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The luxury of choice

In this issue, you will meet Gloria Wiebe, a parish nurse who never imposes religion or spirituality on her clients (pg. 17). She leaves it up to individuals to establish their own link between faith and health. I truly admire Gloria for recognizing faith as personal choice as one’s career or soul mate. These choices define us as individuals. Without making them on our own, who are we?

As a child, I happily participated in all of the rites of passage the Catholic faith required. I sat quietly in church and listened to my priest. When I started to understand the sermons, and was old enough to disagree, I did. Admittedly, faith hasn’t been a big part of my life for decades. Then I had a baby, and found myself surprisingly moved when he was blessed during an impromptu visit to a chapel. Spirituality will become a part of my life again because I want my son to have faith in his. But my influence will be deliberately subtle since the choice to embrace faith will be his to make.

This philosophy of choice is one that was woven into our last issue of RNJ, and it’s also a big part of the stories we bring you here. In fact, it’s fundamental to the work of RNs Laura Hanson and Bethany Jea (pg. 24). When caring for drug users, they focus their attention on what people need and deserve, not on whether the choices they’ve made in life are right or wrong.

As we all know, you don’t need to be a drug user to be on the receiving end of judgement for the choices you’ve made. But such is life. And as much as this is true; so too is the notion that all of our choices are influenced, whether by those close to us or by complete strangers. The nurses in our cover story (pg. 12) are influencing others through media. Whether they’re talking about human rights, the health of our elderly, public health, or other nursing issues, people listen. And they should. After all, the best choices in life are made with a bit of education behind them. RN

Margaret Ruth Page (nee Drummond): 1918–2011

Former RNAO President Margaret Ruth Page (1964–65) passed away March 3, 2011. She was the recipient of the Order of Canada and an RNAO Award of Merit. A graduate of the BScN program at Lakehead University, Page was appointed assistant professor of its School of Nursing in 1973. In 1977, she was promoted to full professor and director. She participated in missions to Pakistan and Malawi (Africa) in the 80s, and was invited to the University of Malawi to establish a school of nursing at the Kamuzu College of Nursing. In 1984, Page accepted the position of Principal at that college. While in the role, she admitted the first group of male Malawi nurses into the program. Donations in her honour can be made to The Professor Margaret Page Graduate Award in Nursing, Lakehead University.
**PRESIDENT’S VIEW WITH DAVID McNEIL**

**Influencing healthy public policy through politics**

One of my responsibilities as president of RNAO is to act as moderator for our Annual Day at Queen’s Park. This year’s event was held on Feb. 3. For those of you who haven’t had the opportunity to attend, it’s an event that I believe truly reflects the association’s influence and showcases the strength of its members. Politicians make time for it in their calendars. This year, members of the assembly, including board members and nursing students, heard from Minister of Health Deb Matthews as well as the leaders of the opposition. One might think that an event that runs for 12 consecutive years risks becoming routine. This year was anything but routine. It’s an election year and election fever has clearly started. Although none of the political parties was willing to share their platforms, the politicians did use the opportunity to test the waters on a few issues.

First, we heard PC leader Tim Hudak speak about some changes a Conservative government would bring; most notably cutting administrative costs within the Local Health Integration Networks so there’s more money for front-line nursing. He also talked about a commitment to the sustainability of our public system. Minister Matthews challenged some of the assertions put forward by Hudak, and recommitted to many of the initiatives that RNAO has championed including the Nursing Graduate Guarantee, and continuing the work on the poverty reduction strategy. NDP Leader Andrea Horwath challenged the status quo in favour of more fundamental changes in the structure of health and social programs to better address the social determinants of health.

I took extras home with me and have since passed them around to anyone interested in listening. I have none left, which tells me people are interested in what nurses have to say.

Given this is an election year (Ontarians go to the polls on Oct. 6), there’s another meaningful opportunity for you to engage with politicians to make it better. RNAO’s political platform is a comprehensive document that aims to improve the lives of all people across this province by dealing with the environmental and societal issues that lead to poor health. It also offers solutions to further strengthen publicly funded, not-for-profit Medicare. It articulates how RNs can contribute towards the goal of improving communities and addresses the issues important to the nursing profession to ensure that it’s strong well into the future. If you have not had the opportunity to read the platform, I urge to do so when you have a few minutes. It is a superb, evidence-based piece of policy work.

Political action comes in many forms. For some, it is about marches and rallies. For others, it’s about debating your point of view with others in a public forum. Still others prefer writing letters, a column in the newspaper, an email, having a telephone conversation, or filling out an action alert. These are all valued forms of influence and we encourage you to find what fits for you, and to be engaged.

> **“NURSES OCCUPY A UNIQUE PLACE IN THE HEALTH-CARE SYSTEM AND WE SHOULD TAKE EVERY OPPORTUNITY TO MAKE IT BETTER.”**

One of the highlights is the opportunity to meet directly with political leaders, cabinet ministers, MPPs or their senior staff in small groups. Nurses raised specific issues in RNAO’s political platform and spoke to political leaders about the issues important to improving the health of Ontarians while highlighting the role that nursing can play in this process. These one-on-one sessions are important and they fast forward RNAO’s political agenda. They also provide members with an opportunity to organize future meetings.

A wonderful new addition this year was a bookmark that we left with politicians. It outlined six key priorities of the RNAO election platform.

To help shape health, health care and nursing policy. Planning at home office is already underway for Take Your MP/MPP to Work. This event takes place during Nursing Week (May 9-15) but meetings can be organized anytime in May. Taking my MPP to work has been very rewarding. It’s a great opportunity for MPPs to meet with you at your place of work and for you to share your ideas about how to improve patient care. It’s also a wonderful opportunity to take our platform and relate it to the issues in your community.

Some nurses may struggle with the concept of political action. My view is that nurses occupy a unique place in the health-care system and we should take every opportunity to share our platforms, the political parties was willing to use the opportunity to share their platforms, the politicians did use the opportunity to test the waters on a few issues.

For a copy of RNAO’s book—mark, or for more on taking a politician to work, visit www.rnao.org/nursingweek.

David McNeil, RN, BScN, MHA, CHE, is President of RNAO.
Fighting for Medicare

I am so very energized and inspired by our successful 12th Annual Queen’s Park Day in February. It was yet another showing of nurses’ expert and persuasive voices influencing politicians. I am proud of our evidence-based advocacy work, especially in advance of provincial and national elections. When people across Canada head to the polls this spring, and when Ontarians vote on Oct. 6, the political landscape may change. We are at a crossroads in this country, and while we have seen substantive progress in Ontario (visit www.rnao.org/AGMreport for more), we must put our minds to the work that must be done to protect Medicare and strengthen health care nationwide.

Canada’s Health Accord, the 2004 agreement that promised predictable, stable funding of $19 billion (with a six per cent increase each year) to provinces and territories to allow for multi-year health planning, expires in 2014. A mandatory review of this important agreement began this March. But nurses, and all Canadians, should be alarmed because, rather than assigning the review to the House of Commons, Prime Minister Stephen Harper chose to hand it over to senators. The future of Medicare is too important to be handed over to unelected officials, sitting behind closed doors, and hand picking who they accept to present arguments and perspectives for consideration.

The prime minister will say health groups have been invited to appear before senators. Indeed, the Canadian Nurses Association and Canadian Medical Association are two of those groups, and that’s good. But inviting some and denying others who have requested to appear, like the Canadian Health Coalition, is not democracy, and it simply won’t do. A democratic process is vital when we’re discussing a social program in Canada that has become the strongest thread of our social fabric.

Canadians value their health-care system and any review must be public and fully transparent. We need to make sure all Canadians, whether they live in a fishing village in Newfoundland, a remote First Nations community in northern Saskatchewan, or downtown Toronto are involved in the process. It’s their system.

During negotiations for the 2004 Accord, RNAO Past-President Joan Lesmond and I participated. Joan was outside the formal meeting, as an active member of a powerful collective led by the Canadian Health Coalition and the Council of Canadians. I was inside the House of Commons, invited by our government to provide support. Together, we played masterful insider/outside roles. Armed with evidence and arguments, Joan participated in peaceful protests with other health-care organizations and civil society groups to influence the outcome. I did the same, supporting our government and others when asked. The outcome was an Accord that committed funding for health care that exceeded the amount originally promised by then Prime Minister Paul Martin. Although disappointed there were limited strings attached, we were thrilled. But that enthusiasm has waned in recent years because the federal government has detached itself from health care.

As we prepare for this spring’s federal election, followed by the negotiation of our new Accord, nurses’ voices must be loud and clear, remembering the messages we brought to negotiations in 2004 still ring true today. We must reinvest in, and expand, our publicly funded, not-for-profit health-care system because it works: it delivers for all, at a lower cost and with better outcomes.

We must invest – in the same wayother developed countries have invested – in a robust system of primary health care for every person living in Canada, universal home care, and pharmacare. These are intelligent investments that will ensure the sustainability and strength of our health system for generations to come. For this to happen, we need governments – federal and provincial – to understand Canadians’ values and aspirations, and to become full and active partners.

Following his 18-month review of health care in Canada – a review that was commissioned in 2001 by the federal government in advance of negotiations for the Accord – Roy Romanow said: “Canadians want and expect their governments to work together to ensure that the policies and programs that define Medicare remain true to the core values of equity, fairness and solidarity.” He said that governments need to build on Medicare’s proud legacy and transform it into a system that is responsive, comprehensive and accountable to all Canadians. This remains as true today as it was seven years ago, and we must remind Ottawa of that.

Doris Grinspun, RN, MSN, PhD, O.ONT, is Executive Director at RNAO.
MAILBAG

RNAO WANTS TO HEAR YOUR COMMENTS AND OPINIONS ON WHAT YOU’VE READ OR WANT TO READ IN RNJ. WRITE TO LETTERS@RNAO.ORG

News of environmental initiatives sparks debate, inspires
Re: Our health and the health of the planet, January/February 2011

Your article was most interesting. But as an organization, we need to look inward before we look outward. Any RN who works in a health-care facility is aware of the massive output of garbage on a daily basis. As a crazed environmentalist at home, I struggle at work as I throw out one recyclable after another. University Health Network has an award winning in-hospital environmental program. But it is in the minority. Our hospital does not have the capability of turning off the lights that line windowed hallways. I see the sunshine flowing in over the lit lightbulbs. We as advocates for patients also need to care for the landfills that surround our communities. We need to take responsibility for the greenhouse gases that our workplaces create. After all, our patients live in these communities. I challenge all RNAO members to look at their facilities and question those in charge about what must change.

Catherine Romano
Lakefield, Ontario

I am a 4th-year nursing student in the Algonquin College/University of Ottawa collaborative BScN program. At home, I do what I can to reduce the impact I have on the environment. I find it much harder while working. It is difficult to find recycling bins, discouraging that some equipment can only be used once, and frightening that medication is being poured down sinks and tossed in the trash. Nurses need to be reminded to reduce, reuse and recycle because it is evident we are not doing all we can. We need to have accessible recycling bins. It is also important to remember that recycling should be the last resort. We should ask suppliers to reduce the amount of packaging. It is important to also avoid opening products that won’t get used – a common practice in the OR. At home, we are instructed to bring unused medication to the pharmacy to be disposed of correctly. It seems as though proper disposal is being ignored in our hospitals. Change is possible. We must make improvements to reduce our footprint on the environment while providing the best care possible for our patients. I look forward to the day I feel as environmentally friendly at work as I do at home.

Courtney Kroeze
Ottawa, Ontario

Kudos on a beautiful article about nurses’ environmentalism. As always, I’m impressed by the comprehensiveness and forward-looking nature of your thinking. Historians will look back and see RNAO’s approach as part of a new paradigm – one in which health-care workers’ primary job is illness prevention.

Gideon Forman
Executive Director, Canadian Association of Physicians for the Environment (CAPE)

This story has inspired me to start a similar project in my parish. I recently received permission to advocate for a cleaner and greener environment through safe disposal of unused/expired medications. I will advertise in the parish bulletin that parishioners collect and dispose of their medications in a designated box to be kept in the church. I would like to discourage fellow parishioners from flushing medications down their toilets, pouring them down the drain, or putting them in the garbage. The medications will be collected during April, in honour of Earth Day (Apr. 22).

As Christians, we have an obligation to ourselves and our neighbours to keep a safe environment. I’m hoping this project will help the environment in its own little way.

Fe Perez
Mississauga, Ontario

RN inspired by nursing leader at a young age
Re: Retired nursing leader chose the “best” profession, January/February 2011

I was so pleased to read the profile on Josephine. She was our Red Cross nurse in Matachewan. During her first two years of nursing, I remember the impact she had on me. I am sure my chosen profession was influenced by her calm, friendly and accepting nature. I recall how proud I felt helping out in the well-baby and immunization clinics when I was 13 years old. I know my mother, who died last June at 97, would have enjoyed the article. She followed Jo’s career after she left Matachewan. Thank you for the trip down memory lane.

Mae Vaiyods
Chatsworth, Ontario

Credentials show readers that RNs are professional
Re: Our health and the health of the planet, January/February 2011

I wanted to acknowledge the excellence of this issue of the RN Journal. Particularly, the piece by Jill-Marie Burke is well done and a highly appropriate mission to communicate to the public as well as to the members of the discipline. Nursing has not been very visible in this area of social development. I do, however, have a criticism to convey. It’s been reported that only eight per cent of the public consider nurses as professionals (Ottawa Citizen, Feb 21). Our Journal reinforces that perception in its pattern of ignoring the credentials of our many expert nurses. The past issue reflects many such nurses, but no credentials to tell the world they are professional.

Marian McGee
Ottawa, Ontario

January/February 2011
NURSING IN THE NEWS

Sarnia RN offers much-needed treatment for Hepatitis C

RNAO member Sonja Gould is providing much-needed treatment for Sarnia-Lambton residents with Hepatitis C. Once a week she sees patients who, until last fall, were forced to travel to London for consultation and treatment. Many fell through the cracks because they couldn’t find a ride or afford the trip, the nurse manager at the Bluewater Methadone Clinic says. “It’s a service that’s needed here in this town,” she told the Sarnia Observer (Feb. 24). Gould began offering treatment to about 30 methadone clinic patients when it was revealed through blood work that a significant number had Hepatitis C. Beyond this group, she says there are hundreds, if not thousands of people living with the virus in her region, which is why she moved to treat patients in the broader community. Treatment includes daily antiviral pills, weekly injections and weekly face-to-face meetings to check progress. Some of the London clinics that her patients used to visit only taught patients to self-inject, and met with them every three months.

Task force aims to stop meth use

Public health nurse and RNAO member Denna Leach is helping to combat the growing problem of methamphetamine use and trafficking in Grey-Bruce. The Owen Sound RN addressed a community meeting on March 21 to discuss the dangers of the highly addictive, relatively cheap drug. Leach is a member of the Grey Bruce Crystal Methamphetamine Task Force, which is calling for a concerted public effort to stop meth use. The group of police, paramedics, health-care providers and social workers hopes to establish a Meth Watch program to better control the sale of over-the-counter products – such as cough, cold and allergy medicines – used to make the drug. (Owen Sound Sun Times, Feb. 22)

Seniors face roadblocks, financial woes while attempting to access elder care

In February, a Toronto Star investigation found that Ontario’s $1 billion Aging at Home strategy is failing seniors. RNAO member Cathy Szabo, Chief Executive Officer for the Central Community Care Access Centre, defended this claim by explaining that funding limits leave seniors to make tough decisions about their care. “Does every individual resident of Ontario think that they are entitled to have a personal support worker come to their home when they get old, three times a week to get their house cleaned and have a bath?” Szabo asked. “...Does the publicly funded health-care system have the ability to deliver that...and should (it)?” (Toronto Star, Feb.19). The Star investigation revealed that thousands of aging seniors who do not receive home care are ending up in hospital. Szabo went on to say that for each high-needs senior the CCAC serves, another 20 with low or moderate needs are declined. Seniors are also facing long wait lists and backlogs when they search for a retirement home bed. As a result, many are left stranded in hospital. RNAO member Nancy Jacko, Vice-President of the medicine care centre at North Bay and District Hospital, said her facility charges the allowable daily fee of $53.23 to those awaiting a long-term care bed. She adds, however, that the fee is only charged to those who can afford it. In March, several hospitals in southern Ontario...
were ordered to stop threatening elderly patients with daily charges of up to $1,800 to free up hospital beds. (North Bay Nugget, March 3)

Province must rethink nuclear plans
RNAO Executive Director Doris Grinspun joined representatives from Greenpeace to urge Ontario’s political leaders to scrap plans for new nuclear reactors in the wake of a disastrous earthquake in Japan that damaged that country’s Fukushima Daichi nuclear power plant and raised health concerns for those living in the region north of Tokyo. During a media conference at Queen’s Park in March, Grinspun called on Premier Dalton McGuinty to reconsider plans to invest $33 billion in the Darlington nuclear station, 70 kilometres east of Toronto. Nurses “are increasingly concerned about the staggering health, environmental and economic costs of nuclear power,” she told the Toronto Star, CP24-TV, CBL-FM Toronto, Toronto Sun, CBLT-TV

Hospice funding needed
RNAO member Jan Pearce spoke out earlier this year about the troubling lack of funding for Ontario hospices. Executive Director of Evergreen Hospice Markham-Stouffville, Pearce says her facility (along with six others in York Region) hasn’t received an increase in funding from the Central LHIN since 2008. The hospice has had to cut staff hours by about 20 per cent. “All of the hospices are in the same boat. None got re-allocation funding,” she told yorkregion.com (Feb. 14).

Rising C-section rates a growing concern
In March, RNAO member Deborah Snider spoke with the Waterloo Region Record about Ontario’s caesarean section (C-section) birth rates. According to a multi-year study on women’s health, 28 per cent of all hospital deliveries in 2007 were done by C-section. The study, referred to as the POWER Study, released its latest chapter in February 2011, which was authored by Echo, an agency of Ontario’s Ministry of Health and the Institute for Clinical Evaluative Sciences. “The concern is C-section is a major surgery,” said Snider, nursing manager of the women and children’s health program at Cambridge Memorial Hospital (March 1). She says rising C-section rates are a concern worldwide, and although they are necessary in certain situations, experts say the rate could be lower to avoid unnecessary risk to healthy mothers and babies.

The “journey” of diabetes
Starting April 13, RNAO members Trixie Barrow and Donna Ferguson are “setting sail” on an eight-week journey to help Stirling and Belleville area residents learn how to manage their diabetes. The Gateway Community Health Centre nurse practitioners are working together with a nutritionist and RN to educate patients about their chronic condition. Each week, patients will learn health information through “excursions” including: flying to complication prevention; cruising to healthy eating; a sightseeing tour of fat and fibre; and more. “When clients are first diagnosed with diabetes it is overwhelming for them and although we offer an initial education, (that) can be overwhelming in itself,” Ferguson told the Stirling EMC (March 3). Participants who complete all eight weeks will be given “passports” and information booklets to help them better manage their diabetes.
NURSING IN THE NEWS

OUT AND ABOUT

STUDENTS WALK TO RAISE AWARENESS ON WORLD WATER DAY
RNAO student members from the University of New Brunswick-Humber College and Ryerson University walked with family, friends and concerned citizens on March 20 to raise awareness of the need for clean water. The Toronto event, which marked World Water Day, took the group six kilometres from Queen’s Park to Harbourfront Square and back.

HARTFORD RNs VISIT RNAO
The University of Hartford College of Nursing (Connecticut) is RNAO’s first-ever international, academic Best Practice Spotlight Organization. Katharine Kranz Lewis, Hartford’s Director, Center for Public Health and Education Policy (front row, far left), will lead the project from the U.S. She and several nurses from the university visited Toronto in March to learn more about the association and about evidence-based practice.

ALGOMA CHAPTER FUNDRAISES FOR STUDENT AWARD
RNAO’s Algoma chapter hosted a fundraiser for the Marion Marks Nursing Student Bursary on Feb. 24. Sault College will hand out the award, valued at $300, to a nursing student who is also a member of the association. The bursary is sponsored by RNAO’s Algoma chapter and named after a Sault college nursing professor who died tragically in an automobile accident in 2005. (L to R) RNAO Region 11 board member Paul-André Gauthier, and local executive members Stephanie Blaney, Ann Marie Sutherland, Angela Hyden, Jennifer Flood, Tyler Mancuso, Debbie Shubat and Pierrette Brown.

New dress code angers RNs, raises questions about image
Nurses at the Ottawa Hospital were outraged that a new dress code forbid them from wearing scrubs and uniforms with cartoon characters or other prints. RNAO member Ginette Lemire Rodger, the hospital’s Chief Nursing Executive and Senior Vice-President for professional practice, said “these changes have been made based on the hospital’s image, and the patient’s need to identify who is working for them.” (National Post, Ottawa Citizen, Feb. 7). After some controversy, the hospital conceded nurses will be allowed to wear patterned scrubs, but must wear plain, white lab coats on top. The lab coats must clearly state the nurse’s title and must be worn at all times when nurses are outside their usual units.

On Feb. 21, RNAO member Wendy Barkley wrote a letter to the Ottawa Citizen explaining why she supports the new dress code at the Ottawa Hospital. The following is an excerpt from her letter.

Nurses must dress the part to be respected
I was intrigued by the articles in the Citizen regarding the Ottawa Hospital’s forthcoming nursing uniform policy. As a nurse, I struggle with the public’s perceived image of nurses. In the days of Florence Nightingale, the image of the nurse was one of a self-sacrificing saint or servant. Then we progressed to the 20th century when nurses were perceived as sex symbols, as represented by depictions of Betty Boop or the “naughty nurse.” The image of the nurse has moved away from the starched white cap and dress to the complete opposite end of the spectrum with casual cartoon character plastered scrubs or even jeans and a T-shirt on dress-down days at some hospitals. Karen Donelan of Harvard Medical School conducted a study in 2008 of the public perception of nursing careers and found only eight per cent of the public considered RNs professionals. Could nurses be deemed non-professional due to their attire? The Ottawa Hospital is basing the policy on professionalism and is not the first hospital to make the bold move of implementing a uniform policy for nurses. This new uniform policy is an opportunity for nurses to change the public perception of nurses.

Funding for late-career nurses in Cornwall
RNAO member Lynn Hall, Vice-President of Clinical Services and Chief Nursing Officer at Winchester District Memorial Hospital, says every penny of her Late-Career Nursing Initiative funding will be well spent. In March, the hospital learned it will receive provincial funding to allow nurses over 55 to spend more of their work time in less physically demanding nursing roles. The goal of the initiative is to retain late-career nurses, allowing them to transfer their knowledge to novice RNs. “We’re pretty excited about receiving funding again this year,” she told the Cornwall Standard-Freeholder. (Mar. 4)
Former RNAO president gets high profile award

Joan Lesmond, RNAO past-president and Executive Director of the St. Elizabeth Healthcare Foundation, will receive a YWCA Women of Distinction award for health leadership. Lesmond is one of seven women to receive the prestigious honour this year. For more than 30 years, she has worked to advance the nursing profession, protect and strengthen public health care and empower women and girls. She spearheads several programs to improve access to health care for this population, mentors women of colour and low-income girls, and confronts barriers faced by those from diverse backgrounds. She is considered one of the top 100 nurses in Canada, and is an admired visionary and leader. Lesmond also mentors the team at Women’s Health in Women’s Hands Community Health Clinic, sits on the Women’s College Hospital and Health Force Ontario boards, and serves on Toronto’s Regent Park Community Health Centre Community Planning Committee. The YWCA awards gala, which happens May 18 at the Metro Toronto Convention Centre, raises funds to support programs across Toronto. Tables and tickets are available for purchase. For information, visit www.womenofdistinction.ca.

Don’t get left behind: Read RN’s new book on social media

The Nurse’s Social Media Advantage, a book by RNAO member Rob Fraser, is now on bookshelves and available at www.nursingknowledge.org/STTbooks. Fraser, whose technical savvy was profiled in the Sept/Oct 2010 issue of Registered Nurse Journal (Plugged in, pg. 11), says social media has reached into every profession, and nursing is no exception. “This fast-paced, ever-changing way of exchanging information will continue to evolve, whether nurses participate or not,” he explains. “With the vital role nurses play in health care, they cannot afford to fall behind. Social media provides exciting possibilities for networking, creating content, and building your online network. Fraser is founder of Nursing Ideas (www.nursingideas.ca), a website that attracts more than 20,000 visitors from 110 countries. The site connects nurses and nursing students with leaders, innovators and researchers in health care.

Agent for change at Queen's Park says thanks, but not goodbye

Long-standing RNAO member Vanessa Burkoski left her post as Ontario’s Provincial Chief Nursing Officer in January 2010. She served two-and-a-half years in the role, and was recognized for her impact and influence during RNAO’s 12th Annual Queen’s Park Day in February. Humbled by the acknowledgement, Burkoski described the experience as the highlight of her career. She also noted the valuable support she received from RNAO while at the Ministry of Health. “RNAO was always there to provide support, to provide guidance, to really highlight for me what was happening on the ground,” she said. “It was difficult to always get to the front line and that’s where the action is and where the solutions are. RNAO was capable of doing that and engaged with me. We were able to produce incredible policy and program initiatives together. I appreciate that I’ve had not only such wonderful professional opportunities working together with RNAO but also to have developed very personal friendships that will last a lifetime.”

During her tenure as RNAO president, Joan Lesmond met with Premier Dalton McGuinty many times to discuss healthcare priorities from a nursing perspective.

CNA’s Cross-Country Tour Travel Diary

CNA hits the road

The Canadian Nurses Association’s cross-country tour, Meeting Canada’s Nurses in Their Communities, began in March and will travel across the country to meet with nurses, other health-care providers, government decision-makers and the media to discuss strategies for tackling health-care issues that affect nurses and have an impact on the health of Canadians. For 18 months, CNA President Judith Shamian and a CNA team will travel from one site to another, gathering valuable input along the way. Nurses can check in on the team and get updates (in English and French) on tour destinations and events. Simply visit the official travel diary on Twitter (www.twitter.com/canadnurses). Dates for an Ontario visit have not been announced.

During her tenure as RNAO president, Joan Lesmond met with Premier Dalton McGuinty many times to discuss health-care priorities from a nursing perspective.
MAKE YOUR VOICE HEARD!

Using media to communicate your message.

By Jill-Marie Burke
Grace Groetzsch became Canada’s first employed registered nurse first assistant (RNFA) in 1997. She’s been working to educate the public about her role ever since. She recently had a unique opportunity to raise awareness when Ontario’s Health Minister Deb Matthews came to her workplace – Sunnybrook’s Holland Orthopaedic and Arthritic Centre in Toronto – to announce the government’s permanent, full funding for the role. Despite having ten years of experience dealing with the media, Groetzsch was nervous about speaking in front of the Minister and in front of the hospital’s CEO and board chair at the press conference. To calm her nerves, she kept the wise advice of her 11-year-old grandson top of mind: “just take a big breath, relax and start.”

In addition to learning that important lesson from her grandson that day, Groetzsch learned a few other lessons courtesy of the media and RNAO. First off, she found out just how much time and effort goes into creating a television story. She spent four hours with a reporter and film crew. They were taping a Health Watch segment for Global TV that ended up being two minutes long. With RNAO’s reassurance, she learned she could trust the reporter to make her look good. After all, her appearance at the media conference, and subsequent interview, were a last-minute request.
Groetzsch has had enough experience with the media to know how reporters can help nurses advocate. She understood early on that in order for the RNFA role to be funded, the public had to know it existed. “They [media] bring to light something that wasn’t known before, and that helps your cause,” she says. Her advice for nurses who find themselves in the media spotlight: try to have fun and enjoy the moment because “it’s not an opportunity that many people get.”

This is something RNAO’s Executive Director Doris Grinspun has been telling nurses since she took on the role in 1996. She encourages members to develop relationships with reporters in their communities and to embrace opportunities to discuss nursing, health-care and social issues from the RN perspective. “Through the media, you reach the public in a way that no other medium can,” she says. “It’s a way to share the expertise that we as nurses have – both individually and as a collective – and to speak out on issues that affect nurses and the public.”

For the past 15 years, RNAO’s communications department has meticulously monitored media activity. Staff track, on a daily basis, what reporters are writing and talking about, respond with letters, offer up the voices of members who can share an expert view on a specific issue, and read and watch broader health and health-care stories to determine what, if any, direction the association should take to include nurses in the discussion or coverage.

Groetzsch is one of many RNAO members who have learned how to leverage the media to speak out on issues. Still, there are nurses who feel that being interviewed by a reporter is an intimidating and nerve-racking proposition. In an effort to demystify the experience, Registered Nurse Journal asked media savvy nurses to share their experiences and advice...

**TALKING TO THE PRESS IN TIMES OF CONTROVERSY**

Providing nursing care during a political event and public protest that attracted worldwide media attention gave Sarah Reaburn a rare opportunity to speak to reporters on behalf of those whose voices were not being heard. While working with Toronto Street Medics during the G20 Summit in the summer of 2010, Reaburn treated fractures, lacerations and head traumas inflicted on protestors, in some cases by the police. She got hurt herself when a police officer hit her with his bicycle while she was administering first aid. But she says the reality she was seeing on the street wasn’t being reported in the media. The mainstream media’s messages were about the destruction of property and the cost to the city. “What wasn’t told was the human impact and ... the trauma that was experienced.”

Twenty protestors were in police custody on conspiracy charges when Reaburn spoke at a media conference organized by the Toronto Community Solidarity Network in July. In addition to recognizing this as an opportunity to call for the release of the protestors, and to draw attention to charges she felt were unfair, Reaburn wanted to talk about the physical, spiritual and psychological trauma that the protestors experienced.

At least seven major news outlets pointed their cameras and microphones at Reaburn during the press conference. A member of the Nursing Resource Team at St. Joseph’s Hospital in Toronto, Reaburn wasn’t used to the attention, but says she warded off nervousness by thinking about the people she wanted to represent and the responsibility she had to her community to accurately represent the facts and tell the other side of the story.

“Prepped by thinking about all the other strong people and strong nurses I’ve seen give testimony and witness for their communities,” she says, adding that she was motivated by “the good changes their actions have brought about.”

**WHEN THE MEDIA COME TO YOU**

Susan Ray never dreamed that a study of homeless veterans (the first of its kind in Canada) would generate media interest across the country. She admits being surprised when reporters from the London Free Press, National Post and CBC Radio contacted her for interviews. The University of Western Ontario nursing professor didn’t send out a media release, and didn’t call the media to tell them about the study. What she did do was give the Ombudsman’s Office at Veterans Affairs Canada permission to give her contact information to reporters if they called to enquire about homeless veterans.

After Ray was interviewed for an article in Salute Magazine (published by the Royal Canadian Legion), the Ottawa Sun ran a short article on the study that was reprinted by Sun newspapers across the country. When the nurse researcher posted an online comment about her efforts to recruit veterans to interview, interest in the study snowballed. During the first week of January 2011, Ray did eight media interviews.

She then sat down with her co-principal investigator, Cheryl Forchuk, to get some advice on how to keep the media from sensationalizing the study. Forchuk recommended she settle on and emphasize some key messages. During subsequent interviews, Ray made it clear the study was looking at veterans who served on Canadian bases or as peacekeepers overseas (not Canadians who served in Rwanda, Somalia or Afghanistan). She told reporters the findings were preliminary and that she was not out to blame anyone for the post-war experiences (alcoholism and addictions) of the veterans.

Ray wasn’t only surprised by the interest, she was also taken aback by the speed at which reporters ask questions and expect answers. In order to keep her cool during rapid-fire questioning, she kept her facts in front of her and avoided making inferences or assumptions. “I had to be really careful that I didn’t say anything that I would regret.”

“They want to write articles and stories, it’s publish or perish for them. And they need people who can provide information, stories and data.”

— Lynda Monik
Advice From The Pros

Wondering how to put your best foot forward? We asked three journalists to tell us what they think nurses can do to get – and keep – the media’s attention.

PAULINE TAM / Health and Medical Writer, Ottawa Citizen
- Make yourself available: Return reporters’ calls promptly and offer back-up contacts if you’re not available. Journalists are looking for sources they can depend on, on short notice, and after hours.
- Be active on Twitter and Facebook: “I have a whole new set of people that I think about now when I look for experts…and they’re one tweet away,” Tam says, adding that she ‘tweets’ an average of six times a day. While she doesn’t yet get many of her story ideas from Twitter, she says it’s a great way to find sources.
- Take advantage of quiet news periods: Tam recommends pitching story ideas at times when the news cycle is slower (like the summer) because “reporters and editors are looking for content during the slow periods when institutions aren’t working at full capacity and Queen’s Park isn’t sitting.”

JOE PAVIA / News Director, 570 News (All News Radio), Kitchener
- Find a news angle: Reporters look for experts to talk about topics that are front-page news. Whether the topic is head injuries in hockey or new findings on heart disease, if that’s your area of expertise, email or call reporters to offer a comment.
- Think local: No matter the topic, Pavia says you should be prepared to explain how a decision or initiative will benefit or affect people in the community. “I ask my team to look at a national or international story and ask themselves ‘how do you localize it?’” he says.
- “Am I on the air?”: Most people assume radio interviews are always live, but Pavia says that’s not the case. Interviews for news stories are recorded in advance and sound bites are selected for newscasts. Talk show interviews are usually live and may be conducted over the phone or face-to-face.

LISA MACDONALD / Assignment Editor, CHEX Television, Peterborough
- You look fabulous: “You have to trust that the person behind the camera is going to say ‘your hair is just a little bit off or your button is undone.’” Many people worry about how they will look on television, but reporters and videographers want you to look your best, she says.
- Try, try again: You don’t have to get it right on the first take. If you get nervous when the lights come on and stumble over your words, tell the reporter you’d like to do it again. MacDonald says it’s not a problem.
- The perfect sound bite: On television, you may have all of twenty seconds to make your point. In order to get your key message across, MacDonald suggests using phrases like: “If there’s one thing I really want to get across...” or “I think the most important thing people need to know is...”

GENERATING YOUR OWN MEDIA INTEREST

Lynda Monik finds that a proactive approach is best when it comes to dealing with the Windsor media. The communications officer (and former President) of Essex chapter, and CEO for Windsor Essex Community Health Centre, has discovered from years of experience that the key to being heard by reporters is taking the time to cultivate relationships with them.

“They want to write articles and stories,” she says. “It’s publish or perish for them. And they need people who can provide information, stories and data.”

Monik has built strong relationships and advanced her chapter’s communications agenda by doing just that. She’s also taken things a few steps further by arranging meetings with the managing editor of the Windsor Star to discuss nursing and health-care issues. She’s invited reporters to the health centre to have a coffee break with her staff, taken them out to lunch, and hand-delivered ‘Welcome to Windsor’ baskets filled with local products (and a personal note) to journalists who are new in town.

“When they get to know you, they’re comfortable calling you about a story and vice versa,” she explains.

Seven years ago, Monik and Essex chapter colleague Carol Kolga took another unconventional and proactive approach when they arranged a meeting with the advertising department at the Windsor Star. They asked if they could collaborate on a National Nursing Week supplement for the paper. Within a few months, Monik and Kolga had secured ad revenues of $40,000 to fund the project, and provided the paper with a list of Nursing Week story ideas and nurse contacts for reporters to interview. The supplement was a hit with readers and has become an annual project for the chapter.

Each February, Monik and other members of the Essex executive meet to brainstorm story ideas that recognize local nurses. The media savvy RNs then give their list of recommendations to the Windsor Star, which assigns them to reporters.

These days Monik is working closely with the chapter’s current president Jennifer Johnston, who set the goal of sending out one media advisory or release for the chapter each quarter.
Tips From Media Savvy RNs

Be ready to face the microphones, digital recorders and television cameras with this useful advice from colleagues.

DAVID MCNEIL / RNAO President
▶ “When the issue is a difficult one, expect tough questions. Do not get defensive. Take accountability for what is yours, and keep your responses factual. Always try to end on a positive note.”

IRMAJEAN BAJNOK / Director of RNAO’s International Affairs and Best Practice Guidelines Programs
▶ “I always keep the key messages I want to convey in my head. Sometimes the questions may take you in a different direction, but I always find a way to relate my answers to the key message.”

LINDA HASLAM-STROUD / President, Ontario Nurses’ Association (ONA)
▶ “Ensure that your statements are fact-based, accurate and trustworthy.”

RAQUEL MEYER / RNAO Board of Directors, Member-at-Large, Nursing Research
▶ “My approach is to develop two to three short key messages and then to draft a list of anticipated interview questions with responses that incorporate those messages. Then I practise, practise, practise to gain confidence. With the media, I’ve learned the value of being grounded in my key messages.”

Marilyn Butcher / co-founder of Canada’s first nurse practitioner-led clinic in Sudbury
▶ “Even if the reporter becomes very friendly, positive and enthusiastic about the interview, never assume that the reporter is your good friend and will only portray you in a positive light.”

Paul-André Gauthier / RNAO Board of Directors, Region 11 Representative
▶ “I usually give the journalist an example. If you give them an example of a real situation, without naming anybody or violating confidentiality, they get it.”

Jill-Marie Burke is Communications Officer/Writer at RNAO.
Faithfully yours

PARISH NURSE GLORIA WIEBE HOPES HER SERVICES WILL HELP THE CHURCH TO RECLAIM ITS POSITION IN THE COMMUNITY.

Three things you don’t know about Gloria Wiebe:

1. As a regular visitor with inmates at Toronto’s Don Jail, Wiebe received the facility’s Volunteer of the Year Award in 2009.
2. A songbird who studied music in college, Wiebe was once an active member of the cathedral parish choir.
3. She’s an avid gardener and cross-country skier.

RN Gloria Wiebe first met ‘Jackie’ at a church-run drop-in clinic. She lived on the street and visited every week in search of a free meal, clean clothes and medicine. Jackie was addicted to crack.

Week after week, Wiebe watched the shy, withdrawn woman become thinner, paler and weaker, yet still refusing treatment. Determined to win her trust and get her help, Wiebe persisted, and finally convinced the woman in her 30s to see a physician. Jackie learned she had uterine cancer, and her health deteriorated quickly.

Wiebe, a parish nurse at The Cathedral Church of St. James in Toronto, says the power of faith offered Jackie a last chance at peace. Wiebe helped her through radiation treatments and visited her in the hospital. Raised as a Roman Catholic, Jackie seemed to find comfort in the spiritual support Wiebe offered.

“This is where the parish nurse specialty comes in,” says Wiebe, who has spent the last 11 years in the role. “We link faith with health.”

There is a growing body of evidence that confirms how important spirituality and faith are to people’s health and well-being. However, Wiebe is careful not to impose religion on anyone. “When people come to the church drop-in clinic, we don’t impose anything religious or spiritual on them,” she says. They get a hot, soapy foot bath and massage, a hot meal, haircuts, clothes, shoes and clean socks. And Wiebe conducts blood pressure screening, provides free vitamins and refers visitors to other community services.

“We develop trust and a relationship,” she says.

Trust and spiritual care won Jackie over — but too late. The woman ended up in palliative care where she died just three months after her diagnosis. Wiebe found solace in seeing Jackie peaceful and rested in her last days of life. “It was very rewarding,” she recalls.

Wiebe is one of few RNs in Canada who practise in a faith community. After a career with the Victorian Order of Nurses, she retired in 1998. She soon realized she wasn’t ready to give up nursing. At the time, parish nursing was emerging in Canada, and she knew the specialty would be a perfect fit.

After a woman suffered a stroke during service, and with obvious signs of an aging congregation, Wiebe approached the church administration and offered to volunteer. Her work soon snowballed due to a need for health education, bereavement counselling and health services. Parishioners were also looking for help navigating the health system. In 1999, Wiebe joined the church staff, which meant a pay cheque and an office to see patients.

Parish nursing “brought me back to why I went into nursing in the first place,” Wiebe says. To prepare for her role, she completed an intensive program at McMaster Divinity School. She’s also studied theology and the arts at the University of Toronto.

Wiebe admits it can be tough working as the only healthcare provider on her team of clergy members. She says it’s sometimes difficult for people to accept a non-ordained role. But by offering health care and supportive care, Wiebe believes the church can reclaim its important role in the community. She also hopes her job will expand into other faiths. In the U.S., nurses already work in the Islamic and Jewish communities. More nurses in more faiths, she says, means patients like Jackie might get the help they need before it’s too late.
Talking

RNs meet with MPPs in advance of Ontario’s fall election to remind them...
Clockwise from top left: 1) Health Minister Deb Matthews talks to nurses about the Liberal government’s plans for health care should it be re-elected for another term. 2) Sudbury MPP and cabinet minister Rick Bartolucci (right) discusses RNAO’s election priorities with President David McNeil and political action officers in his Queen’s Park office. 3) Dufferin-Caledon MPP Sylvia Jones (left) sets time aside to talk to RNAO members, including President-Elect Rhonda Seidman-Carlson (right). 4) NDP Leader Andrea Horwath takes questions from nurses during her keynote address. 5) Conservative Leader Tim Hudak and Health Critic Christine Elliott (second from right, standing) network with RNAO members before taking to the podium. 6) Kenora-Rainy River MPP and former NDP leader Howard Hampton (second from right) poses with RNAO board member Kathleen Fitzgerald (right) and fellow members in his Queen’s Park office.

**politics**

of the health and nursing issues they’ll inherit if elected. **BY JILL-MARIE BURKE**

With a provincial election just months away, RNAO’s 12th Annual Queen’s Park Day was an opportunity for nurses and nursing students to learn what party leaders plan to do to advance the policy recommendations in the association’s 2011 political platform, *Creating Vibrant Communities: RNAO’s Challenge to Ontario’s Political Parties*. The platform was first unveiled during the association’s 2010 Queen’s Park Day, in plenty of time to influence the political process. And, although nurses are still waiting to see if the parties will adopt its recommendations, a strong group of 150 RNs and nursing students represented the association at this year’s event focusing on some of the key priorities. These included: strengthening Ontario’s social system by continuing with annual increases to the minimum wage and a $100/month healthy food supplement; advancing green communities by focusing on renewable energy and saying no to coal and nuclear energy; strengthening Medicare by investing in publicly funded, not-for-profit community care and opening 50 additional nurse practitioner-led clinics; improving system access and effectiveness by adding 9,000 RN positions and reaching 70 per cent full-time employment for all nurses.
Minister of Health Deb Matthews, PC Leader Tim Hudak and NDP Leader Andrea Horwath, along with 57 MPPs and/or their senior staff, attended the annual event on Feb. 3. They met with nurses who demonstrated their knowledge and political savvy by posing strategic and thought-provoking questions. For the politicians – especially in an election year – it was an opportunity to gain insight from nurses, and an important commit on the pre-campaign trail.

“The evidence is clear about the relationship between low income and poor health outcomes,” Leanne Siracusa, political action officer for the Hamilton chapter, said to Hudak. “In Hamilton...we’re hearing about parents who are...trying to make ends meet, choosing between paying the rent and food...what’s your stand on the $100/month healthy food supplement for those on social assistance?”

Hudak said his party wouldn’t commit to the supplement until a review of the system is complete. “I think there is no better social program than a good job, and the problem we’ve had in Ontario is so many jobs have disappeared,” he said. He said Ontario needs “...to get our economy moving and make sure families can pay the bills; and help break down those walls to help people move out of social assistance and into the workplace.”

Niagara public health nurse Sandra Romagnoli pressed Hudak on what he would do about the minimum wage. “Our party commitment is not to have any more increases until other provinces catch up,” he responded. “We have the highest now in Canada. The challenge I hear from small businesses is that they’re having an awful difficult time keeping people employed...I do worry that further increases in the minimum wage...in a tough economy, are going to chase even more job opportunities out of the province.” Hudak said he believes making changes to provincial income tax is a more effective way to assist those with low incomes.

For Niagara chapter president Lois Lacroix, sustainable, green communities were top of mind. She asked Hudak if he and his party would support wind-powered energy. He answered that the Conservatives support renewable energy, but stressed that “it needs to be affordable for seniors and families...and in communities where it’s welcome.” He added that when you consider new supply to our energy system, “it should be done on a competitive, transparent basis.” Hudak says he objects to contracts for wind and solar power that he says have been signed behind closed doors at Queen’s Park because of their exorbitant prices and the fact that the decisions weren’t made by elected municipal councils.

Peterborough nursing instructor Beryl Cable-Williams took to the mic following Minister of Health Deb Matthews’ address. Her mother, she said, had cataract surgery and returned to her apartment in a small village 25 kilometres from the hospital. She needed to use eye drops following the surgery, but that service wasn’t available through home care. Since her mother wasn’t able to put the drops in herself, the results of the surgery are questionable. Cable-Williams asked Matthews if she is committed to supporting the development of home care services, particularly in situations and settings where cost efficiency may not be the most important determining factor.

“I can tell you that we are determined, and through the Excellent Care For All Act, committed to really measuring quality,” answered Matthews. “And if someone doesn’t get the care they need, that is not high quality care...we need to identify those gaps in the system and figure out how we’re going to fix it because we don’t want her (Cable-Williams’ mother) coming back to the hospital.”

Matthews was also challenged on Bill 179 and the expanding role of nurse practitioners. Michelle Acorn, president of the Nurse Practitioners’ Association of Ontario, asked: “When can we expect the proclamation for Bill 179 to enable full scope of practice for all nurses? When can we actually expect the announcement for the Public Hospitals Act (PHA) to enable us to admit, transfer, treat and discharge our patients?”

Matthews said the government is working through the regulations for Bill 179 and wants to proclaim it as quickly as possible. Consultations regarding the PHA have wrapped up, she added, noting she was anxious to get on with the next stage.

Oakville RN Jennifer Desmond addressed NDP leader Andrea Horwath with a pointed question after her address to members. Desmond touched on the issue of full-time employment for 70 per cent of RNs. “I don’t have the specifics of what’s in our platform because we don’t have it yet,” Horwath responded, “but certainly we’re well aware of that issue and the need to provide stability, not only for the benefit of patient outcomes, but let’s face it, the profession deserves that kind of respect.”

Respect was a key theme throughout Queen’s Park Day 2011. It was extended from nurses to the politicians and vice versa. MPPs listened carefully and answered thoughtfully as RNs shared their expertise and raised important questions about complex issues.

“As the leaders prepare for the campaign trail,” RNAO Executive Director Doris Grinspun said, “they will do well if they account for RNAO’s platform in their own, and if they heed nurses’ voices.”

Nurses and nursing students (above) demonstrated their knowledge and political savvy by posing thought-provoking questions to MPPs.

Jill-Marie Burke is Communications Officer/Writer at RNAO.
WHERE ARE THEY NOW?
RNJ catches up with three members who have thrown their hats into the political ring. Why do they think nursing and politics make good bedfellows?

BY JILL-MARIE BURKE

When newly elected municipal councillor and NP Carolyn Davies attends town council meetings, she brings her nursing expertise and skills to the table. In addition to listening, observing, assessing and problem-solving, she says her nursing experience enables her to remain non-judgmental and allows her to see the big picture. Davies always thinks “I’m a nurse. How does this relate to what I believe in?” Her ability to analyze issues from this perspective, and her understanding of social determinants of health, help to make her a better councillor, she says. Making decisions “is no different from assessing patients,” except that “…it’s not just one patient, it’s a community of folks whose well-being is affected.”

As a member of the Amherstburg council in Essex county, Davies recently discussed the cost of upgrading the local sewer system. She says that while the money retired homeowners on fixed incomes will have to pay is an important factor; the bottom line is that sewers and water quality are health and safety issues. Not only does Davies remember the Walkerton water crisis, but nursing stints in Kenya, Haiti, Bangladesh and Pakistan, where she cared for people suffering from the effects of E. coli and cholera, made her realize how lucky most Canadians are to have state-of-the-art sewer systems. Davies says she’s also focusing her attention and advocacy as a councillor on services for the disabled and elderly in her community. She wants to start an Alzheimer’s ‘day away’ program to support caregivers.

Having run for (and lost) provincial and federal seats in the past, Davies admits having a passion for politics. She praises RNAO’s Executive Director Doris Grinspun for “bringing politics to nursing” but wishes more RNs would become engaged. “I still think nurses have a long way to go to appreciate that politics is critical to health-care policy.”

Toronto street nurse Cathy Crowe is well aware of the value of political activity. The high profile RN ran for the NDP in a provincial by-election in the riding of Toronto Centre in February 2010. The decision to campaign for MPP surprised even her, and happened when she was taking a Toronto Star reporter on a tour of the downtown neighbourhood she’s called home for over 20 years. “Seeing hospitals shut down, supportive housing left in disrepair, and line-ups outside shelters… these are things I see all the time, but as I was talking to (the reporter) about it, I realized how many years we have had of the current government, and how I hadn’t seen enough improvement.”

Crowe says RNAO’s political action helped inspire her decision to enter politics. She has always participated in the association’s Take Your MPP To Work initiative and felt that “MPPs do listen to nurses in a way that might be different or special.”

During the campaign, Crowe knocked on thousands of doors to discuss issues like poverty, affordable housing, the Harmonized Sales Tax (HST), and the controversy over the potential closing of Toronto Grace Hospital, a 100-year-old downtown facility (which the Liberal government pledged an estimated $15 million to save on the eve of the by-election). The fact that she’s a street nurse struck a chord with voters and made her campaign unique, she says. Residents of community housing recognized her as a housing advocate and she was surprised that homeowners in upscale neighbourhoods like Cabbagetown were also aware of her work. They told her “…we know who you are. We know your work. We will support it,” remembers Crowe. She also had the support of nurses and nursing students. York University students were encouraged to participate in the campaign “not in a partisan way, but just to see firsthand what it’s like.”

On election day, Crowe captured 33 per cent of the vote, the highest percentage for the NDP in the history of the riding. Although it wasn’t enough to win the seat, she came a strong second and may run again this October. “I had fun, met a lot of people, and I learned a lot,” she says. “It was a huge learning curve about everything from campaign issues to social marketing, let alone what happens at the door.” — Cathy Crowe

RN Linda Oliver also came a close second in her run for a seat on Oakville Town and Regional Council last October. She finished only 214 votes behind her competitor. A semi-retired RN who works part-time in ambulatory care, Oliver’s campaign literature said she would “give as much thought, caring and support to her constituents as she would to her patients.” Prior to her campaign, Oliver remembers seeking advice from her now-deceased father-in-law, a retired police chief who was regional and town councillor in Oakville for nearly 25 years.

Losing hasn’t dulled Oliver’s spirit. In fact, she’s more committed than ever to keeping the promise she made during the election: to serve her community. She recently applied for two regional committees: the Elder Support Advisory Committee and Halton Housing Advisory Committee. “The election really brought home the idea of putting your money – and your time – where your mouth is,” she says. RN
Lisa Richter, co-chair of RNAO’s Hamilton chapter, admits there’s a bit of a crowd around the table when the local executive meets. But she’s not complaining. In fact, she’s proud of the many members who “stick around” after their term is done. She estimates there are about 30 RNs sharing the various executive roles in Hamilton, and boasts proudly that other RNAO chapters have approached the group to find out their secret to success.

Awarded Chapter of the Year in February, Hamilton members were on hand at RNAO’s Annual Day at Queen’s Park (QP Day) to accept their award. “This is recognition of a lot of those members who are really passionate,” Richter said, crediting student involvement in political events such as QP Day as a key to their success. “Honestly, having students come to events like this…they don’t go away. They stay on our chapter, which is awesome.”

The Chapter of the Year award, one of three recognition awards handed out during QP Day, is given to the chapter that best demonstrates commitment to the association by involving members in RNAO activities. “The Hamilton chapter has shown leadership this year by bringing MPPs to work, by developing a nursing week supplement in the local newspaper (Hamilton Spectator), and by communicating and engaging with members, and reaching out to the community,” RNAO President David McNeil said, adding acknowledgement of the group’s work on poverty at the local level. “Sometimes it’s a slow process when you’re working for change, meeting with politicians, advocating…and sometimes you don’t know if you’re getting anywhere,” said Leanne Siracusa, a chapter member and one of the key organizers of several poverty events in Hamilton. “This means a lot because RNAO is recognizing that it is a slow process, and there’s a lot that happens behind the scenes. It charges us up to continue and to keep going.”

RN first assistants (RNFA) David Melmer and Matthew Dubuc were also charged up after receiving their Interest Group of the Year award at the event. In fact, a “very surprised” Melmer, who is co-chair with Dubuc, said he didn’t even know Dubuc had nominated the RNFA Interest Group for the honour. When he received notice of their win from the association’s membership department, Melmer says he wondered to himself ‘how did this happen?’

The Interest Group of the Year award is presented to the group that participates in RNAO activities, influences decision makers and demonstrates teamwork and leadership. “RNFA has a committed executive team that works together to speak out for patients and speak out for RNFAs,” McNeil said before presenting the award. They are in constant dialogue and communication with government, MPPs, members, media, suppliers, senior hospital administrators, and surgeons and physicians about the work of first assistants.” During the past year, the interest group added a significant milestone to its advocacy work with the announcement of 100 per cent permanent

Active, vocal and engaged RNs receive recognition for a job-well-done.

BY KIMBERLEY KEARSEY
funding for RNFAs who were part of a pilot project that began in 2006. They are now working to expand access to RNFAs across the province.

“It’s very rewarding since we’re such a small group,” Melmer said, noting they’ve been hard at work raising awareness of the role for ten years. “It’s a job that really isn’t fully understood or recognized throughout the province and it slowly come very-much to the forefront. I’m very excited.”

For Helen Tindale, recipient of the Leadership Award in Political Action, being ‘recognized’ by others, particularly politicians, is something she’s become quite adept at ensuring. “In Helen’s typical, quiet and humble way, she suggested we nominate our chapter (for an award),” her nominators wrote in their letter to RNAO. “Instead, we would like to nominate Helen. Acknowledging accomplishment, sharing success and mentoring leadership are only some of Helen’s outstanding characteristics.”

The Leadership Award in Political Action is given to a member who participates in political action that improves health or positively profiles the profession. “Helen has been a long-standing activist with RNAO in many roles – as a public health nurse, as a workplace liaison, and as a crucial part of the Wellington chapter team,” McNeil said. “Helen speaks out on issues that aren’t always comfortable to those in power. In her nomination, Helen’s colleagues recall how an MPP walked out of a meeting when she mentioned the Walkerton tragedy. Through her mentorship and encouragement, Helen is developing another generation of politically aware and active nurses.”

“It’s very humbling because all that I’ve learned is through RNAO,” Tindale said. “We need to be there...to be visible.” This passion for political action is something she says her loving husband has noticed in her as well. In fact, when he heard she would take home the honour, he proudly congratulated her for winning the “sh*t-disturber” award. RN

London RN receives prestigious fellowship

Maureen Loft wants to better understand how clients with Type 2 diabetes cope with stress. An NP with the diabetes and endocrinology program at St. Joseph’s Health Care (SJHC) in London, she says it’s one thing for health-care providers to acknowledge their client is stressed, but it’s quite another to really understand what they’re going through. As the newest recipient of RNAO’s doctoral fellowship, an initiative of the association in partnership with the Government of Ontario, she’ll be able to find out.

Loft will receive $25,000 through the fellowship. She will use it to evaluate the impact of RNAO’s Best Practice Guideline for the Subcutaneous Administration of Insulin in Adults with Type 2 Diabetes. Loft is only the sixth nurse to receive the fellowship since it was first introduced in 2004. “I’m very excited. I’m very appreciative,” she said of the award. “RNAO does a wonderful job of supporting nurses and this proves that point.”

Loft, who is pursuing her PhD through the University of Western Ontario (UWO) School of Nursing, began her career 23 years ago as a bedside nurse at SJHC. In 1999, she completed her master’s degree at UWO and went on to study as an NP in 2002 at the University of Toronto. She is an active member of RNAO, NPAO, the London Region Advanced Practice Nurses, and is the past-president of the Canadian Orthopaedic Nurses Association.
Laura Hanson’s work often leads her into dilapidated apartment buildings looking for clients whose primary focus is on their next fix. To those who find it uncomfortable coming face-to-face with this vulnerable population, Hanson’s involvement in their lives and health may seem puzzling. But for this community health nurse in Toronto, there’s nothing puzzling about it. In fact, what’s mystifying to Hanson is the troubling and pervasive perception that her clients have some kind of character flaw that has led them down this path.

“Substance abuse and drug use is so deeply stigmatized,” she says. “It’s criminalized. It’s moralized. And people have these experiences over and over again of being judged because they’re using drugs or alcohol. (My work) is about accessing basic health care when you use drugs, and that access is a human right.”

Originally from Winnipeg, Hanson chose one of Ontario’s largest urban centres to work with substance users among other marginalized groups. She recalls one encounter with a fellow nurse while doing outreach before joining the team at Regent Park Community Health Centre: “We started up a staircase where a group of people on the landing above were doing drugs,” she explains. Admittedly, she “was a little hesitant and unsure how to negotiate past this group of people.” As the two RNs approached, one of the residents recognized Hanson’s colleague as the nurse who dressed his foot a few days prior. Before she knew it, Hanson had an escort to the front door of the client she was there to see.

Relationship building is vital to harm reduction, she explains, particularly with a vulnerable population that struggles with addiction. Every connection with a community member, and every new relationship built on mutual respect, brings her one step closer to becoming their ally in a harsh and judgmental health system. “It’s a pragmatic approach based on equity and social justice,” she says. “Rather than focusing on the moral issue of whether it (their addiction) is right or wrong, you leave that out of the conversation. We have the challenge and the joy of being there to provide the basic things people need, and harm reduction is very much a part of that.”

Hanson is one of many nurses who understand – and apply daily – the philosophy of harm reduction. It’s fundamental to health promotion in the community, she says. It’s also the fundamental belief that has prompted RNAO, CNA and the Association of Registered Nurses of British Columbia (ARNBC) to participate in an appeal being heard by the Supreme Court of Canada this May regarding the future of Insite, a supervised safe injection site in Vancouver’s Downtown Eastside. The three nursing groups jointly applied for and were granted intervener status before the high court. Lawyers from Ogilvy Renault will present arguments on why nurses believe Insite must be allowed to continue operating.

Insite opened in 2003, under the leadership of the federal Liberal government. Since the Conservatives came to power in 2006, it has been defending attempts to shut its doors. Two court decisions in BC have upheld its ability to continue operating. However, in June of last year, the Supreme Court of Canada agreed to hear the federal government’s appeal of those rulings. Lawyers for RNAO, CNA and ARNBC will argue there is ample evidence and research that backs up the effectiveness of the Insite facility, says Rahool Agarwal on behalf of his team. They’ll also comment on the care provided by the nurses who work there.

Hanson says she wasn’t surprised to hear of RNAO’s involvement.
“Although it’s Ontario based, RNAO has some influence across the country,” she says. “It (Insite) is a very important program. It’s a progressive service. And we should be proud that we have this service in Canada.”

Bethany Jeal has been a member of the nursing team at Insite since 2004. She knew when she started nursing school that she wanted to pursue a career in harm reduction and worked the frontlines for more than five years before becoming Insite’s clinical coordinator in 2009. There are more than 11,000 people registered, she says. Before the doors open at 10 a.m. there are a dozen or more people waiting outside. The 12 booths in the injection room fill up quickly, and the waiting room is usually busy with up to 25 people waiting their turn. “That really speaks to the need,” she says, noting it shows people really do want to be safe.

In 2009, Insite saw an average of 702 visits daily, with supervised injections averaging 491. Almost 500 overdose interventions were performed with no fatalities. And more than 6,200 people were referred to other service agencies, mostly for detox and addiction treatment.

Jeal says education and engagement is always the goal, noting that it is vital to health promotion and illness prevention. It can be as minimal as sitting in a booth with someone and helping them find a vein or change a dressing. “If we don’t engage with people and build some kind of therapeutic relationship...we’re useless,” she notes with brutal honesty.

Given the controversial nature of supervised injection, Insite has been subject to rigorous review and study since opening its doors. More than 30 peer-reviewed studies have been produced, and each has found Insite provides a range of benefits to its clients and the greater community, including a reduction in public injecting, lower levels of HIV risk behaviours (i.e. syringe sharing), and an increase in the pursuit of addiction treatment.

According to a 2008 study, prompt medical attention at Insite prevented as many as 12 overdose deaths each year between 2004 and 2008. Jeal suggests anecdotally that the number is higher. “We have overdoses regularly...and many more than 12 would have resulted in death had the individual not been at Insite for us to intervene,” she says. The study goes on to say that “...after peaking at more than 200 in Vancouver in 1998, the number of overdose deaths in the Downtown Eastside has averaged about 35 over the past five years.”

Beyond the data collected about Insite, Hanson and Jeal say there’s plenty of anecdotal evidence that harm reduction works. They’ve both seen their share of success stories, although some are not as traditional as others. “It’s always a long process,” Hanson explains. “Things may not work out in the short term. But, in the big picture, maybe we’ve kept someone alive who may not have survived.” Her measure of a good day is knowing that she put aside her assumptions and helped someone get the basic help they needed in a given moment because “that’s what really helps to build bridges.”

Kimberley Kearsley is managing editor at RNAO.
Nurses question safety of nuclear energy
On March 16, RNAO presented evidence at a Queen’s Park media conference that highlighted how costly and unsafe nuclear technology is. The association’s arguments are detailed in a submission to the panel examining plans to build new reactors at the Darlington nuclear site in Durham Region. A public hearing about the new reactors went ahead despite the fact that more than 400 RNAO members sent letters to Premier McGuinty and opposition leaders Tim Hudak and Andrea Horvath urging that they be postponed. Nurses are asking the government to follow the lead of Germany, China and other countries that have delayed nuclear plans while a disaster in Japan is unfolding following the March 11 earthquake that damaged that country’s Fukushima Daiichi nuclear power plant. In its submission to the panel, RNAO pointed out the health impacts of human-produced radiation, even at relatively low doses. These include cancer, genetic damage, birth defects, mental disability due to in-utero exposure, and immune system dysfunction.

Added to the health concerns is the exorbitant financial cost of nuclear power. “What happened (at Fukushima) in Japan reminds us that nuclear technology is unforgiving and that all reactors are vulnerable to the potentially deadly combination of human error, design failure and natural disaster,” RNAO Executive Director Doris Grinspun said. “It’s completely unacceptable that politicians are proposing to build new reactors without a transparent and robust assessment of their cost-effectiveness or safety.”

The association’s stand on nuclear safety is outlined in its Creating Vibrant Communities political platform.

RNAO to play a role at Ashley Smith Inquest
RNAO Immediate Past President Wendy Fucile will testify before a coroner’s inquest when it begins looking into the death of 19-year-old Ashley Smith this spring.

The New Brunswick teenager first entered the youth criminal justice system when she was 13, after being charged with assault and creating a disturbance in a public place. She died in October 2007 while in custody.

Coroner Bonita Porter agreed to the family’s request to widen the scope of the inquest and look at why Smith was transferred 17 times from one federal institution to another during her last year in custody. It will also explore why she was denied adequate mental health care.

In granting standing to RNAO, Porter indicated the association will contribute information that will explain the role of registered nurses, both from a clinical and policy perspective, when caring for incarcerated clients with mental health needs and those who pose a risk of self-harm.

The inquest begins in April.

Time to end the silence on health care
RNAO members were well represented at a public forum on the future of Canada’s health-care system.

Held in Toronto on March 1, and organized by the Canadian Medical Association and Maclean’s magazine, the meeting was one of several being held across the country to engage Canadians in a discussion about the future direction of health care.

RNAO Immediate Past President Jeff Turnbull said Canadians need to consider tough questions if they want to ensure the system is sustainable. Among them:
- Should the Canada Health Act be expanded to include pharmacare?
- Do Canadians feel they are getting good value for their health-care dollar?
- What do you think Canadians’ responsibilities should be in regards to their health?

Invited panelists included RNAO member Mary Jo Haddad who drew on her nursing experience and said the focus has to shift from the health care provider to the patient. As CEO for Toronto’s Hospital for Sick Children, Haddad also talked about the need to find more money to deal with children’s mental health and to address the social determinants of health.

During a question and answer session with the audience, RNAO board member Claudine Bennett pointed out that the current system focuses too much attention on illness care and not enough on prevention and other initiatives that promote health and well-being.

RNAO fully agrees on the need for a national pharmacare plan, however, it rejects the CMA’s claim that the system is in crisis and financially unsustainable. RNAO believes there is ample evidence that the real cost drivers in the system are prescription drugs and private drug plans.

RNAO also wants to see substantive investments in primary health care and in not-for-profit home care services.

The CMA’s next forum in Ontario will be held in Ottawa. Check www.cma.ca for details on the date, expected to be announced in April. RN
May 9–15
NATIONAL NURSING WEEK 2011
Theme: Nursing – The Health of Our Nation

May 13
NURSING CAREER EXPO – FREE!
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May 12–13
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May 27–29
RN POLITICAL CANDIDATE TRAINING PROGRAM
Hosted by RNAO’s Health and Nursing Policy Department
RNAO home office
Toronto, Ontario

June 5–10
CLINICAL BEST PRACTICE GUIDELINES SUMMER INSTITUTE
Blue Mountain Resort
Collingwood, Ontario

June 16–17
RNAO BOARD OF DIRECTORS’ MEETING
RNAO home office
Toronto, Ontario

August 7–12
HEALTHY WORK ENVIRONMENTS SUMMER INSTITUTE
Blue Mountain Resort
Collingwood, Ontario

September 22
BOARD OF DIRECTORS’ MEETING
RNAO home office
Toronto, Ontario

September 23
RNAO ASSEMBLY MEETING
Hyatt Regency
Toronto, Ontario

TELL US ABOUT THE RN WHO INSPIRED YOU

Once again, RNAO is calling on members to do some thinking in advance of Nursing Week. We want you to reflect on the experiences that have shaped the nurse you are today.

For the 4th consecutive year, we will collect your stories, post them on the RNAO website during Nursing Week (May 9-15), and select a handful for publication in the July/August issue of Registered Nurse Journal.

In past years, we’ve asked you to tell us about a memorable patient, a professional moment when you proudly showed your knowledge and skill, and your motivation behind membership with your professional association.

This year, we want to hear about an RN who has made a difference in your career, mentored you, or simply inspired you to be a better nurse. She/he can be anyone—a nursing professor, your first boss, or a colleague you’ve worked alongside for years. What did you learn from them that helped shape your practice? Tell us about their leadership and knowledge. Paint a picture of how they’ve been a supportive peer or friend.

Send your stories (in 500 words or less) to editor@rnao.org. Please include your full name, membership number, and a phone number where you can be contacted if your submission is short-listed for publication.

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

CORRECTION: The 5th National Community Health Nurses Conference will take place May 16-18, 2011, in Halifax, NS. We apologize for any confusion caused by the inclusion of an incorrect listing for this event in the Jan/Feb 2011 issue.

BECOME A CERTIFIED PROFESSIONAL CANCER COACH

The National Association of Professional Cancer Coaches (NAPCC) is a federally registered non-profit organization. We are seeking nurses and registered health-care professionals to assist cancer patients in communities across Canada. You will provide information on medical treatment options and guidance in proactive self-care. Training as a Certified Professional Cancer Coach is your first step to this rewarding community service or you may choose a successful career in private practice.

For more information, please visit www.napcc.ca; e-mail napcc@cogeco.ca or call (905) 560-8344.

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What: Nursing Career Expo
When: May 13, 2011 9:00 a.m. - 3:00 p.m.
Where: Toronto Hyatt Regency
370 King Street West

To register please contact: www.RNAO.org/events
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What nursing means to me...

This is a difficult concept to put into words. My love of nursing goes back to my earliest memories of putting band aids on teddy bears, giving candy pills to dolls, and waiting impatiently for the day I could become a registered nurse.

The thing I love most about being a community mental health nurse is being able to make a difference in a client’s journey to recovery. Every day I work with individuals and their families as they struggle to regain their lives following a brain injury. Brain injuries, no matter the extent of the injury, have a significant impact on physical, cognitive, emotional and behavioural health, and not infrequently, difficulties with mental health become an issue. Recovery is a long and arduous process, often with ‘small’ victories along the way; however, these ‘small’ victories become a source of pride and accomplishment for everyone involved.

I recall clearly a young man who experienced an anoxic brain injury (from loss of oxygen) at the age of 19. He had ingested a combination of drugs and alcohol, resulting in prolonged coma.

When I met him, he was 35 and had overcome significant physical challenges, but continued to struggle with emotional stress, depression and cognitive difficulties. Although he was initially reluctant to work with me, he wanted to overcome his challenges in order to re-establish a relationship with his estranged family. We spent long hours developing skills and strategies to manage his symptoms and maintain a positive attitude in his ongoing struggle. There were setbacks, and at times he doubted his success, but through it all, he worked tirelessly with me toward recovery. He showed dignity, grace and humour, and touched me in a profound way. Meeting him helped define me as a nurse.

Like many sectors in nursing, mental health can be a stressful job, with long hours and frequent setbacks. You may not always see full recovery. However, the knowledge that I may have made a small difference in a client’s life sustains me through the times when success is elusive. At the end of the day, it’s a challenging, frustrating, fabulous job and I am so grateful to have the opportunity to be a nurse and be part of the best profession in the world. RN

Carol Harren, RN, CNC, works at Ontario Shores Centre for Mental Health Sciences in Whitby.
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Who should attend?
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