this target group (but) it will not even make a

dent in the crisis," she says. It will, however, become a Canadian beacon for a new kind of supportive housing, one that mixes supportive and affordable housing, brings in private sector partners, and makes job training and placement a priority for its residents. Hopefully, like its New York sister, it will actually raise property values in the area.

"RNAO supports the incredible work of Homes First and will do all that we can to make sure this project and others are successful," says Lesmond. "Nurses play an important role in respectfully caring for the health needs of the homeless wherever they are – on the street, in shelters, or in supportive facilities. Nurses also provide a political voice for this silent population."

At *Times Square North*, nurses are expected to be part of a planned on-site multidisciplinary health team. The role of front-line community and psychiatric nurses is critical to successful treatment of residents. As Stark explains, the homeless population's long-term nutritional neglect, addictions and infrequent health access contribute to health problems, such as diabetes, addictions, HIV/AIDS and high blood pressure. The nursing role in this context is varied, interesting, and hard.

Just ask Allison McCubbin, a psychiatric nurse who works at Homes First's Savard House. The 30-bed women-only hostel caters to those with a long history of homelessness and mental illness. McCubbin's job is multi-faceted; part health-care professional, part confessor, part advocate. Residents drop by her regular weekly afternoon clinic for help with headaches, bandages for street-fight injuries, regulating mental health drugs, help with addictions, filling out medical or disability forms – and to simply chat about their life experiences to a sympathetic ear. "It's the most challenging and rewarding job all at the same time," McCubbin says. "You're treating both the body and the mind. You make a big difference for people and I wouldn't want to do anything else."

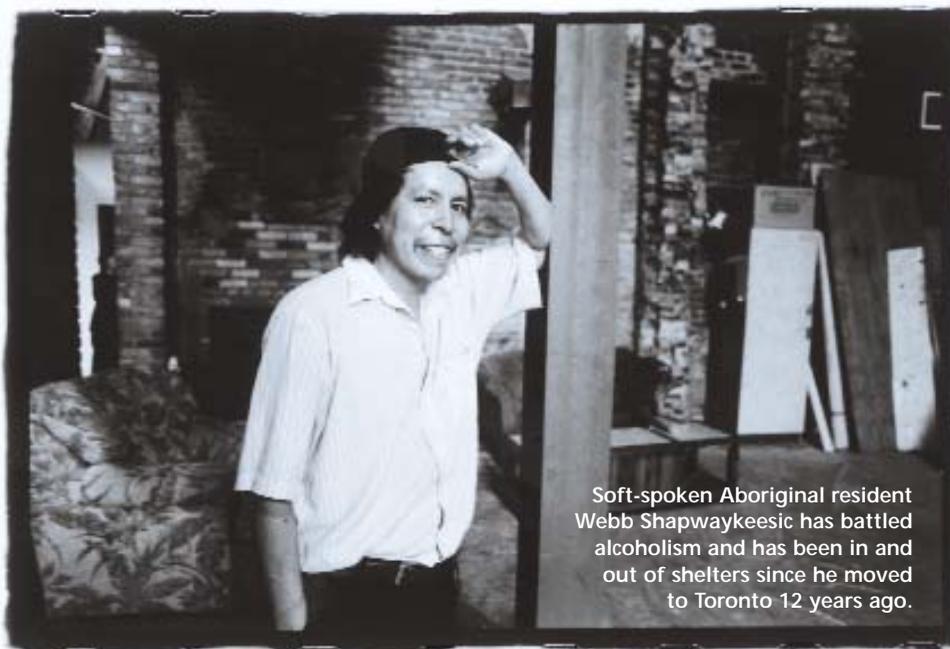
Jacky Potts is a community health nurse working as a service co-ordinator with the Toronto Community Care Access Centre, one of Ontario's 42 centres, some offering drop-in or mobile health services for the homeless. She's worked at a number of supportive housing facilities over the last 15 years. She sees two key roles for nurses within the context of *Times Square North*:

- to provide continuity in health care, build history and build trust
- to promote proactive health education about nutrition and drug rehabilitation

"I look forward to working with nurses and nursing groups to consult on how nurses can be involved with the development and success of *Times Square North*. We'd like to hear RNAO's ideas on how to best provide nursing care to this neglected population," says Stark.

RNAO will be at the next Homes First fundraiser planned for early 2005 with another cheque to help Homes First build its dream home for the forgotten and forsaken. **RN**

**"The work and friendships here keep me going."**



Soft-spoken Aboriginal resident Webb Shapwaykeesic has battled alcoholism and has been in and out of shelters since he moved to Toronto 12 years ago.

## 2004 provincial budget leaves housing advocates wanting

Housing advocates were disappointed by Ontario's 2004 budget, which offered only a small fraction of the \$1 billion they were seeking for affordable housing, rent supplements and housing rehabilitation. Presented in the legislature on May 18, the budget offered \$2 million for homelessness prevention programs, an unknown portion of \$5 million for women's emergency shel-

ters and domiciliary hostels, and \$13.4 million for affordable housing (\$425 million over five years had been promised). No new funding was announced for rent supplements (35,000 housing allowances had been promised). No new funding for supportive housing (6,600 units had been promised). And no new funding for land for affordable housing.

ANILA SUNNAK IS A FREELANCE WRITER IN TORONTO.

## TALKING POLITICS AT THE OPENING CEREMONIES

**I**n the year that has passed since SARS cancelled last year's AGM, more and more nurses have stepped forward and spoken up about the honour of being an RN and the challenges of the profession. That advocacy did not go unnoticed at the AGM opening ceremonies, especially by Minister of Health and Long-Term Care George Smitherman, NDP Leader Howard Hampton, and Conservative Deputy Leader Elizabeth Witmer.

During his presentation on April 22, Smitherman, recognized nurses' hard work with a surprise funding announcement that will see \$25 million invested in 122 small- to medium-sized hospitals in Ontario, creating 400 new full-time RN positions.

Witmer, former health minister and the recipient of an RNAO honorary membership in 2002, stepped to the podium after Smitherman and promised to stay on his heels, ensuring his government keeps health care at the top of cabinet's list for action.

For his part, Hampton discussed the release of two SARS reports, publicly thanking nurses for their hard work during the outbreaks and addressing issues such as casualization and occupational safety.

## Excellence and leadership

RNAO Recognition Awards praise hard work and initiative across the province

### AWARD OF MERIT

RNAO's award of merit is presented to RNs who have made outstanding contributions to RNAO and nursing in Ontario. Winners have demonstrated responsibility for professional development and are exemplary role models and mentors to peers.



**Bonnie Hall** is an advanced practice nurse at SCO Health Service in Ottawa. She works tirelessly for better care for all her patients. For instance, Bonnie has developed an elder-abuse awareness program for police that is being used across Canada.

She is also a great RNAO ambassador. Under her leadership as RNAO's Region 10 representative, over 300 new members were recruited in just two years.

**Lori Schindel Martin** has dedicated her career to gerontological nursing. From 1999 to 2003, she was president of the Hamilton chapter of the Gerontological Nursing Association. She was also a member of the chapter's political action committee. Lori firmly believes that advocating for positive change is an important part of nursing and patient care. Lori is a nursing professor at



McMaster University and a clinical specialist and director at the Shalom Village Nursing Home in Hamilton. In all of her roles, colleagues say Lori is a wonderful mentor for budding gerontological nurses.

### CHAPTER OF THE YEAR

The RNAO Chapter of the Year demonstrates the greatest advancement of RNAO's goals through political action, media activity, professional development, responsiveness to members' needs and responsiveness to requests by RNAO officers, regional rep-



resentatives or the provincial office for input and accountability.

For the second consecutive year, **Algoma Chapter's** dedication and enthusiasm make it a deserving winner. Chapter membership has increased by 53 per cent, and 100 per cent of the nursing leaders at Sault Area Hospital are RNAO members. In September, the chapter launched a newsletter and members continue to be active politically and in the media, attending political debates and writing letters to the editor.

### NURSING EDUCATION PROGRAM OF THE YEAR



The Nursing Education Program of the Year honours the program that best promotes RNAO within its program or the campus, participates in RNAO activities and structures, and raises RNAO's profile through political, media and public activities. The collaborative BScN program at the **Toronto City Centre site of George Brown College** is the inaugural winner of this award.

Faculty at the college incorporate RNAO into their teaching on a daily basis. Political action materials are part of the curriculum, and a fund has been set up to sponsor RNAO student memberships for students with financial need. Faculty also regularly attend RNAO workshops, and the nursing program is a member of RNAO's Centre for Professional Nursing Excellence.

### EMPLOYER OF THE YEAR

RNAO's employer of the year award is granted to an Ontario-based agency that promotes excellence in nursing practice. The organization creates professional partnerships with other disciplines inside or outside of the organization and includes RN representation on committees, commits to collaborative leadership and promotes healthy a working life for RNs.



**Hamilton Health Sciences** is the deserving recipient of the RNAO Employer of the Year Award, involving nurses in major clinical decisions around nursing practice, technology used to provide care and patient safety. RNs at Hamilton Health Sciences are involved in major patient care decisions, and there are four chiefs of nursing practice as well as a chief nursing officer at the hospital.

Hamilton RNs also benefit from on-site education from Ryerson University as well as up to \$5,000 each to pursue higher education.

**HONORARY LIFE MEMBERSHIP**

RNAO's Honorary Life Membership is awarded to long standing members who have provided distinguished service and outstanding contribution to nursing in practice, education, administration or research at the provincial, national and/or international levels.

**Linda O'Brien-Pallas** is a dedicated, internationally renowned researcher who has earned the respect and admiration of her colleagues at all levels. Her interest in the link between quality of care and client outcomes as well as nursing workload and quality of working life influences nursing policy at the provincial and national levels. She has won three Career Scientist Awards, which she used to develop the Nursing Effectiveness, Utilization and Outcomes Research Unit. Research conducted by this unit consistently influences provincial and national nursing policy, particularly recruitment and retention.

Through her involvement with RNAO, Linda has enhanced the association and its members. She served as member-at-large for nursing research, combining her significant research experience with political action for nurses and their patients.

Linda shares her expertise with current and future RNs as a nursing professor at the University of Toronto, and CHSRF/CIHR national chair for Nursing Health Human Resources.

**Judith Shamian** was appointed the first executive director of the Office of Nursing Policy at Health Canada, where she contributes to health policy and program development at the highest levels. Her cur-

rent work builds on her previous experience as vice-president of nursing at Mt. Sinai Hospital in Toronto, where she required all managers and advanced practice nurses to hold master's degrees and belong to RNAO. In this role, she also developed and led the World Health Organization Collaborating Centre. Judith will continue to contribute significantly to nursing when she assumes her new position as president and chief executive officer of the Victorian Order of Nurses, Canada, in June.

Judith was president of RNAO in 1998 and 1999, giving the association a voice in provincial nursing discussions. She advocated for better work environments for RNs as well as baccalaureate entry into practice. Her work has earned her numerous honours, including the Distinguished Nurse Award from the Canadian Nurses' Foundation.



**THE HUB GROUP (ONTARIO) INC. FELLOWSHIP**

The HUB Fellowship is valued at approximately \$2,000 and provides an RNAO member with the opportunity to job shadow executive director Doris Grinspun for one week. The successful candidate demonstrates leadership potential and commitment to the nursing profession.

**Laurie Clune** is the president of RNAO's Durham-Northumberland chapter, where her strong leadership abilities shine. During the last provincial election, she issued report cards rating candidates' responsiveness to nursing and health issues and attended all candidates meetings.

Laurie is an assistant professor of nursing at Ryerson University, where her students say she is always challenging them to look at problems in new ways.

She is also continuing her own professional development as a full-time doctoral student at the University of Toronto, where her research focuses on nurses with disabilities. She hopes to use what she learns during this fellowship to help give a voice to disabled nurses.



**INTEREST GROUP OF THE YEAR**

RNAO's Interest group of the Year award is presented to the interest group that demonstrates membership growth, political and media activity, workshop development and provides educational days or conferences.

**The Community Health Nurses Initiatives**

**BOARD OF DIRECTORS 2004**



Joan Lesmond  
President



Adeline R. Falk-Rafael  
Immediate Past President



Laura Gusba  
Region 1



Heather Whittle  
Region 2



Kim Alvarado  
Region 3



Patricia Stiles  
Region 4



Gabrielle Coe  
Region 5

BOARD OF DIRECTORS  
2004



Gurjit Sangha  
Region 6



Victoria Pennick  
Region 7



Marianne Cochrane  
Region 8



Eleanor Plain  
Region 9



Carmen Rodrigue  
Region 10



Susan Pilatzke  
Region 12

Region 11 - Vacant



**Group** (CHNIG) has been extremely active on all fronts this past year. Members of CHNIG actively promote healthy living, lobby politicians for early education programs for children, and support RNAO initiatives such as the call for a public inquiry into SARS.

Membership is on the rise at CHNIG, with a membership officer who actively recruits new members. Members are informed of CHNIG activities through a newsletter and the CHNIG Web site.

LEADERSHIP AWARD IN NURSING  
EDUCATION, ACADEMIC

RNAO's award for Leadership in Nursing Education, Academic, is presented to the RN who shows excellence as a nursing educator in a college or university setting. The recipient enhances the image of nursing by encouraging critical thinking, innovation and debate about nursing issues, and acts as a role model and mentor.

**Kathleen Carmichael** is a professor in the collaborative BScN program at Canadore College and Nipissing University in North Bay. She shares her passion for nursing with students through engaging debates, diverse guest speakers and assignments that explore students' perceptions of nursing and encourage critical thinking.

Students say Kathleen is a supportive mentor and has inspired many of them to go on to post-graduate studies.



LEADERSHIP AWARD IN NURSING  
EDUCATION, STAFF DEVELOPMENT

The Leadership Award in Nursing Education, Staff Development, is presented to the RN who practices excellence as a nursing educator in a health-care organization and enhances the image of nursing by encouraging critical thinking, innovation and debate. The winner also acts as a role model and mentor.



**Riek van den Berg** incorporates adult learning values into her daily work as corporate coordinator of nursing education at The Ottawa Hospital. She developed programs for critical

care educators when the hospital was created through a merger, and she also developed workshops such as critically appraising research and critical care. Riek also teaches at the University of Ottawa, where colleagues say she always encourages critical thinking among her students.

Riek has also held many RNAO positions at both the regional and provincial level, and she can always be counted on to pitch in whenever she is needed.

LEADERSHIP AWARD IN  
NURSING ADMINISTRATION

RNAO's Leadership Award in Nursing Administration is presented to the RN who is an exemplary nursing manager in an acute or long-term care setting, or in a community, education, research or other setting. The recipient implements innovative ideas to enhance patient care, and is committed to improving health care.

**Wendy McKnight Nicklin** is the vice-president, allied health, clinical programs and patient safety, at The Ottawa Hospital. In her position, she oversaw the design and implementation of a nursing and safe patient care model. She also supports the ongoing education of staff nurses, encourages nurses to mentor each other, and gives managers the tools to make sound decisions for patient care.

Additionally, Wendy has worked with the University of Ottawa to develop a master's in nursing program, and a PhD program which is to begin in 2005. Most recently, CJOH-TV in Ottawa named Wendy one of Ottawa's model women.



LEADERSHIP AWARD IN  
NURSING RESEARCH

The RNAO Leadership Award in Nursing Research is presented to the RN who actively explores progressive ideas in nursing research, enhances the image of nursing, and has the proven ability to attract research funding.

The winner also actively participates in activities of professional organizations, becoming a mentor in nursing research.

**Jennifer Skelly's** enthusiasm for research inspires everyone she works with. Her areas of research include clinical assessment, continence care, geriatric psychiatry and geriatric rehabilitation and quality of life. Jennifer is consistently awarded funding to conduct her research, and recently received a grant to evaluate the dissemination and



use of best-practice guidelines.

Jennifer is an associate professor at McMaster University, and former students call her an inspirational role model.

### LEADERSHIP AWARD IN POLITICAL ACTION

The RNAO Leadership Award in Political Action is presented to an individual who initiates and participates in political action that benefits the health of individuals, groups or populations of clients, or profiles or positively positions the nursing profession. Activities include visits to MPs or MPPs and participation in media activity. The winner also supports political activity of RNAO and encourages colleagues to become politically active.



**Kimberley Cearns** invigorates the Durham-Northumberland chapter's political activities. Her letter writing campaigns keep MPs, MPPs, the Premier and even the Prime Minister's Office aware of nursing issues. She also regularly visits MPPs offices in the chapter, and is on a first name basis with the staff there. During the 2003 provincial election campaign, she attended all candidates meetings to raise nursing questions, and contacted each candidate in every riding of her chapter to inform them of important nursing issues.

Kimberley also organizes the annual MPP breakfast for politicians to meet with local nurses. The event has become so popular; MPPs frequently call to ask when the next breakfast is being held.

### THE MARSH SCHOLARSHIP

The Marsh Scholarship is provided to an RN to enable him or her to present his or her research at the 15th International Nursing Research Congress, sponsored by Sigma Theta Tau, in Dublin, Ireland.

**Catherine Ward-Griffin** is an associate professor of nursing at the University of Western Ontario. As a recipient of the Marsh Scholarship, she will be presenting two papers at the 15th International Nursing Research Congress.

Catherine's research interests include double-duty caregiving and community-based health services. She is a highly able researcher, balancing her teaching responsibilities with outstanding research. She has published extensively and presented her work at numerous conferences.



Catherine is also dedi-

cated to her professional associations. She is the political action officer for the Brant-Haldimand-Norfolk chapter of RNAO and a member of the Community Health Nurses Initiatives Group.

### PRESIDENT'S AWARD FOR LEADERSHIP IN CLINICAL NURSING PRACTICE

The RNAO President's Award for Leadership in Clinical Nursing Practice is granted to a staff nurse who demonstrates expertise and evidence-based practice. The winner receives a \$2,000 scholarship or \$2,000 towards attendance at the next Canadian Nurses Association or International Council of Nurses Conference.

**Christine Griffith-Service** is the wound and ostomy resource nurse at Saint Elizabeth Health Care. Christine is a compassionate leader, providing superior care for her clients.

She uses innovative treatments to enhance clients' quality of life, and colleagues say she is a tireless advocate for the needs of her patients.

Christine has been president and past-president of Peel Chapter, member of the bylaws committee and workplace liaison representative. She is also a member of Community Health Nurses Initiatives Group and Pediatric Nurses Interest Group.



### STUDENT OF DISTINCTION



RNAO's Student of Distinction Award recognizes a basic nursing student who has made a significant contribution to the advancement of the nursing profession, RNAO and the Nursing Students of Ontario (NSO) within his/her nursing program. The student acts as a resource for other nursing students and is a role model for professionalism.

**Jeri Dunne** is a fourth-year nursing student at Queen's University who actively promotes RNAO. She is the RNAO representative on her class council and has advocated for affordable housing at an RNAO Kingston Chapter dinner. She is also a member of the NSO and attended its student summit last October.

Jeri is dedicated to social and political issues. She is the social issues coordinator of the Queen's Nursing Science Society, and her peers say she never misses a chance to raise women's and human rights issues at council meetings.

### BOARD OF DIRECTORS 2004



Mary Ferguson-Paré  
Nursing Administration



Judy Britnell  
Nursing Education



Sylvia Rodgers  
Nursing Practice



Elisabeth Jensen  
Nursing Research



Monica Purdy  
Socio-Political Affairs



Connie Kuc  
Interest Group Representative

# 2004 Award for Excellence in Health-Care Reporting

During the President's Banquet on April 23, RNAO presented seven exceptional journalists with Awards for Excellence in Health-Care Reporting. The competition, now in its sixth successful year, recognizes the importance of the journalist's voice in revealing to the public the role of registered nurses and their contribution to the health and well-being of individuals and communities across Ontario.



**AND THE WINNERS ARE:**  
**Sally Armstrong**, Editor-at-Large, *Chatelaine*, for her in-depth feature entitled "Critical Care," a compelling story that exposes the heroic role of nurses during the SARS crisis.  
 CATEGORY: Magazine, Best Story

**Mike Bryan**, Producer, *CBC Thunder Bay*, for his submission entitled "Chew Tobacco," which tells the story of two teen boys addicted to chewing tobacco, and the public health nurse who works to educate them.  
 CATEGORY: Radio, Best Local or Regional Broadcast

account of the developing crisis.  
 CATEGORY: Daily Newspaper, Best Feature

**Kevin Donovan**, Senior Investigative Reporter, *Toronto Star*, for his submission entitled "How world let virus spread," which was identified by the World Health Organization (WHO) as the first accurate



## Resolutions

RNAO encourages chapters, regions without chapters, interest groups and individual members to submit resolutions for ratification at each annual general meeting. Resolutions are part of the democratic process, giving all members the right to propose a course of action for the organization. In the interest of democracy, the provincial resolutions committee does not endorse or censor resolutions. All resolutions that have met the required format are distributed to our members to consider in advance of the AGM.

The deadline to submit resolutions for consideration at the 2005 AGM is Monday, January 10, 2005 at 5 p.m.

### RESOLUTION # 1

SUBMITTED BY HELEN NIGHTINGALE, RNAO REGION 6 MEMBER  
 THEREFORE BE IT RESOLVED that RNAO lobby the Ontario Government to cease funding the PPF's sex education and reproductive health programs which are generating individual, family, and societal health degeneration at an alarming rate.  
*Status: Died (was not moved or seconded)*

### RESOLUTION # 2

SUBMITTED BY MARGARET GARBER ON BEHALF OF RNAO MIDDLESEX-ELGIN CHAPTER  
 THEREFORE BE IT RESOLVED that the Registered Nurses Association of Ontario will explore the creation of an Honour Guard of Registered Nurses to attend the funerals of those registered nurses who have died as a result of carrying out their nursing responsibilities, and  
 BE IT FURTHER RESOLVED that the families of said registered nurses be presented with plaques that will recognize and honour individuals and their work in nursing.  
*Status: Carried*

### RESOLUTION # 3

SUBMITTED BY THE NURSE PRACTITIONERS ASSOCIATION OF ONTARIO  
 THEREFORE BE IT RESOLVED that RNAO revise Section 6 and other relevant sections of the by-laws and policies of the association to change all references from "an interest group of RNAO" to "specialty group of RNAO."  
*Status: Referred to RNAO Board of Directors*

### RESOLUTION # 4

SUBMITTED BY THE OPERATING ROOM NURSES ASSOCIATION OF ONTARIO – REGISTERED NURSE FIRST ASSISTANT INTEREST GROUP  
 THEREFORE BE IT RESOLVED that RNAO lobby the Ministry of Health and Long-Term Care and the Ontario Hospital Association to promote and support the role of the registered nurse first assistant.  
*Status: Carried*

### RESOLUTION # 5

SUBMITTED BY THE NURSING STUDENTS OF ONTARIO AND THE PROVINCIAL NURSE EDUCATORS INTEREST GROUP  
 THEREFORE BE IT RESOLVED that RNAO strike a committee to investigate nursing student abuse and develop an action plan to address this issue.  
*Status: Carried*

### RESOLUTION # 6

SUBMITTED BY PAT PATTERSON, MEMBER, RNAO MIDDLESEX-ELGIN CHAPTER, IN COLLABORATION WITH FANSHAWE COLLEGE NURSING FACULTY  
 THEREFORE BE IT RESOLVED that RNAO acknowledge and honour diploma registered nurse programs as they pass into history in Ontario.  
*Status: Carried*

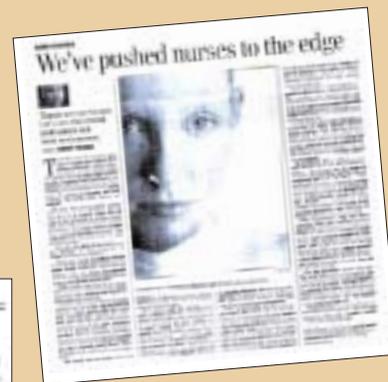


**Lynn Rees Lambert**, Columnist and General News Reporter/Photographer, *Kingston This Week*, for her submission entitled "VON giving up at-home nursing," which notified the community that the VON, Eastern Branch, would no longer provide at-home nursing services in Kingston and Frontenac County.  
 CATEGORY: Community Newspaper, Best News Story

**Carol Anne Meehan**, Senior Anchor and Producer, *CJOH News*, for her submission which chronicles the real-life experiences of her colleague and friend – Max Keeping – who was diagnosed with prostate cancer in 2003.  
 CATEGORY: Television, Best Local or Regional Broadcast

**Susan O'Neill**, Reporter, *Toronto Community News (The Scarborough Mirror)*, for her submission entitled "Coping with Alzheimer's," an intimate look at the struggles of individuals and their families as they deal with

Alzheimer's disease.  
 CATEGORY: Community Newspaper, Best Feature



**André Picard**, Public Health Reporter, *The Globe and Mail*, for his submission, "We've pushed nurses to the edge," and its exploration of the mismanagement of health-care human resources.  
 CATEGORY: Daily Newspaper, Best News Story



**RESOLUTION # 1 UNDER NEW BUSINESS**

SUBMITTED BY RNAO COMPLEMENTARY THERAPIES NURSES' INTEREST GROUP

THEREFORE BE IT RESOLVED that the Complementary Therapies Nurses' Interest Group of the RNAO recommends that RNAO lobby colleges and universities to include content on Complementary Therapies as part of the core curriculum of all nursing baccalaureate programs.

*Status: Defeated*

**RESOLUTION # 2 UNDER NEW BUSINESS**

SUBMITTED BY JUDITH MURRAY, RNAO REGION 6 MEMBER

THEREFORE BE IT RESOLVED that RNAO continue to collaborate with the Toronto Disaster Relief Committee and the Housing and Homeless Network in Ontario to lobby all levels of government to: 1) Increase the per diem rates to municipalities for homeless shelters to cover the actual cost of operating shelter beds and services, 2) increase funding for affordable housing, implementing an interim plan to shelter the increasing numbers of homeless until the promised housing is available, and 3) adopt the recommendation of the coroner's jury at the Kimberley Rogers inquest to increase social assistance to realistic levels

*Status: Carried*

**RESOLUTION # 3 UNDER NEW BUSINESS**

SUBMITTED BY CAROLYN DAVIES, RNAO ESSEX CHAPTER MEMBER

THEREFORE BE IT RESOLVED that the RNAO request the CNA to condemn the B.C., Alberta, Quebec and Ontario governments in the strongest possible terms for facilitating the destruction of our publicly-owned and operated health-care system and fight to preserve our health-care system by any means necessary, and BE IT FURTHER RESOLVED that the RNAO request CNA to

commit in the pending federal and provincial elections, and on-going campaigns, to educate and mobilize nurses to act to ensure the preservation of publicly-funded and publicly-delivered health-care services to all Canadians.

*Status: Referred to the RNAO Board of Directors*

**RESOLUTION # 4 UNDER NEW BUSINESS**

SUBMITTED BY JUDITH MURRAY, RNAO REGION 6 MEMBER

THEREFORE BE IT RESOLVED that RNAO collaborate with nursing and health organizations such as the Canadian Nurses Association (CNA), the International Council of Nurses (ICN), Canadian Public Health Association (CPHA), and the International Council of AIDS Service Organizations (ICASO) to establish twinning agreements with nursing organizations in resource limited countries to share expertise, research, resources and provide collegial support.

*Status: Carried*

**RESOLUTION SUBMITTED BY RNAO BOARD OF DIRECTORS**

THEREFORE BE IT RESOLVED that the Board of Directors investigate and, if appropriate, approve a suitable purchase option not exceeding \$4.9 million (including renovation costs) and invest \$1.9 million from the Heritage Fund, \$1.5 million from the General Fund and \$1.5 million from the LAP Fund, for purposes of purchasing real estate for RNAO Home Office.

BE IT FURTHER RESOLVED that the LAP Fund, as an investor, be credited for its proportionate share of any future capital gains upon sale of such property.

BE IT FURTHER RESOLVED that in the event a suitable purchase cannot be negotiated, the Board of Directors approve a suitable lease option for RNAO Home Office to be financed out of the General Fund.

*Status: Carried*

# PRIDE, PASSION, PARTNERSHIP



Clockwise from above left: RNAO executive director Doris Grinspun accompanies Premier Dalton McGuinty to the podium for his keynote address. Street nurse, Cathy Crowe, speaks to students at the student luncheon. RNAO incoming president Joan Lesmond (right), chats with (from right) CNA president-elect Deborah Tamlyn, RNAO member, Lesley Young Lewis, and Trent/Flemming nursing student, Melissa Graydeen, at the opening ceremonies. Journalists (from left) Lisa Queen (York Region Newspaper Group), Galit Hasson (New VR) and Theresa Boyle (Toronto Star), join outgoing president Adeline Falk-Rafael (centre) and Middlesex Elgin president Laurie McKellar (right) for a panel discussion entitled *Building strong relationships with reporters*. RNAO members open the 2004 AGM with a reenactment of the 1904 inaugural meeting of the Graduate Nurses Association of Ontario (GNAO), the forerunner of RNAO. Former Saskatchewan Premier Roy Romanow steps to the podium for a keynote address, and to accept an RNAO honorary membership.



Counterclockwise from left: RNAO incoming president Joan Lesmond (right), executive director Doris Grinspun (second from left) and Region 10 member, Beatrice Osome (left) present Stephen Lewis, Special U.N. Envoy to Africa on HIV/AIDS, with a gift following his closing keynote address. Adeline Falk-Rafael (right) presents Judith Shamian, President and CEO for VON Canada, with an RNAO honorary life membership at the opening ceremonies. James Young, Ontario Commissioner of Public Safety, and Doris Grinspun pose with RN Pat Patterson (centre), dressed in a vintage nursing uniform. Minister of Health and Long-Term Care George Smitherman shares an announcement from the Liberal government at the opening ceremonies. RNAO presidents (past and present) including (from right) Adeline Falk-Rafael, Judith Shamian, Sue Williams, Joan Lesmond and Shirlee Sharkey recognize executive director Doris Grinspun for her investiture into the Order of Ontario. NDP leader Howard Hampton speaks to nurses at the opening ceremonies. RNAO past presidents Sue Williams (left) and Shirlee Sharkey chat with PC Deputy Leader Elizabeth Witmer and Staff Nurse Interest Group (SNIG) president Paula Manuel at the opening ceremonies.





# A career in geriatric nursing

## *Advocating for the quality care of our elderly*

**I**n choosing geriatric nursing as a career direction, I often hear people ask “why waste a degree?” or “why don’t you do something more exciting or challenging?”

This negative attitude of many nursing students toward geriatric care affects the morale of those choosing to work with the elderly. The implication of this negativity on the nursing profession is astounding.

Traditionally, families and society bestowed great respect, power and honour on the elderly. Unfortunately, these attitudes and perspectives have changed. Several false impressions exist around aging and the elderly, including the notion that they are senile, inefficient, inflexible and dependent. Nursing students, in particular, maintain this negative view of aging people and decreased entry into geriatric nursing is a reflection of these beliefs.

A 1999 study out of the University of Melbourne, Australia, found that although 25.8 per cent of available nursing employment in the late 90s was in geriatric nursing, only two per cent of students indicated it would be their first preference for employment upon graduation. In 2001, 793 nursing students were surveyed to determine their most desired career options and the reasons for their ranking. Geriatric nursing was the least preferred option for 247 nursing students, and 59.5 per cent of the study sample placed care of the elderly within their last three preferences.

Among the reasons students provided for this ranking:

- they found the work to be “unchallenging, custodial and unrewarding”
- they were fearful and uncomfortable with elderly and dying persons
- they had negative views of the elderly
- deficiency of skills to nurse in geriatrics
- negative previous experiences
- less diversity of care with preference for more specialized and technologically driven areas of nursing

Although studies have shown that the geriatric nurse requires exceptional assessment skills and is presented with many work stressors that render geriatrics equally as challenging as acute care, negative perceptions are evident when you consider the number of RNs working in geriatrics in Canada. In 2002, there were 230,957 practising RNs in Canada, totalling approximately one RN per 136 persons. Of these, 10.6 per cent were employed in nursing homes.

Now, more than ever, recruitment issues regarding geriatric nursing must be addressed. The average age of registered nurses in 2002 was 44.2. Nursing students are integral to meeting the health-care needs of the elderly as that demographic steadily grows and veteran

nurses continue to retire. Many authors predict that between 2000 and 2030, those who are 65 and older will comprise 20 per cent of the population.

Related issues such as the amount of gerontological content in nursing programs, and the quality and quantity of clinical and summer employment experiences in geriatric settings, further complicate recruitment to geriatric nursing.

Although most basic nursing programs have minimal gerontological nursing content, very few programs require a course in gerontology. A 2001 study conducted by Australian researchers showed that 25 per cent of students who preferred not to work with the aging population had this preference due to previous part-time employment in untrained support positions in facilities such as nursing homes. These findings suggest that when used as means to learn or practice “basic” nursing care such as bathing and feeding, these experiences cause nursing students to perceive geriatric nursing as a substandard career choice. One may perhaps conclude from this that clinical experience in geriatric settings in final stages of the nursing programs would be more beneficial to eliminate negative perceptions.

As a new graduate entering geriatric nursing, I feel very strong-

**“The geriatric nurse requires exceptional assessment skills and is presented with many work stressors that render geriatrics equally as challenging as acute care.”**

ly that the misconceptions and attitudes directed toward my choice for specialization are frustrating and disheartening. It is exciting to work in an environment where I am able to learn, grow and maintain meaningful relationships with residents and their families. It offers continuing challenge, tremendous reward and endless opportunities to practice nursing using clinical and critical thinking, problem-solving and increasingly technical skills.

By exploring the significance of these issues, I advocate for the needs of our elderly who deserve nothing less than skilled, quality care from registered nurses. Canadian research and literature in this area is small in scope, and must be expanded to develop a greater understanding of the causes of, and solutions to, low nurse recruitment in geriatrics. **RN**

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JENNIFER HAMMERS, RN, BScN, IS A RECENT GRADUATE OF MCMASTER UNIVERSITY. SHE WAS FORMERLY COMMUNICATIONS EXECUTIVE NETWORK OFFICER FOR THE NURSING STUDENTS OF ONTARIO (NSO) AND CURRENTLY WORKS AT IDLEWYLD MANOR IN HAMILTON, ONTARIO.

# RN offers care to fans in the stands

## Why Nursing?

Nursing is in Teresa Molloy's genes. Her mother, a retired RN, always told Molloy she should be a nurse too. In the mid-70s, Molloy tested her mother's theory and enrolled in the Toronto Regional School for Nursing Assistants. After graduating in 1978, she worked at St. Michael's Hospital. It wasn't long before she felt she needed to advance professionally, and nursing was the perfect choice.

In 1987, Molloy graduated from the nursing program at Humber College and began working in the emergency room at St. Joseph's Health Centre in Toronto. There, she completed her Advanced Cardiac Life Support (ACLS) training, a requirement for ER nurses.

More than 15 years later, Molloy still enjoys front-line nursing, working part-time in the post anesthetic care unit at St. Joseph's. In the summer she makes use of her ACLS training at the ball park.

## Responsibilities:

Molloy is now in her 14th season as a nurse at SkyDome. She learned about the job in 1990 through a colleague. Although she didn't know much about baseball, she couldn't resist applying for the job.



**Name:** Teresa Molloy  
**Occupation:** Registered nurse with the Toronto Blue Jays Baseball Club  
**Home Town:** Toronto, Ontario

"I had never even thought there would be nurses at a baseball stadium," she says.

Molloy works in one of two first-aid rooms at SkyDome, providing patients with health care such as cardiac monitoring or intravenous therapy. She works 15 to 18 games a season during evenings and weekends, which allows her to balance the position with her role at St. Joseph's.

"There's a lot of health teaching involved," Molloy says. She sees a variety of patients, including those in cardiac arrest. These patients are often brought to the room by ambulance crews who are on-site for each game. They begin CPR, the doctor and RN then provide treatment comparable to what a patient would receive in a hospital.

Fortunately, not everyone Molloy sees needs emergency care. Besides scratches and the occasional bump on the head from a foul ball, Molloy says the most common problem she treats is sun stroke.

## Challenges:

Occasionally, the patients Molloy treats have travelled long distances to the game.

"You need a lot of understanding," she says. "The minor things are okay, but if somebody really isn't looking like they're very well, it can be quite distressing for the people with them."

Tending to patients who are vacationing in Toronto is difficult because they may not know how to seek follow-up treatment. Suggestions for follow-up care are gently offered to patients and their families before discharging them to a hospital or a hotel room.

## Memories of a job well done:

Molloy says one of the best things about nursing at SkyDome is the social atmosphere. By casually discussing minor problems with patients, Molloy says she sometimes discovers more serious concerns the patient hadn't thought were worth a trip to the doctor or hospital.

"Just making a difference is a nice part of nursing," she says.

Molloy also helped save the life of a teenager who suffered cardiac arrest while watching a game. She says it was gratifying to know the teen was able to receive life-saving care within minutes; the first-aid room is equipped with everything doctors and nurses needed to treat the patient on-site.

## Future plans:

Molloy continues to work part-time at St. Joseph's with hopes of trying her hand in discharge planning. She will also continue working for the Jays. Each January, she gets excited about the new season, which begins in April.

With this year's baseball season upon us, Molloy shares her stories of caring for Jays fans with fellow RNs, who almost always ask one question when she tells them about her job: "How do I get in?" RN

JILL SHAW IS EDITORIAL ASSISTANT FOR RNAO.

# Building Nursing Leadership

## *University of Ottawa's new doctoral program*

Nursing PhD programs are a relatively new phenomenon in Canada, most of them having emerged only within the last 10 years. Prior to the early-90s, nurses who wanted to pursue PhDs got them in related scientific disciplines like epidemiology, medical science, or clinical sciences, or went to the U.S. to obtain a nursing doctorate.

Fortunately, that practice has waned with the creation of 12 doctoral programs in nursing across Canada, three of them in Ontario (McMaster University, University of Toronto and University of Western Ontario).

Beginning in September 2004, nurses will have another option for pursuing a graduate degree in their field when the University of Ottawa offers its new full-time PhD degree in nursing.

Wendy Gifford, currently completing her MScN at the University of Ottawa has applied for the new program. "I'm already attending the University of Ottawa, and have really enjoyed working with some high calibre researchers and career scientists here," she says. "The (new) program is convenient but I also find the academic environment truly enriching. I'm pursuing the degree because I'd like to stay involved in research and eventually teach at the university level."

Armed with greater expertise and credentials, PhD educated nurses are better equipped to help redefine an increasingly underfunded and understaffed health-care system. RNAO applauds this new program, encouraged that it addresses an RNAO resolution passed at the 2002 annual general meeting that called on the provincial Ministry of Training, Colleges and Universities to increase funding to universities to expand doctoral programs in nursing.

"PhD programs within the nursing field are important in building the knowledge base and research skills to improve quality of care and to advance the profession," says RNAO member Wendy Nicklin, vice president nursing, allied health, clinical pro-

grams and patient safety at The Ottawa Hospital.

Jean Dunning, University of Ottawa's assistant director for the School of Nursing graduate program, agrees. "Nurses are the largest group of professionals providing care in both acute and community settings. Care in both areas is becoming increasingly complex, requiring nursing education to produce nurses who can make informed decisions, initiate and collaborate on new areas of scientific inquiry and take the leadership roles that are so needed in today's health-care system."

The new four-year, full-time program was developed partly in response to local demand. "We had many nurses in this region who wanted to pursue graduate-level training, and did not want to relocate their families," explains Dunning. The university is also committed to creating the necessary faculty to educate the next generation of nurses. "With a nursing baccalaureate as the point of entry into the profession now, university nursing departments will require greater numbers of PhD-qualified teaching staff," she added.

The new program focuses on two main areas: analyzing and improving decision-making in health care, whether it be decisions by patients about health-care options, decisions by health-care professionals about patient care, or the analysis of systemic decisions in health care; and the study of "multiple interventions," which will focus on improving health-care policies that create healthier environmental, social and economic conditions.

Students admitted to the program will take four core courses: Theoretical and Philosophical Perspectives in Nursing; Qualitative or Quantitative Analysis Techniques; Research Methods and Design

Problems in Nursing; and Decision-Making in Nursing or Evaluating Complex Nursing Interventions. They will also participate in doctoral seminars on various topics.

The new program will start out slowly, accepting four to six full-time students this year and in 2005. "We will gradually admit greater numbers of students each year as the program becomes established," explains Dunning.

Applicants must have completed an undergraduate degree in nursing with at least an overall B average and a master's degree in nursing or a related discipline with an overall B+ average. For information, contact: Jean Dunning, 613-562-5800 ext. 8422. or visit the Web site at [www.health.uottawa.ca](http://www.health.uottawa.ca). RN



ANILA SUNNAK IS A FREELANCE WRITER IN TORONTO



## Policy at Work

### RNAO releases policy statements on excellence in clinical practice and case management

Two new policy statements, *Excellence in Clinical Nursing Practice* and *The Value of Registered Nurses as Case Managers*, have been approved by the board of directors, and are available on RNAO's Web site.

*Excellence in Clinical Nursing Practice* details RNAO's position that excellence must be the vision and goal of every registered nurse, and the collective responsibility of employers, nursing associations, governments, educational institutions, and nurses. Released in May, the statement outlines attributes required of the RN, the practice setting, the organization, and the health-care system to support clinical excellence.

*The Value of Registered Nurses as Case Managers*, released in March, clarifies the role of case manager and its evolution since the turn of the century. Case managers in today's health-care environment are faced with the challenge of balancing their work as advocates for patients against their work as steward of organizational resources.

RNAO believes RNs possess a unique set of qualifications that make them ideal case managers. This statement highlights the invaluable skills nurses bring to case management, and illustrates the value of those skills as the needs of those receiving care become increasingly complex.

For complete versions of these statements, visit [www.rnao.org](http://www.rnao.org) and click on nursing/health policy.

### Lawn esthetics take a back seat to public health

Last May, three years after RNAO began its careful work with the *Partnership for Pesticides Bylaws* (a group of 14 community organizations concerned about the health implications of pesticide use), Toronto City Council approved a ban on

the non-essential use of pesticides. The culmination of years of strong lobbying by health professionals and community organizations against a well-funded pesticide lobby, the ban officially came into effect in April of this year.

Although last May's announcement was a significant step forward in controlling pesticide use, one year later there are still some issues with the implementation of the ban/bylaw. In February, RNAO's policy and research department delivered a submission to the Board of Health regarding the new pesticide bylaw, the association's reaction to City of Toronto reports concerning its implementation, and RNAO's position that government should approve a funding request, estimated at \$225,000, for implementation.

On May 19, city councilors in Toronto passed recommendations to ban spraying for weeds on lawns, in cemeteries and on general park turf. Pesticide companies will be fined for non-compliance beginning in Sept. 2005 but homeowners will not face fines for pesticide use until 2007. Although this compromise is not one RNAO supports, the association still views the May vote as a victory for public health and the environment.

RNAO is urging all nurses, other health-care professionals, and the public at large to keep up pressure on city councilors, and to build on the momentum generated by RNAO and the *Partnership for Pesticides Bylaws*.

In keeping with a unanimous motion at RNAO's 2000 AGM to "promote municipal bans on the cosmetic use of pesticides in Ontario," it is vital that members remain vocal about the impact of pesticide use on public health, and the importance of such a ban on ensuring a precedent for other large cities in Canada.

For more information, contact Kim Jarvi at [kjarvi@rnao.org](mailto:kjarvi@rnao.org).

### RNAO submits five resolutions to CNA

In April, RNAO submitted five resolutions to the Canadian Nurses Association (CNA) for consideration at its 2004 AGM. The first addresses health human resources, and urges CNA to follow RNAO's lead and implement a policy that prohibits the acceptance of advertising in its flagship publication, *Canadian Nurse*, to recruit Canadian RNs to work in foreign countries.

The remaining four resolutions call on CNA to lobby the federal government on several health policy fronts. RNAO is calling on CNA to:

- ensure Canada's proposed Pan Canadian Public Health Agency has a broad mandate to establish a strong response in the event of a public health emergency without compromising attention to determinants of health, such as poverty and homelessness, as equal threats to the public health of Canadians
- address the shortage of PhD prepared nursing faculty at universities across the country by calling for increased funding for fellowships and loans to enable qualified nursing candidates to access doctoral education
- take a leadership role in ensuring governments place the right to health and health care at the core of any trade agreements, and to ensure those agreements be used to strengthen publicly funded and controlled health services
- lobby the Prime Minister, Minister of Health and other federal politicians to put an end to for-profit delivery of health care in Canada, ban P3s, and enforce the Canada Health Act to ensure health services in all provinces and territories be delivered on a publicly funded and not-for-profit basis.

For more information, contact Audrey Danaher at [adanaher@rnao.org](mailto:adanaher@rnao.org).

# Calendar

Date	Event	Details
August 8-13	<b>Nursing Politics and Policy Summer Institute</b>	Nottawasaga Inn Convention Centre & Golf Resort Alliston
September 20	<b>Computer Basics for Nurses</b> Regional Workshop	Toronto
September 22-23	<b>3rd Annual International Elder Care Conference</b>	Westin Prince Hotel, Toronto
September 30	<b>Postpartum Depression: Recognizing the Signs, Community Support and Resolution</b> Regional Workshop	Metro Hall, Toronto
September 30, October 1, 4, 5 & 6	<b>How to Design Effective Training Programs</b> RNAO/OHA Joint Program	RNAO Head Office, Toronto
October 7	<b>RNAO Recruitment and Retention Fair</b>	Ottawa Congress Centre
October 19	<b>Ethics for Nurses</b> Regional Workshop	Location TBA
October 22	<b>Rehab Nursing: Facing Life Fearlessly</b> Ontario Association of Rehabilitation Nursing, 2004 conference	Westin Prince Hotel, Toronto
October 27-28	<b>2nd International Nurse Educator Conference</b>	Hilton Suites, Toronto
November 1	<b>RNAO Recruitment and Retention Fair</b>	Toronto Board of Trade
November 12-13	<b>National Nurse Practitioner Conference</b>	Marriott Eaton Centre, Toronto
November 17-18	<b>4th Annual International Healthy Workplaces in Action Conference</b>	Hilton Suites, Markham
November 25	<b>Working Effectively in Organizations</b> Regional Workshop	Metro Hall, Toronto

Unless otherwise noted, please contact Vanessa Mooney at the RNAO Centre for Professional Nursing Excellence at [vmooney@rnao.org](mailto:vmooney@rnao.org) or 416-599-1925/ 1-800-268-7199, ext. 227 for further information.

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

RNAO's Frequently Asked Questions line **1-866-464-4405**

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e-mail Meagan Wright and Iris McCormack at **educationfunding@rnao.org.**



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Fax: (416) 324-4181  
e-mail: [ftomlin@sherbourne.on.ca](mailto:ftomlin@sherbourne.on.ca)

For more information, visit our web site:  
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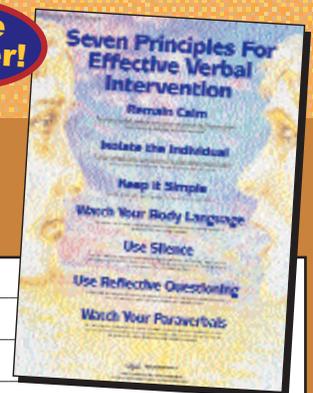
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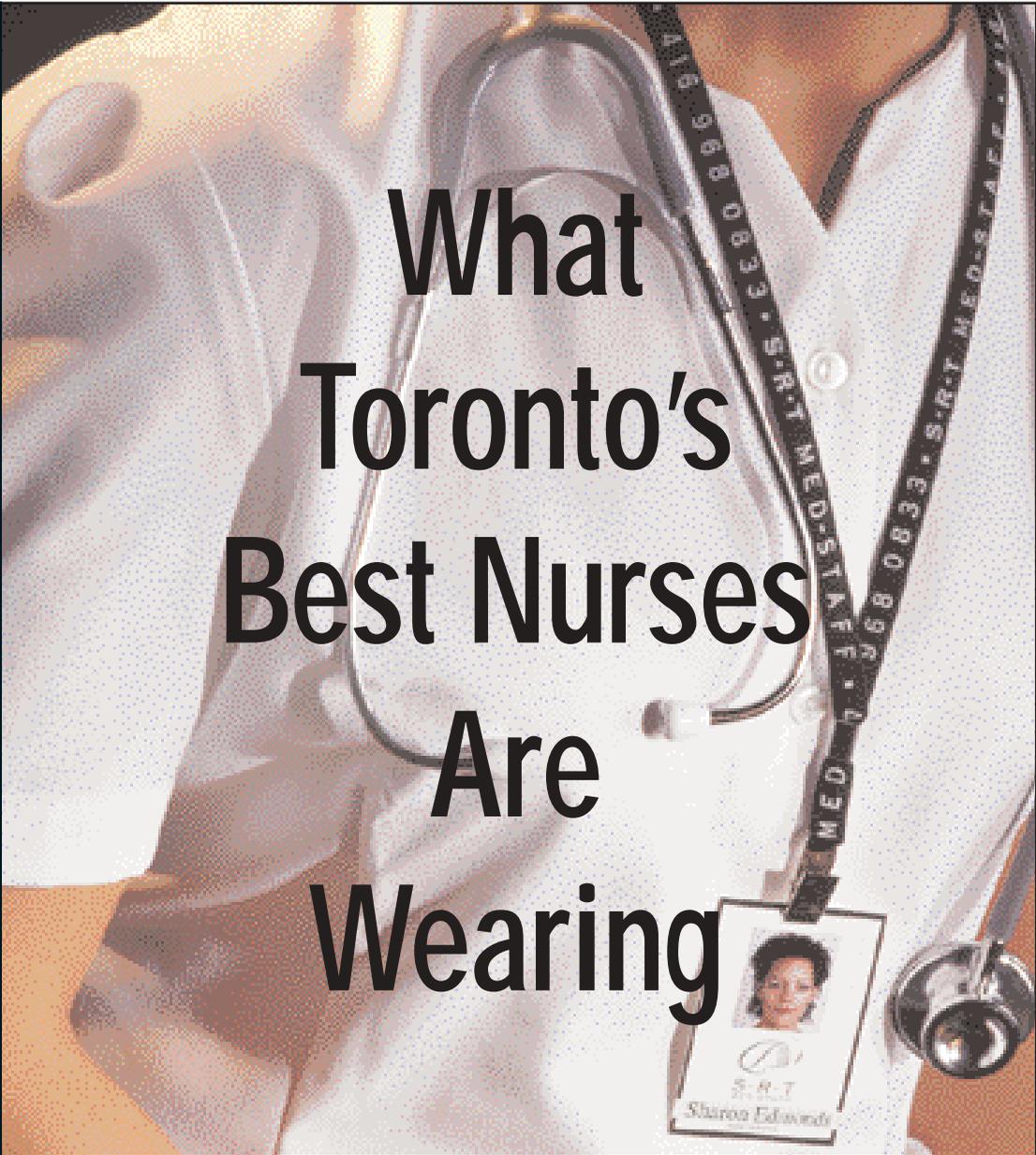
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