When patients are prisoners
Carolyn Kirkup is one of many RNs who has built a fulfilling career in corrections.
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Maude Barlow,
National Chair of the Council of Canadians

Clinical Knowledge:
The Art and Science of Nursing Caring
Doris Grinspun, Executive Director, RNAO

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SPECIAL PULL-OUT SECTION
AGM provides the chance to catch up with members

For the staff writers who work on this magazine, RNAO’s annual general meeting is an opportunity to connect with members from all over Ontario who we may never have seen before, but with whom we’ve had plenty of email or phone conversations. Writing about the work that 29,000 members are doing in a province larger than France and Spain combined means we talk to most of the people we interview on the phone. So it’s nice when we have the chance to meet members one-on-one, even if only for a brief ride in a hotel elevator.

The AGM also gives us a chance to collect ideas that sometimes turn into future stories in this publication. Politicians’ speeches, debates on resolutions, and the Members’ Voices segment of the meeting – when chapter and interest group representatives share the work they’re doing in their communities – are always a great time to hear about innovative programs and roles you’re spearheading. In fact, there is rarely an AGM that goes by where we don’t meet an RN who’s taken on a new or unique role. Sometimes, the work that’s most interesting goes beyond clinical practice and is part of the member’s volunteer efforts on behalf of this association to meet with politicians, recruit new members, or get involved on an RNAO committee.

In this issue of the Journal, our cover feature looks at a group of nurses who were part of the conversation at this year’s AGM: RNs who work in Ontario’s jails. During the debate on a resolution that focused on providing more support to nurses in this sector, members heard about the unique challenges of working in a place where your patients are locked behind bars, and security is just as important as care. Many people wonder why these RNs want to work in this environment. The nurses you’ll read about in our cover feature admit it can be tough, but it’s also rewarding. Corrections nurses use all their knowledge and skill to care for people who may never have been in contact with the health-care system before, and who may be struggling with chronic diseases, addictions, mental illness or need stitches after a fight.

We also reflect on many of your efforts outside the workplace. Our annual Nursing Week supplement features photos of the events you held to celebrate your profession, including the annual Take Your MPP to Work visits. More than 40 politicians took part this year to see the work RNs are doing in communities, primary care, hospitals, long-term care, research and education to improve health care. It’s an event that allows politicians to gain some of the insight into your world that we here at RNAO hear about on the phone every day, or during conversations in the elevator at the AGM.
Building on 85 years of advocacy to move into the future

It is an honour and privilege to begin my term as RNAO president and to share my first message with you, the members. During our annual general meeting in April, I talked about how I am looking forward to the opportunities that we have to address the challenges that face our health-care system, and in ensuring that nursing’s role is at the forefront of leading this change. We have an impressive 85 years of heritage to draw upon. I will do my best to build on the wisdom of our founders as your president, and I ask all of you for your support in continuing the pursuit of our mission.

Of course, fulfilling RNAO’s mission is not limited to the President or the Executive Director. It’s a collective responsibility that is achieved through the work of board members, regions, chapters, interest groups, and individual members. This is what gives RNAO its strength.

As a profession, nursing has a social and service accountability to the public. This accountability requires no regulation, rather it’s inherent to our profession and it’s something that every nurse needs to exercise. This accountability can take many forms, all of which are essential to nurses’ and RNAO’s success. For the association, it means continuing to do what we do best: speaking out for health and speaking out for nursing. Each of you contributes to that important work by being a member of an incredibly strong and influential force. Thank you and congratulations for all of the work you do beyond this most critical commitment. To continue our success we need to continue our great work and recruit others to our team. I leave you with this challenge.

When I reflect on the accomplishments of our association, I am always drawn to the actions of individual members. I am inspired by what many of you do for the association, the profession, and most importantly, for others.

In the last year, we have accomplished much together including government commitments to full funding for Registered Nurse First Assistants, continuation of the Nursing Graduate Guarantee and expanded scopes of practice for RNs and nurse practitioners.

We also face some immediate challenges that require our system so it can meet the needs of our children and our grandchildren – a reality that was acknowledged by Premier Dalton McGuinty during his speech at the AGM. RNAO must continue to play a lead role in system reforms to ensure models of care delivery recognize the high-quality care outcomes that result when RNs are employed in all health-care settings and sectors working with members of the inter-professional team. Finally, there continues to be significant dialogue around changes occurring with models of care delivery. These changes need to be further explored and better understood, and your feedback on what’s happening is vital. You can find RNAO’s position on strengthening patient centred care in hospital settings online.

And, of course, we will continue to build momentum and awareness around Creating Vibrant Communities, the report we released in January. The document articulates actions needed to achieve healthy communities for everyone. The report represents a challenge to all provincial parties to adopt the comprehensive recommendations on health care and social and environmental determinants of health as they prepare for the next provincial election. There is enough in this policy document for each of us to find a passion, become engaged and speak out.

As the October 2011 provincial election approaches, I invite you to become engaged and to use this document to speak out for a better, healthier and more prosperous Ontario.

Finally, as we begin our work together, I will endeavour to make myself accessible to you, the members. I might even consider learning how to use social networking websites like Twitter, which will be a real learning opportunity for me.

David McNeil, RN, BScN, MHA, is President of RNAO.
Standing up for Medicare

DURING A TRIP TO WASHINGTON D.C. in April, I was thrust into the American health-care system’s troubled waters. When my hotel’s concierge discovered I am a nurse, he told me of his car accident. He ended up in an ER, and developed an adverse reaction to medications. That meant a four-day hospitalization with a $14,000 price tag. Now, without insurance, he owes three years of monthly payments. If he can’t pay, a credit agency will come calling.

Then a taxi driver shared his story. He went to an ER with a knee ailment. The solution: ibuprofen and a sleeping pill; no diagnostic or lab test needed. He was uninsured and left with a $1,000 bill. Both men shared their hopes about President Obama’s changes that promise insurance for more Americans. These were important and timely conversations. I was in the American capital to share RNAO’s work with the Health Resources and Services Administration (HRSA), an agency that improves access to care for groups such as the uninsured or isolated. It’s headed by Mary Wakefield, RN, PhD, appointed to this top position by the President.

Hearing these experiences brings shivers and reminds me of Michael Moore’s documentary, Sicko. These stories alert Canadians to stand up to those who promote “competition” and for-profit services. We need to support governments that commit to public health care.

And we need to enhance Medicare by including national programs such as home health care, pharmacare, and dental care.

Unfortunately, our federal government isn’t rising to the task. The government’s most recent report to Parliament on the Canada Health Act acknowledges violations of the law, but takes little action to remedy them. The government is not standing up to actual or potential provincial violations, including in Quebec where health-care user fees have been proposed.

Following the 2003/4 Health Accord and Action Plan, Prime Ministers Chrétien and Martin committed $41 billion in new federal funding over 10 years to advance, among other goals, home care, primary care, and a national pharmacare strategy. Sadly, Prime Minister Harper’s government has demonstrated little political will to achieve these goals. Moreover, politicians remain mum about the agreement’s renewal as it comes to a close.

Meanwhile, the Canadian Medical Association (CMA) continues to call for increased competition and privatization. At the last CMA annual meeting, members passed a resolution calling on governments to examine market mechanisms, including their role in health-care delivery. Anne Doig, CMA president, speaks about the need to decide which health-care services should be necessary and universally accessible. But instead of calling for new public programs, she defends her predecessors who wished to privatize the system.

Thankfully, not all physicians agree. Canadian Doctors for Medicare and the Medical Reform Group are vocal about strengthening Medicare.

Even the strongest free-market defenders, such as Britain’s new prime minister, David Cameron, can discover the benefits of publicly funded and delivered health care. In 2003, Cameron’s eldest son was born with severe cerebral palsy and epilepsy. Both Cameron and his wife are wealthy, but they still couldn’t afford the care their child needed before he sadly passed away at age six. Cameron relied on the National Health Service (NHS), the British version of Medicare, and he saw it worked. During this year’s election campaign, he pledged that government spending cutbacks won’t harm the NHS.

Many leaders know publicly funded, not-for-profit and universally accessible health care works. It costs less, we get more, and we can trust it is there for us. Not so with for-profit care, as Albertans are realizing. Recently, the Health Resource Centre, a private Calgary hospital that has been performing hip, knee, foot and ankle operations for four years, announced its bankruptcy. Now, taxpayers have to pick up the tab.

Nurses must continue to remind Canadian politicians of these facts. We must speak out loudly and clearly with the strength of our values, the authority of the evidence, and the courage of our convictions. Medicare must be expanded through publicly funded home health care so that everyone, old and young, lives long in the community. Canada needs a dental care program so those who cannot afford costly procedures can shake off the stigma of poor oral health. And our politicians must move ahead with creating national pharmacare. We ask that you speak with your families, neighbours, co-workers, the public and the media. We must pressure politicians to get on with the task of strengthening public Medicare. Stories like those of my concierge and taxi driver in Washington will continue to remind us of that.

DORIS GRINSPUN, RN, MSN, PHD (CAND), O. ONT IS EXECUTIVE DIRECTOR OF RNAO.
Promoting independence
RN helps people solve incontinence without surgery.

When someone has a secret she’s too embarrassed to tell even her best friend, Jennifer Skelly is the person she can confide in. For almost 30 years, Skelly’s been helping adults of all ages overcome urgency, frequency, leaking and other aspects of incontinence, a condition that affects an estimated 3.3 million Canadians.

Skelly is a nurse continence advisor and associate professor at McMaster University’s School of Nursing. She divides her time between work at her Hamilton continence clinic, teaching and conducting research. She’s also the president of the Canadian Nurse Continence Advisor Association and led the panel that developed RNAO’s Promoting Continence Using Prompted Voiding best practice guideline.

Despite her many responsibilities, Skelly still makes time for patients at the clinic she established 16 years ago at St. Joseph’s Healthcare in Hamilton. Each year, Skelly refers just 10 per cent of her patients, who are mainly women, to a urologist or gynecologist. She says that demonstrates education can help women to manage incontinence in a way that can improve their lives and save themselves, and the health system, money.

In 2007, Skelly led an initiative that examined the impact continence clinics had on clients from the Hamilton-Wentworth and Grey-Bruce Community Care Access Centres. She says that helping patients stay dry reduced the money they spent on incontinence products by a quarter. Providing continence care in a clinic setting also proved to be more cost effective than home visits because more people can be seen. Last summer, Skelly embarked on a continuation of that initiative with funding from Ontario’s Aging At Home strategy. She now oversees six new continence clinics for seniors that have been set up across the Hamilton Niagara Haldimand Brant Local Health Integration Network (LHIN). She hopes that by providing evidence of the cost savings, the clinics will become permanent.

Although she’s now an international incontinence expert, Skelly didn’t set out to achieve that goal. In 1981, she was working in intensive care at St. Joseph’s when she learned a gynecologist with expertise in incontinence was hiring a nurse for his clinic. She was intrigued by the new machine he’d just purchased to measure pressure in the bladder, and embarked on a new career path. She soon realized that many female patients experienced incontinence after they fractured a hip. She wondered what the link was, and decided to go back to school to hone her research skills.

In the 1980s, Skelly earned two master’s degrees in health science and epidemiology before completing her PhD. Today, she continues her research while practising as a nurse continence advisor, a role that fills an important niche in the health-care system. She says studies show half of family physicians don’t ask patients about incontinence because they don’t know how to treat it. She’s also frustrated by urologists who recommend patients learn to do their own catheterizations without checking to see if they have a bladder prolapse. Skelly shudders when she remembers an elderly woman who was referred to her to learn to do intermittent self-catheterization.

“There is no greater sense of accomplishment than to have patients tell you they are dry.”

– Jennifer Skelly

Skelly looks beyond a patient’s anatomy to determine how lifestyle and other factors contribute to their condition, and treatment. Lifestyle changes are also needed to help older people who experience severe urgency which sometimes creates a burning sensation, frequency and occasional loss of urine. Skelly says women often think they have a vaginal yeast infection, but their symptoms are related to changes that occur during menopause. After she educates them about the importance of drinking more water and less caffeine (which irritates the bladder), for example, Skelly says many patients can re-gain their independence. She says the most rewarding aspect of her job is learning that a plan she and a patient devised has been successful. “There is no greater sense of accomplishment than to have patients tell you they are dry and how much it has changed their life,” she says. “They can suddenly go and take the bus trips they like and not worry about it.”

JILL-MARIE BURKE IS ACTING STAFF WRITER AT RNAO.
Nursing Week 2010

A flurry of announcements that called for applications for 14 additional nurse practitioner-led clinics and earmarked funds for Registered Nurse First Assistants (RNFA) helped kick off Nursing Week celebrations in the province. On May 10, Premier Dalton McGuinty met with nursing students at York University in Toronto to promote his government’s plan to accept applications for the next wave of NP-led clinics. In a classroom set up to mirror a hospital, the premier moved from bed to bed to watch students practise their skills. RNAO member Crystal Van Leeuwen took part, and explained to the premier that she knew nursing was her calling when she held a girl infected with HIV during a trip to a clinic in Thailand. “Nursing chose me,” she told the North York Mirror (May 11). The following day at a media conference in Toronto, RNAO member Grace Groetzsch, Canada’s pioneering RNFA, joined Health Minister Deb Matthews to announce full funding for 34 RNFA positions (Global TV, May 11).

Along with announcements, news outlets across the province told stories highlighting nurses’ knowledge and talent. In the Toronto Star’s annual Nursing Week supplement, RNAO Immediate Past-President Wendy Fucile described why RNs are politically active on topics ranging from poverty to the environment. “An enormous number of issues have huge potential impact on nurses in their work life and on the communities they serve,” she said. The news supplement also highlighted some of the challenges facing nursing, chiefly the nursing shortage. RNAO President David McNeil talked about the importance of keeping experienced mid-career RNs in the profession. “Some challenges are related to the workload, and those challenges are very real,” he told the Star. RNAO member Suman Iqbal knows all about the challenges of being a mid-career nurse. She described her real-life story of how years of lifting patients and moving heavy equipment forced her to make a change. She returned to school, obtained her BScN and is now the assistant director of care at a long-term care home in Toronto (May 8).

Opening access to NPs
Speaking to RNAO’s annual general meeting on April 16, Premier Dalton McGuinty said he is open to discussions and will start consultations on easing the flow of traffic at Ontario hospitals by allowing nurse practitioners (NP) to admit, treat and discharge in-patients. Doris Grinspun, Executive Director of RNAO told the Canadian Press and CTV Toronto the change would mean patients could move through the system more quickly and get better care (April 16). NPs can already admit, treat and discharge patients in emergency rooms and primary care settings, but only doctors can discharge patients who are hospitalized. Meanwhile, NPs also have a
role to play in linking patients to primary care. Grinspun called the government’s Health Care Connect program (which matches orphaned patients to a family doctor or nurse practitioner) a success, but added patients would be better served if the government follows through on its promise to open up nurse practitioner-led clinics that have already been announced. “Eleven clinics have been announced ... and none of them has opened... (they) need to open ...” she told the Toronto Star (May 3).

**Smoking ban at CAMH**
In April, RNAO member Margaret Tansey, Vice-President of Professional Practice and Chief Nursing Executive at the Royal Ottawa Hospital, weighed in on a decision by the Centre for Addiction and Mental Health (CAMH) in Toronto to enforce a smoking ban. Starting in July, staff and patients will no longer be permitted to smoke on hospital property. Until now, policy makers and members of the mental-health community have been reluctant to adopt strict bans because their patients have a psychological dependence on cigarettes that can make quitting particularly difficult. Mental-health patients also have much higher smoking rates than the general population. Tansey says it’s not a simple issue. “We do understand that for those with major mental illnesses, smoking does give them a sense of relief. You’re taking away ... something they see some benefit in,” she told the Globe and Mail (April 27).

**Helping stroke victims**
RNAO member Doris Noble has helped more than 100 stroke victims across Huron and Perth counties re-gain the ability to do some of the activities they enjoyed before their strokes. Noble leads a team of nurses, physiotherapists, rehabilitation therapists and others at the Huron Perth Healthcare Alliance. She coordinates the team’s travels throughout the two counties as they visit patients and implement an individual rehabilitation program for each. “It’s a challenge for rural patients to access rehabilitation (and) it’s easier for someone to come into their homes,” Noble told the Stratford Beacon-Herald (April 8).

**Safe babies**
A new program in Windsor is making babies’ health and safety a top priority. RNAO member Debra Charron helped the Windsor Regional Hospital’s Family Birthing Centre launch an educational program aimed at reducing the number of shaken baby syndrome cases. The free program helps people understand and deal with an infant’s crying. Parents are given an instructional DVD, which teaches ways to comfort their child and important steps to take when crying is frustrating. It also stresses why shaking a baby is harmful. Charron, a nurse educator, told the Windsor Star she hopes parents will understand it’s OK to put a baby in a safe place and walk away when they’re frustrated (April 19).

**Health privacy**
In April, RNAO member Anne Coghlan, president of the Federation of Health Regulatory Colleges of Ontario, responded to a recent survey by the KEOS research firm that found 17 per cent of Canadians worry that their health information – including details of a visit to care providers and health-card numbers – isn’t secure. And 60 per cent aren’t aware of laws to protect the privacy of personal health information. "Health-care professionals have legal and professional obligations to keep (your) information confidential and secure," she told the Sarnia Observer (April 20).

**Nurse fatigue**
Irmajean Bajnok said governments and employers need to pay attention to a disturbing study that indicates a majority of nurses cite workload as the reason they’re tired. On May 11, RNAO and the Canadian Nurses Association released Nurse Fatigue and Patient Safety, a report that surveyed more than 7,000 registered nurses across all sectors of health care. More than 55 per cent of RNs reported almost always feeling fatigued on the job, while 80 per cent indicated...
1. This spring, Region 10 members hosted their seventh annual breakfast with politicians. More than 60 RNs and nursing students had the chance to talk to local and federal politicians including city councillor Alex Cullen (left), shown here with RNAO member Leslie Ashton.

2. On April 27, Hamilton chapter member and Community Health Nurses’ Initiatives Group member Leanne Siracusa (right) met NDP Leader Andrea Horwath (left) at a rally at Queen’s Park to call for an end to clawbacks of the Ontario Child Benefit for families on social assistance. Siracusa spoke at the event, organized by Hamilton-based anti-poverty groups, and took in Question Period in the legislature after the rally.

3. In March, Nurses in the London area had the chance to talk about the social determinants of health, health-care and nursing issues in RNAO’s platform, Creating Vibrant Communities, with Health Minister and local MPP Deb Matthews. The event, hosted by Middlesex-Elgin chapter and the Mental Health Nurses Interest Group, attracted more than 50 RNAO members including (L-R): Ali Rankin-Nash, Cheryl Yost, Kristie Clark, Matthews, Janet Hunt, Kamini Kalia, Jennifer Collins, Steven Holbert, and Aric Rankin.

they always felt tired after finishing work. The report raises questions about patient safety, as well as the recruitment and retention of RNs. “We know if you’re tired, it affects your thinking processes, your ability to process knowledge, make good decisions and judgments,” Bajnok, RNAO’s Director of International Affairs and Best Practice Guidelines told the Hamilton Spectator (May 15). The report also calls for public reporting of RNs’ overtime, sick time and disability statistics.

Combining nursing and sport
RNAO member and second-year nursing student Noelle Montcalm was recognized as a Woman of Influence for excellence in sport and academics during a luncheon at Queen’s Park to call for an end to clawbacks of the Ontario Child Benefit for families on social assistance. Siracusa spoke at the event, organized by Hamilton-based anti-poverty groups, and took in Question Period in the legislature after the rally.

Regulating retirement homes
In May, RNAO Executive Director Doris Grinspun explained RNAO’s view on the government’s proposed legislation to regulate retirement homes. The new regulations would set clear care and safety standards that Ontario’s 700 homes would have to follow, including publicizing inspection reports and measures to protect residents’ rights. Although Grinspun said the legislation is something the association has been calling for, the definition of a retirement home must be changed to include a cap on the number of services it can provide. Grinspun said without the cap, people on a waiting list for a bed in long-term care could opt to buy extra health services in a retirement home because they could afford it. Grinspun said this could “result in a slippery slope to two-tier health care for older persons," (Canadian Press, May 17). RN
British Columbia nurses set to vote on leaving CNA

On April 10, the board of the College of Registered Nurses of British Columbia (CRNBC) voted to withdraw its membership from CNA. The decision reflects the College’s concerns about a conflict of interest between regulatory and advocacy activities in a single organization. Since the BC government established the Health Professions Act in 2005, CRNBC has been focused solely on regulation. CRNBC members will vote on the proposal to leave CNA at the CRNBC annual general meeting on June 25.

CNA is currently working with the RN Network of BC, a new group which would allow registered nurses’ voices to be heard on issues beyond regulation. RNAO is also sharing its expertise in association management, healthy public policy and advocacy matters with the group.

Becoming baby-friendly

In April, Chatham-Kent earned the World Health Organization’s and UNICEF’s Baby Friendly designation. It’s one of only five municipalities in the province to receive the honour. Organizations and communities can become baby friendly by offering maternity care and programs that support breastfeeding.

RN to run in next federal election

RNAO member Michelle Stockwell is hoping to win the next federal election. The Liberal Party chose the RN to represent the riding of Hamilton East-Stoney Creek when the vote is called. Stockwell told the Hamilton Spectator she wanted to run to promote ideas including a national day care program, better mental health programs, the need for a suicide prevention strategy and improvements for seniors’ pensions.

Improving health care

This spring, several provincial health groups partnered to create their own prescription for making the health-care system more sustainable. In April, the Ontario Association of Community Care Access Centres, the Ontario Federation of Community Mental Health and Addiction Programs and the Ontario Hospital Association released a study that recommended long-term strategies to strengthen health care. Among the report’s ideas: better management of chronic illnesses; shifting appropriate services from hospitals to communities; and more effectively managing physician and pharmaceutical costs.

New NP anesthesia diploma

The Bloomberg Faculty of Nursing at the University of Toronto is now offering a Diploma in Anesthesia Care, the first of its kind in Canada. The program is available to Master of Nursing students in the nurse practitioner field as a concurrent diploma in anesthesia care, and as a post master of nursing (NP Field) stand alone diploma in anesthesia care. For more information on the course, visit http://bloomberg.nursing.utoronto.ca.

Blood donor screening

Health Canada has given a green light to a new staffing model that removes nurses from the screening function at blood donor clinics. Canadian Blood Services plans to train phlebotomists and clinic assistants to screen potential donors to ensure they’re healthy and eligible to give blood. CBS says a minimum of two nurses will still work at clinics and none will be laid off. But Linda Silas, President of the Canadian Federation of Nurses Unions, has pointed out nurses are best qualified to screen donors.

Cancer screening to save lives

A study published in April in the medical journal The Lancet found flexible sigmoidoscopies save lives. British researchers discovered the procedure, in which a small scope is used to examine the lower third of the colon, can reduce the risk of developing colon cancer by one-third, and reduce the risk of death from the disease by 43 per cent. In Ontario, 13 RNs are trained to perform the procedure as part of a pilot project run by the provincial government and Cancer Care Ontario.
WHEN PATIENTS ARE PRISONERS

RNs working inside Ontario’s correctional facilities say it’s a job that makes the most of their knowledge. BY HELENA MONCRIEFF

When Maida Mrakovic arrives for her shift at Mississauga’s Credit Valley Hospital, she breezes through the lobby, buys a coffee and muffin and may grab a sandwich for lunch. She’s a full-time staff nurse in the general surgical unit, working with a full team of nurses and physicians to help patients – who are often surrounded by family and friends – with everything from thoracic to vascular issues.

About four times a month, Mrakovic heads to her casual job at the Maplehurst Correctional Complex in Milton. It’s just 25 km away from the hospital, but work inside prison walls is a world apart from the usual day at Credit Valley. She leaves her cell phone behind because it’s a security risk, and enters the large, grey, pentagon-shaped building. She shows her identification tag to the officer behind the first set of sliding security doors. They open. She walks through. They close behind her. It’s a process she will repeat six more times before starting her day. Her patients’ constant companions are uniformed correctional officers (COs). She admits the first day on the job gave her a shiver.

At 27, Mrakovic is relatively new in her career, still checking out all of the options nursing has to offer. But she believes with some certainty that corrections will eventually become a full-time choice for her. You wouldn’t be the first to ask, “why?” Correctional nurses hear the question again and again.

More than 700 nurses work in the federal system (167 of them in Ontario), serving more than 12,000 inmates. A further 400 work in Ontario’s correctional system caring for almost 9,000 people. Their patients don’t get a lot of sympathy from the public, but they do need a lot of care. That makes the job very diverse, and it’s one of the first reasons many corrections nurses say they chose the career.

Similar to nurses who work in the far north, corrections nurses put all of their knowledge to use. They are teachers, discharge managers and role models. They provide emergency and palliative care. They dispense public health information and help the addicted withdraw. They may be dressing wounds after a brawl or supporting a patient on dialysis. They could be administering pain management medications or methadone.

There is not a great public awareness about health care in jails. In April, the need to raise the profile of the sector was behind a resolution passed at RNAO’s 2010 Annual General Meeting that urges RNAO to lobby governments for greater support for RNs who work inside prisons. It’s no wonder such support is needed; even
WHEN PATIENTS ARE PRISONERS

RNs working inside Ontario's correctional facilities say it's a job that makes the most of their knowledge.

BY HELENA MONCRIEFF

Carolyn Kirkup spent 18 years caring for people behind bars.
the RNs in the sector admit they didn’t know much about it before they started working there. Many stumbled upon the career by chance. They may have known someone already working in a jail or gone looking for a job with limited overnight shifts when their families were young. Daytime hours are among the pluses in corrections. So is the autonomy. Mrakovic says nurses are often the only health-care staff on site, so their assessments drive the care. “It’s independent work so you have to be comfortable following medical directives,” she says. “When the doctors come in, you tell them what’s going on. You don’t work for them, you work with them.”

Mrakovic and other RNs say they also enjoy the bond they have with co-workers, the many challenges and, perhaps most surprising to those outside the system, caring for inmates.

With sentences of two years plus a day, federal inmates could be serial murderers, bank robbers, sex offenders or drug dealers. Many have gained notoriety in the news. Before they get to a federal jail, most have been through the provincial system. Provincial inmates may still be awaiting trial. Their stays could be as short as a day and their crimes, or the offences they’re accused of, run the gamut from skipping child support payments to terrorism. The nurses who care for them don’t want to know. “It’s not why I’m there,” says Mrakovic. “The courts and the lawyers deal with that.”

Joanne Barton is an RN and Project Officer for Correctional Service of Canada, where she oversees policies and provides advice to senior managers on health issues and nursing across the country. She says RNs working in prisons epitomize the nursing principle of being non-judgemental. “You don’t agree with what they’ve done, but that can’t affect your care,” Barton says. “You provide services congruent with professional standards of practice and put your feelings aside.”

Barton first tried out corrections as a student during a clinical placement at the Kingston Prison for Women in 1987. She believes nurses who choose corrections have faith in people. “To work there and have a positive effect, you have to believe in your heart that people are capable of becoming law abiding citizens.”

She says statistics show most people do not reoffend. Anecdotally, she’s seen transformations. She remembers a prisoner who had been very belligerent through her five-year sentence, swearing constantly at everyone around her. Some time after her release, Barton ran into her at a store and braced herself. “I thought, ‘Is she going to start yelling obscenities?’” Instead, she simply said ‘Hi.’ She was so appropriate. She had a child. The difference was night and day.”

Correctional nurses also need to have faith in their own ability to improve the health of people who may never have had someone to look after them. For some offenders, incarceration has led to their first contact with health care in a very long time, if ever. Women working in the sex trade may never have been told how to protect themselves from sexually transmitted infections. Others will have an opportunity to be screened for HIV, hepatitis C and tuberculosis. According to Correctional Service of Canada, the prevalence of HIV is 1.67 per cent inside prisons, compared to just 0.2 per cent in the general population. The prevalence of hepatitis C is 29.3 per cent, compared with 0.8 per cent outside.

But there are some similarities when it comes to health care inside, and outside, the prison walls. Like the general public, the prison population is aging and diseases like heart disease and diabetes also need treatment behind bars. Evelyn Wilson, Nurse Manager at the Hamilton Wentworth Detention Centre, says nurses try to get inmates to choose the low sodium and diabetic options at mealtimes, but it doesn’t always pan out. When they buy snacks from the canteen, they may opt for potato chips or chocolate.

Wilson says it’s harder to get provincial inmates to make lifestyle changes because shorter sentences mean nurses have less exposure to patients. “You help them try to be compliant with diabetes,” she explains. “You discuss diet and exercise and you hope they are on the right track.” Then they are released, some not for long. “They come back in and their sugars are haywire again.” Wilson says old lifestyles get in the way and, with limited incomes, purchasing healthy options outside may not be easy.

She sees the same with efforts to help the addicted withdraw. “That’s a bit disheartening. But I keep my expectations realistic,” she says. “You have to know that you did the best you could and made patients aware of programs available in the detention centre and community. Some wouldn’t be living otherwise.”

Despite any setbacks, Wilson has enjoyed the 23 years she’s been working in the system because she’s had the opportunity to use so many nursing skills. She says because few new graduates come into the field, nurses working in corrections bring a wealth of experience that often goes unnoticed. “I don’t think correctional nurses are recognized for the skills that they bring to the table,” she says. They are also not financially compensated at the same rate as other nurses. Correctional nurses work under collective agreements negotiated with public service unions. In many places, they don’t match the pay scales negotiated through the Ontario Nurses’ Association (ONA). It makes recruitment difficult. But once they are hired, Wilson says, they are never bored and will use every skill they have, then learn some more.

As a new RN 10 years ago, Sheleza Latif was drawn to the sector because her mother worked there. She saw how challenging it could be to work in a field where things are not always as they seem.

“You can’t just assume that a patient is telling the truth,” Latif says. For example, she explains that most inmates know that

“YOU DON’T AGREE WITH WHAT THEY’VE DONE. BUT AFFECT YOUR CARE...TO HAVE A POSITIVE EFFECT, YOU HAVE TO BELIEVE IN YOUR HEART THAT PEOPLE ARE CAPABLE OF BECOMING LAW ABIDING CITIZENS.”
complaining of chest pains could get them moved to the hospital because the detention centre doesn’t have the equipment or staff to do cardiac monitoring. So, in addition to a physical examination, there is a long checklist of factors to consider before sending an inmate offsite. “Maybe he is in danger in his cell, maybe he’s been threatened or is being muscled for medication,” she says. “Or maybe he’s moving drugs so needs to be somewhere else.” When in doubt, Latif says, you call 911, but you can’t panic.

Latif is a staff nurse at the Toronto East Detention Centre and has just completed a master’s thesis on the corrections experience. She shared her expertise as part of a panel that developed RNAO’s methadone maintenance best practice guideline, which includes a specific correctional section. She says when medications are being dispensed, wariness must apply. About 80 per cent of federal inmates have some form of substance abuse problems, according to Correctional Service of Canada. Some inmates may try to use another incarcerate’s name to gain access to drugs.

Several years ago, an inmate claimed to be someone else and overdosed on methadone not prescribed to him. Today, Latif says nurses use photo and number identification and repeatedly confirm names, birthdates and doses with patients in methadone programs.

The medication should be paired with addiction counselling and community support, but Latif says that piece of the treatment hasn’t been implemented in the detention setting. The high turnover rate of inmates would make it complicated. Still, she says, using the medication alone can help.

Barton remembers a difficult man at Millhaven Institution in Bath, just west of Kingston, who was always in trouble, his name routinely mentioned in the morning briefings. “We got him on a methadone program. In a four-month period he had gotten out of segregation, started attending school and was burning through the course work. He put his relationship with his mother back together. He was finally able to reconnect because he could have a decent conversation with someone,” she says.

Despite the success stories, Barton says it can be challenging to provide health care in an environment where the primary purpose is security. The nurses are quick to say how much they appreciate the support of the correctional officers constantly at their side. They are protectors and supporters and often are the first to identify a health problem. But their job descriptions sometimes conflict, and nurses need to explain why their work is important. Barton remembers working in Kingston when an elderly diabetic man came into the clinic wearing slippers. It was against the rules and the corrections officer wanted him back in his cell, but his feet were too sore to put shoes on. She spent half an hour working with him, then talked to the guard.

Latif believes any division between RNs and their other corrections colleagues can be overcome if everyone remembers the ultimate goal is to help people re-integrate into society. “If we aren’t able to rehabilitate, we all lose,” she says.

For many people in the prison system, the need for care goes beyond chronic illnesses and addiction. The overwhelming health issue is mental illness. Mental health problems are two to three times more common in Canadian prisons than among the general population. Correctional Service of Canada reports that 13 per cent of male offenders in federal custody presented mental health problems when they were admitted in 2008. That’s up 86 per cent from 1997. For women, the figure reaches 24 per cent, an 85 per cent increase over the same time. And in the general prison population, those with a mental illness are at risk for abuse by other inmates and suicide.

Carolyn Kirkup has just retired from an 18-year career caring for the mentally ill prison population. Before that, she spent 10 years at the Centre for Addiction and Mental Health (CAMH) working with patients suffering from schizophrenia and in child and family psychiatry. When she moved to Kingston in 1990, the federal penitentiary, which houses about 400 offenders and a 143-bed psychiatric facility, was hiring. “Some people were quite upset at the thought,” she recalls of the reaction to her career shift. Even her mother was skeptical about the job. But Kirkup has a passion for the work. “I’m very interested in helping offenders. I try to understand where they are coming from. How do you handle being mentally ill and being locked up?”

Kirkup often imagines how anguish it would be to have a lucid moment and realize what crime you had committed. “There’s nothing you can do to change that,” she sighs. “How do you live with that regret and sorrow?”

Sadly, some people find they can’t live with the burden. The suicide rate in prison is very high. In 2004, the rate for federal incarcerates reached 86 per 100,000 people. In the general population it’s 11.3.

Kirkup found dealing with suicides the most difficult. She remembers the first. “I had just seen the man 10 minutes before. He had talked to his brother on the phone. He seemed well.” Minutes later he was found hanging. “You question yourself. Why did I miss that?”
And yet there is hope, even for inmates who’ve been abandoned by their family members who can’t cope with what’s happened to their loved one. Kirkup remembers a “crabby” fellow who was dying of cancer. He had never been pleasant in prison but after he died, she learned he had purchased a little evergreen tree to honour another inmate who had committed suicide. “The outside doesn’t realize how these people use all their energy to become family for each other,” she says.

Nurses bemoan seeing patients who seem so profoundly mentally ill that it’s difficult to know how they made it through the court system. “Sometimes it’s not obvious to the judge who has spoken to the person for only a brief time,” says Judeline Innocent, who spent five years working in correctional centres before studying the sector as part of her work on her master’s degree. She’s now working on a PhD on mental illness stigma. “Some inmates) are being punished for having a mental illness and they are not receiving the right care. It’s not until the nurses in jail are doing an assessment that they’ll see something isn’t right.” Sometimes it’s the correctional officers who notice an inmate responding to voices or not hearing instructions.

Innocent believes there needs to be more evidence-based practice for nursing in the correctional system. She says nurses working with this vulnerable group should recognize that patients are knowledgeable about their own care, and acknowledge their suffering. She says nurses also need to learn not to take a patient’s behaviour personally, even when belligerence is directed at them. Innocent says that involves “knowing themselves as nurses, knowing the patient in terms of relationship, consulting with other nurses, the health-care team, the patient and the literature, viewing each situation as a learning experience, imagining the patient’s situation and taking a break when required.”

Innocent says if nurses take verbal abuse personally, they might respond in a like manner. She saw how that evolved when she worked in supervisory positions at Toronto East Detention Centre and Central East Correctional Centre in Lindsay from 2001 to 2006. Some nurses adopted the foul language of inmates and withheld care in an effort to change behaviour. Innocent imagines some thought it was the only way they would be heard.

“I would hire nurses with all the right skills. They’d do the orientation and training in being non-biased, non-judgemental,” she says, adding with despair, “Despite that we ended up losing some of those nurses who became correctional officers in lab coats.”

But such incidents are the exception, not the rule to nursing practice in prisons. Innocent thinks of a very senior nurse she worked with who was so gentle and concerned for her patients. When an inmate who’d been released was arrested again, Innocent recalls how the nurse engaged the man and encouraged him. “He said, ‘you are like the mother I never had.’ Maybe no one had ever spoken to him that way.” Although she’s currently the Program Director for Mental Health, Complex Continuing Care and Rehabilitation at Quinte Health Care in Belleville, she says she’d like to go back to correctional nursing one day, equipped with the research and knowledge she’s gleaned from her graduate studies.

“My love for correctional nursing will never die because of the potential good that comes out of an environment that is predominantly bad,” she says. RN

HELENA MONCRIEFF IS A FREELANCE WRITER IN TORONTO.

**REACHING OUT TO STUDENTS**
Recruiting nurses can be a competitive business, particularly when your workplace isn’t a traditional health-care setting. Many students entering nursing school have little, if any, awareness of the opportunities available in Canada’s jails. Correctional Service of Canada (CSC) is working to change that and has launched new initiatives to form alliances with more nursing schools to expose students to the varied health-care opportunities in its facilities.

Ian Irving is a registered nurse and Manager, Clinical Services, with CSC’s Ontario Regional Headquarters. He says as part of an overall recruitment and retention strategy, the department is participating in more job fairs, advertising and providing more clinical placement opportunities.

CSC Project Officer Joanne Barton says it’s a change in philosophy. The prison system used to require at least two years experience from its nurses. Today, the thinking is that if new graduates are capable of working elsewhere, why not in corrections? The response has been terrific.

In a partnership with CSC, St. Lawrence College/Laurentian University nursing students have access to experiences in the seven prisons in the Kingston area. Professor Laralea Stalkie says when the school first offered opportunities four years ago for community placements, students were a bit apprehensive. This year she has 35 applications for 18 spots. It’s become one of the top three most popular options and is a draw for potential students across the province considering nursing school.

“Some will leave saying that’s not a setting for me,” Stalkie explains. Others, however, are drawn to the sector because they treat everything from earaches to traumas.

They are all surprised by how much education is done by nursing staff, something they may not experience in a hospital setting. Stalkie says they are also surprised by the patients. She says some expect inmates to be mean, but actually find they are polite.

Barton has seen how a clinical placement can turn into a life-long career. She had a rare opportunity to work at the Prison for Women when she was in her fourth year at Queen’s University in 1987. She gave it a shot, returned a few years later and has made her career in corrections ever since.
At the 85th Annual General Meeting, members celebrated the association’s past, and looked towards the future.

In mid-April, more than 750 RNAO members celebrated the association’s 85th Annual General Meeting, and welcomed the next President, David McNeil, to his role at the helm of the Board of Directors.

In his inaugural speech to members, McNeil built on the AGM’s theme, Nurses: Vision, courage and strength from our roots. He pledged to remain true to the vision RNAO’s founders had of a strong profession and health-care system, and called on members to join him in that work. “Nursing has the knowledge to help the province find ways to create a sustainable health system,” he said.

Fucile also looked back on RNAO’s accomplishments during her tenure, including work to achieve a provincial ban on the use and sale of cosmetic pesticides.

RNAO Executive Director Doris Grinspun also updated members on the association’s work during the past year. She highlighted RNAO’s membership now at 29,082, a net gain of 1,206 RNs and 252 NPs working in the system, full-time employment at 65.6 per cent, 11 additional NP clinics, and RNAO’s impact on numerous pieces of legislation including HPRAC to expand scope of practice for RNs and NPs. She also spoke about work at home office to achieve 2,500 attendees at conferences, 1,733 media hits, more than two million page views to the website, work on four new BPGs and three awards for the program, and the release of a comprehensive nurses’ political platform 18 months ahead of the 2011 provincial election.

Members also heard from politicians who spoke at the meeting, including Premier Dalton McGuinty, Health Minister Deb Matthews, Progressive Conservative Party Deputy Leader Christine Elliott and NDP Leader Andrea Horwath.

At the AGM’s opening ceremonies, Matthews re-affirmed the government’s commitment to several programs. She said funding for the New Graduate Guarantee will continue, and announced the government will support the Registered Nurse First Assistant role, which allows specially trained RNs to assist during surgery. She also confirmed that funding will be made available for 14 additional nurse practitioner-led clinics.

Meanwhile, McGuinty told the audience that the government will be moving ahead with a consultation process on allowing NPs to admit, treat, and discharge hospital in-patients. He also praised RNAO’s Best Practice Guidelines Program as a model that can be used to improve patient outcomes, and ultimately save the system money.

“Together, let’s build a health-care system that not only meets our needs today, but is also strong enough to meet the needs of our children and grandchildren tomorrow,” he said.
Leadership Award in Nursing Education (Academic)

The RNAO Leadership Award in Nursing Education (Academic) is presented to the RN who excels as a nursing educator in a university or college. The winner enhances the image of nursing by encouraging critical thinking, innovation and debate on nursing issues and acts as a role model and mentor.

Carroll Iwasiw is the winner of this year’s award. A professor at the Arthur Labatt Family School of Nursing at the University of Western Ontario, Iwasiw has been teaching for three decades. She has also held many leadership roles. She has served as director of nursing at Western, chaired the Council of Ontario University Programs in Nursing and currently heads the accreditation bureau of the Canadian Association of Schools of Nursing. She mentors many emerging researchers and graduate students, and has also been active internationally. She led the nursing education arm of a six-year program to help rebuild health care in Rwanda, including creating the country’s first BScN program.

Leadership Award in Nursing Research

RNAO’s Leadership Award in Nursing Research is presented to a member whose work supports the implementation of innovative and progressive nursing practice that leads to positive patient and nurse outcomes.

Carol McWilliam’s extensive body of research during her 20-year career has improved care for seniors living with chronic diseases. Her passion to advance quality, client-focused home care has led to many changes in the sector. The South West Community Care Access Centre has adopted her work on evidence-informed practice, leading to flexible, client-driven service delivery. Her research has also influenced policies and practices at other agencies including the Ontario Association of Community Care Access Centres and VON Canada. McWilliam is a professor at the Arthur Labatt Family School of Nursing at the University of Western Ontario. She has published extensively in peer-reviewed journals and been a speaker at many forums in Canada and around the world.

Leadership Award in Nursing Administration

The Leadership Award in Nursing Administration honours a member who shows exemplary management skills in an acute, long-term, community, education, research or other setting. This individual actively implements ground-breaking ideas to enhance patient care, and demonstrates a commitment to improve the quality of health care.

This year’s recipient is Liz Janzen, former Senior Nurse for Toronto Public Health and the former head of the Healthy Living/Healthy Communities directorate. Although now officially retired, Janzen’s enthusiasm for health promotion is described by colleagues as “infectious.” Her expertise in public health
spanned 30 years, during which time she worked with groups ranging from infants to seniors. She moved several health promotion initiatives forward such as the Diversity, Access and Equity Strategy. She also coordinated programs that responded to the city’s homeless population, and she led the development and implementation of a comprehensive drug strategy, including harm reduction. She also supported her staff to become involved in leadership opportunities.

RNAO in the Workplace Award
The RNAO in the Workplace Award recognizes an Ontario health-care organization for its work to foster involvement of RNs in their professional association, its creation of a climate of professional partnership and quality work life, and its commitment to promoting professional development and research-based practice.

The Sandwich Community Health Centre in Windsor has been selected as this year’s winner. The CHC demonstrates the importance of a quality work environment by ensuring that more than 90 per cent of its RNs are employed full-time. The CHC uses several approaches to create a supportive learning environment for its staff, including a preceptorship program, online learning resources, and regular “lunch and learn” sessions. In April of 2009, it was chosen as a Best Practice Spotlight Organization Candidate, the first CHC to be selected. In the area of research, the CHC has aligned its work on a study evaluating the methods and effectiveness of providing Nicotine Replacement Therapy with implementation of the Introducing Smoking Cessation into Daily Nursing Practice Best Practice Guideline. More than three-quarters of the nurses who work at the CHC belong to RNAO. Staff members are also encouraged to take advantage of various professional development opportunities offered by the association.

Honourary Life Membership
The Honourary Life Membership is conferred on long-standing RNAO members who have made outstanding contributions to nursing practice, education, administration or research at the provincial, national or international levels. This includes activities that promote the association among nursing colleagues, the government and other health-care partners.

Suzanne Finnie has been an RNAO member for 36 years, and has led the association through historic changes. In 1996, she spearheaded the amalgamation of three chapters in east Toronto to create Region 7. She was a member of RNAO’s Board of Directors from 1995 to 1999 and helped shape nursing policy through her work on RNAO’s various committees for resolutions, by-laws and research. Finnie was also President of the Nurse Practitioners’ Association of Ontario from 1977 to 1979 and helped to draft the Standards of Practice for Nurse Practitioners. Finnie spent her career – nearly four decades long – caring, teaching and mentoring in family practice and primary care nursing.
Beverley Simpson has been an RNAO member for 20 years and has made significant contributions to nursing education and practice; many colleagues describe her as one of nursing’s best cheerleaders. She helped develop, and is a key program director for, the Dorothy Wylie Nursing Leadership Institute, which helps shape nursing leaders. Simpson was also instrumental in the re-organization of the Registered Nurses’ Foundation of Ontario. Her efforts in organizing a fundraising system have ensured that registered nurses and nursing students seeking financial support get the chance to further their education. Simpson’s quiet persistence also helped in her work with the University of Toronto and the College of Nurses of Ontario to create the first acute care nurse practitioner program in Canada.

RNAO Award of Merit
The RNAO Award of Merit recognizes registered nurses who have made outstanding contributions to RNAO and to the profession of nursing in Ontario. Winners demonstrate responsibility for professional development, and are exemplary role models and mentors to peers.

Jill Staples is this year’s winner. As president of RNAO’s Kawartha/Victoria Chapter, Staples has promoted RNAO to nurses throughout the community. She also ensures local MPPs are aware of RNAO’s positions on issues and regularly attends the annual Day at Queen’s Park. She also frequently speaks out for continued funding for the Blood Conservation Program, which she is part of as an Ontario Transfusion Coordinator at Peterborough Regional Health Centre. The role provided her with the opportunity to learn about joint replacement surgery, which she embraced as a new challenge after spending much of her career working with newborns at PRHC. RNs who have worked with Staples say her mentorship inspired them to earn their own achievements such as the international lactation consultant certification.

RNAO HUB Fellowship
The RNAO HUB Fellowship, sponsored by RNAO’s home and auto insurance provider, offers recipients the chance to participate in a week-long, one-on-one placement with RNAO Executive Director Doris Grinspun.

As the President of RNAO’s Peel Chapter, Jannine Bolton is a role model and mentor to RNs in the region. She has formed partnerships with nurses, community leaders and other stakeholders, increased RNAO membership, and worked tirelessly to strengthen the nursing voice in the community. She was the lead for the Bridging Health Care Delivery from Hospital to Community initiative for the Mississauga-Halton LHIN and recently helped to organize a screening of Home Safe Toronto, a documentary that tells the stories of families who are living with homelessness.

President’s Award for Leadership in Clinical Nursing Practice
RNAO’s President’s Award for Leadership in Clinical Nursing Practice is presented to an RN in a staff nurse position who consistently demonstrates...
expertise and evidence-based practice in one or more areas of clinical practice.

Maria Tandoc works in the intensive care unit at the Trillium Health Centre where she mentors other critical care nurses and is a preceptor for new staff members. Last year, she and the ICU team decreased ventilatory-associated pneumonia (VAP) rates when she developed and implemented an oral care program in the ICU based on recommendations in RNAO’s best practice guideline on oral health. Tandoc is also very involved in RNAO. She is the membership and workplace liaison for Peel Chapter and the membership officer for the Nursing Research Interest Group. She works with Peel Chapter executive members to plan workplace liaison meetings, develops postcards to invite lapsed members to re-join, and can be found at RNAO events encouraging all RNs to join the association.

Sandra Hooper is a nurse practitioner with the City of Ottawa’s Healthy Sexuality Clinic whose commitment to public health encourages leadership, critical thinking and clinical excellence. As an active member of RNAO and NPAO, she has provided valuable insight to policy development, both locally and nationally. At the clinic, she supports an expanded nursing role by teaching the theory and overseeing the practical aspects of completing the certification required to perform pelvic examinations. Her work allows registered nurses to provide contraception, Pap smear tests and sexually transmitted infection screening to people without a primary care provider. Hooper is a strong advocate for her patients, particularly street-involved youth and young women.

Student of Distinction

The Student of Distinction Award is given to a nursing student who is a role model for professionalism and contributes to the advancement of RNAO/NSO within her/his nursing program. This student also acts as a resource for other nursing students.

Colleen Wright-Loree graduated from the McMaster-Mohawk-Conestoga nursing program in December. Despite a heavy course load, she found time to mentor students through her part-time work as a facilitator of two peer-supported learning groups at Conestoga. She also worked with 25 students through an initiative known as the Nursing Undergraduate Buddy System and offered informal tutoring sessions to those in her Conestoga nursing community who required help. Wright-Loree (left, with nominator Jane Hamilton Wilson) demonstrated enthusiasm and energy for her professional association by communicating the benefits of RNAO to fellow nursing students. Her interest in nursing research led to her involvement in a practicum where she undertook a systematic literature review of cannabis use. Her work led to the development of a position statement that has been submitted to the Canadian Nursing Student Association for approval. Wright-Loree is currently working in the emergency department at Groves Memorial Community Hospital in Fergus and plans to become an acute care nurse practitioner.

Health Minister Deb Matthews re-affirms the government’s commitment to several programs during her remarks at the opening ceremonies on April 15.

Premier Dalton McGuinty speaks about the progress of nursing over the years, including an increased scope of practice for RNs and NPs. Members gave him a standing ovation during his remarks on April 16, when he announced his government was open to the idea of allowing NPs to admit, treat and discharge patients from hospitals.
Registered Nurse Journal looks back at some highlights from annual meetings of the past.

1926 RNAO held its first annual general meeting from April 8 to 10 in Belleville, Ontario.

1956 For the first time in RNAO history, a group of male nurses held a lunch and meeting during the AGM. Twenty-three of the 100 men then registered to practice in Ontario attended, and some formed a special RNAO committee on male nurses chaired by Albert Wedgery. In 1967, Wedgery became the association’s first male president.

1963 The largest AGM in RNAO’s 38-year history is held in Toronto. More than 2,300 RNs, including 300 students, were on hand for the three-day meeting, where members voted to continue to support the newly formed College of Nurses of Ontario. Nurses also heard about a new study that would examine arbitration legislation for the profession.

1965 RNAO members adjourned the association’s annual general meeting early on April 29 to take their call for collective bargaining for all nurses to MPPs at the provincial legislature. More than 1,000 nurses marched on Queen’s Park to call for the government to pass the Nurses’ Bargaining Act.

1975 RNAO marked its 50th AGM with the theme Out of the past, an exciting future. The association celebrated its anniversary with the publication of Nurse, a collection of short stories profiling nurses’ work.

1985 During the board meeting before the AGM, board of directors members joined psychiatric nurses protesting at Queen’s Park. The nurses were demanding wage parity with their colleagues in hospitals.

2003 RNAO rescheduled its 78th AGM after Severe Acute Respiratory Syndrome (SARS) emerges in Ontario.

2008 Dr. Sheela Basrur, Ontario’s former Chief Medical Officer of Health and leader in managing the 2003 SARS outbreaks, was invested in the Order of Ontario after RNAO nominated her for the award. Basrur was congratulated by members of the association at the AGM, which came just seven weeks before her untimely death.

2010 RNAO marks its 85th AGM with speeches and announcements from politicians and the swearing in of David McNeil as the association’s second male president.
Members help chart course for RNAO’s work

RNAO encourages chapters, regions without chapters, interest groups and individual members to submit resolutions for ratification at each annual general meeting (AGM). Resolutions are part of RNAO’s democratic process, giving all members the opportunity to propose a course of action for the association. 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 RNAO members for consideration in advance of the AGM. In this issue of Registered Nurse Journal, we reveal voting delegates’ decisions on each resolution proposed at the 2010 AGM.

**Resolution # 1**
Submitted by Kimberley English, RN, Durham-Northumberland Chapter, on behalf of fourth-year Trent University Nursing Students: Yasmin Snippe, Allison Parker, Cheryl Prinze and Nicola Doherty
THEREFORE BE IT RESOLVED that the RNAO and its members collaborate with the College of Pharmacists and other health-care providers to actively promote and raise awareness regarding socially and environmentally conscious disposal of pharmaceuticals.
**STATUS:** CARRIED

**Resolution # 2**
Submitted by Daniel Ball, RN, Co-President, Men in Nursing Interest Group
THEREFORE BE IT RESOLVED that the RNAO, in collaboration with its nursing partners and the Men in Nursing Interest Group, actively advance efforts in the public media, forums and educational institutions, which would promote nursing as a viable and attractive career choice for men.
**STATUS:** CARRIED

**Resolution # 3**
Submitted by Carolyn Davies, RN, and Elizabeth Battle Haugh, RN, Essex Chapter
THEREFORE BE IT RESOLVED that RNAO petition CNO to ensure that reports to CNO of nurses displaying workplace violence in any form be investigated fully and, where warranted, referred to the Discipline Committee as behaviour that is disgraceful, dishonorable and unprofessional.
**STATUS:** DEFEATED

**Resolution # 4**
Submitted by Susan McIntyre, RN, on behalf of Halton Chapter and with support from the Pediatric Nurses Interest Group (PedNiG) and Community Health Nurses’ Initiative Group (CHNiG)
THEREFORE BE IT RESOLVED that RNAO collaborate with all relevant sectors of the health-care and family support systems to promote and implement “The Period of Purple Crying” program or other evidence-based resources for professionals and parents regarding the prevention of Shaken Baby Syndrome, in all areas of Ontario.
**STATUS:** REFERRED TO RNAO’S BOARD OF DIRECTORS

**Resolution # 5**
Submitted by Nurse Practitioners’ Association of Ontario (NPao)
THEREFORE BE IT RESOLVED that RNAO lobby the provincial government to include all smoking cessation aids on the provincial drug formulary under Ontario’s drug benefit programs.
**STATUS:** CARRIED

**Resolution # 6**
Submitted by Kristine Clark, RN, Middlesex-Essex Chapter
THEREFORE BE IT RESOLVED that the RNAO advocate to the Canadian Association of Schools of Nursing (CASn) to include specific competencies related to care for older adults at both the introductory and advanced levels of nursing programs.
**STATUS:** CARRIED

**Resolution # 7**
Submitted by Carmen Rodrigue, RN, President, Clinical Nurse Specialist Interest Group (CNSiG)
THEREFORE BE IT RESOLVED that RNAO include the CNS in the staff mix being presented to health-care organizations and the government of Ontario and promote the CNS as part of the solution in the management of the care of complex and/or vulnerable populations in the health-care system; and
THEREFORE BE IT FURTHER RESOLVED that RNAO promote the significant contributions of the CNS as an Advanced Practice Nurse (APN) in the health-care system of Ontario and beyond.
**STATUS:** CARRIED

The following resolutions were proposed during the New Business section of the AGM.

**New business item # 1**
Submitted by the Nursing Students of Ontario
THEREFORE BE IT RESOLVED that the President or Vice-President of the NSO Interest Group be a non-voting ex-officio member of the RNAO Board of Directors.
**STATUS:** DEFEATED

**New business item # 2**
Submitted by Region 2 members
THEREFORE BE IT RESOLVED that the RNAO and its members encourage the Ministry of Health & Long-Term Care to develop a not-for-profit laboratory services program in rural and Northern communities made available to the public, which ensures equality of access for all Ontarians, cost-effectiveness and transparency.
**STATUS:** CARRIED

**New business item # 3**
Submitted by The Nurses Shortage and You Committee
THEREFORE BE IT RESOLVED that the RNAO shall continue to vigorously mobilize against attempts by the government, hospitals, community employers and LHINs to balance budgets by cutting registered nurse (RN) nursing positions; and
THEREFORE BE IT FURTHER RESOLVED that the RNAO shall continue to vigorously lobby for Ontario’s RN workforce to be increased by an additional 9,000 full-time equivalents by the end of the next government’s mandate, in 2015.
**STATUS:** CARRIED

**New business item # 4**
Submitted by Kathleen MacMillan and Rani Srivastava, Region 7 members
THEREFORE BE IT RESOLVED that the RNAO lobby all levels of government and the Canadian Nurses Association to advocate for greater structural support for corrections nurses (governance, accountability, professional development).
**STATUS:** CARRIED
Behind the scenes

*Nurse Jackie* may be fiction, but the actors who put the television show on air are getting some real-life lessons on the profession. **BY SUZANNE GORDON**

Everyday between mid-September and December, the cast and crew of *Nurse Jackie* gather at the Kaufman Astoria Studio in New York City. On the day I arrive in November, they’re working on the dark comedy’s second season, which aired this spring on the Movie Network. The group includes former *Sopranos*’ star, Edie Falco, who stars as Jackie Peyton, Anna Deavere Smith who plays Nurse Administrator Gloria Akalitus, Eve Best who has the role of Jackie’s best buddy, the steely Dr. Eleanor O’Hara, Peter Facinelli, who plays junior ER attending MD Fitch Cooper, and Meritt Wever as student nurse Zoey Barkow. Each day, additional actors and extras, producers, directors and screenwriters fill out the permanent cast. And finally there is real-life ER nurse Lisa Wing, who’s on the set to make sure technical details are correct.

After studying the image of nursing for more than two decades, as soon as I learned that three new TV shows about nurses were airing last year, I immediately tuned in. Between *HawthoRNes*, *Mercy*, and *Nurse Jackie*, it was no contest. *Nurse Jackie* won hands down. Not just because of its great production values and acting, but because it’s also the best contemporary television has to offer about nursing. Jackie Peyton is a smart, tough, no-nonsense, and matter-of-factly caring RN.

From the show’s opening scene in the very first episode of the premier season, it was clear to me that *Nurse Jackie* was breaking new ground. When a young bike messenger was brought into the ER, Jackie – not the physician who missed it entirely – knew he had a brain bleed and was in trouble. In a voice over, Jackie explains the physiology of the injury. In both the entertainment and journalistic media, the golden rule is that RNs never, ever get to explain the scientific facts. That’s the doctor’s job. But here, it’s the nurse’s as well. On each subsequent episode in season one, viewers learned more about the real-life challenges nurses face as they try to do their critical work.

Unfortunately, not enough nurses understand how revolutionary this program is. In the U.S., the New York State Nurses and Oncology Nurses Associations have lodged protests with the producers, demanding that *Nurse Jackie* air a disclaimer because its main character violates nursing’s code of ethics. They just can’t get past the fact that Jackie is flawed and breaks the rules. That’s why I’ve come to the Astoria studio to talk to members of the cast and crew. I want to know what they’ve discovered about nursing through their work on *Nurse Jackie*. What I learned confirmed my expectations: *Nurse Jackie* not only teaches its viewers about nursing, it also educates the cast and crew.

Some of those associated with *Nurse Jackie* have had serious off-screen encounters with the health-care system. Steven Wallem, for example, who plays the RN Thor, was diagnosed with Type 1 diabetes when he was 10 years old. His family has thus been in steady contact with both RNs and MDs. He tells me he knows how important nurses are and he would like to encourage more men to go into nursing. Executive producer Richie Jackson also recognized the power of nursing pre-*Nurse Jackie*.

In 2000, he and his wife were expecting identical twins, who arrived three months early. One of his sons died two hours after he was born, the other spent three months in neonatal intensive care units. “The nurses who took care of my son had three patients, not just one,” Jackson recounts. “There were the two parents as well as the baby. What was extraordinary to me was their skill and expertise and how agile they were. They had so much more experience than some of the doctors. They would know what was going on medically. Because of all their experience,
they were able to tell us when there was something to worry about, and when not to worry. They were able to manage this roller coaster we were on.”

One of Jackson’s experiences became part of an episode of Nurse Jackie. “A day or two after our son was born a doctor came in and gave me a very grave assessment of his condition,” he recalls. “It was awful and a nurse was standing behind him shaking her head no. When he left, she said, ‘it’s not that bad.’ She was right, and she literally kept me from collapsing.”

Not all members of the cast and crew have had such difficult educational encounters. They have learned about nursing from their work on the show. Never believes that she is not only a student of nursing on the set but off, getting valuable lessons about the profession from real-life nurses. When I first meet Best, who plays Jackie’s physician friend, the very first words out of her mouth are, “Nurses and teachers should make more money than anyone else.”

And Deavere Smith offers an interesting insight into the relationship between the nurse administrator she plays on the show and Jackie. Deavere Smith’s character, Gloria Akalitus, has so much trouble with Jackie, Deavere Smith surmises, because she “knows that it’s Jackie who is in control.” Nurses who enact this complex choreography of control every day will certainly find much to reflect on in this analysis of the dynamic.

Falco has particularly interesting insights on the subject of nursing and nurses. She says what drew her to the show was Jackie’s character, not her profession. “The character of Jackie Peyton would have been interesting to me no matter what she did,” Falco explains. “She’s unwilling to let things get in the way of doing what she needs to get done. She doesn’t have a lot of room for bureaucracy and rules when they stand in the way of her taking care of someone.”

Falco now realizes what she describes as “the magnitude of the obstacles that nurses have to deal with in order to perform the simple but noble task of helping people.”

From talking to real nurses and watching Wing, the on-set nurse expert, she has also recognized the magnitude of knowledge nurses have. Before she started to play Jackie, for example, she visited Bellevue Hospital, which has one of the busiest ERs in New York City.

Falco says that she learns about nursing everyday by studying Wing. “She’s very understated. She’ll say, ‘well the reason for this is...’ and she’ll rattle off the names of things, and you’re in awe of the amount of information she’s gotten on top of the amount of training she’s had. It’s huge. She also has the ability to put her hands on patients, and soothe them just with the tone of her voice. You see her dealing with extras or day players who have to play the patient. I watch her, and she’ll say, ‘I’m going to put this on you and it’s going to hurt a little.’ And I think, ‘how beautiful.’ You really can imagine feeling secure with these people around you.”

Falco has also learned a lot, she says, from people’s reactions to the show. Some doctors have made it clear they do not appreciate the way MDs are portrayed. Nurses have worried about the fact that Jackie is addicted to medication. Falco, who is a recovering alcoholic, had complicated feelings about Jackie’s addiction. She has, however, learned Jackie isn’t the only nurse – or doctor – who has trouble with drugs. She also believes that Jackie’s inability to take care of herself – while, that is, she spends her time taking care of others – rings true for many people, not just nurses. As a single mother of two young children, she knows that caregivers tend to put themselves last, even though they too have needs that need to be addressed.

Falco and others on the show know that it has struck a nerve among nurses. Although a lot of nurses believe Nurse Jackie nails modern health care, some are understandably skittish about Jackie’s flaws. As an actor, Falco does not believe it is her job to remind people that this is a dark comedy, not a documentary. “I am not willing to get in there and fight the good fight for my TV show. I love that people are talking about it even though some of the things they’re saying are not positive. Who knows if people, nurses, are uncomfortable then maybe the show is portraying things as they really are and they don’t want to be seeing things about the issue of drug use or other things that I am discovering are real. If it weren’t capturing something real, perhaps they’d just say ‘it’s a silly TV show’. I’m just happy that it’s causing conversation.”

She’s also pleased that people are enjoying the show. “I have kids now and I don’t want to be putting any more viruses into the subconscious of the population. I want people to see something positive.”

In my view, Nurse Jackie is definitely positive. It highlights the problems with dysfunctional nurse-physician-relationships, what happens when units are short staffed, don’t have appropriate lift equipment, and when RNs don’t have enough authority over their work. Yes, of course, Jackie bends – sometimes even shatters – the rules. But she’s a character in a 21st century medical drama. To create the kind of drama that makes good television, writers and producers have to create credible, interesting, and compelling characters who don’t have perfect lives, and constantly break the rules. Today’s heroes – consider the doctors on House or Denis Leary and his fellow firefighters in Rescue Me – are a mess, but also masters of their craft.

As real life RNs watch Nurse Jackie they might consider what the Pulitzer Prize-winning American historian, Laurel Thatcher Ulrich, said about women: well-behaved women seldom make history. They don’t make good television either.

SUSANNE GORDON IS A JOURNALIST WHO HAS OBSERVED AND WRITTEN ABOUT NURSING FOR THE PAST 25 YEARS. SHE IS THE AUTHOR OF NURSING AGAINST THE ODDS: HOW HEALTH CARE COST-CUTTING, MEDIA STEREOTYPES AND MEDICAL HUBRIS UNDERMINE NURSES AND PATIENT CARE. HER LATEST BOOK IS WHEN CHICKEN SOUP ISN’T ENOUGH: STORIES OF NURSES STANDING UP FOR THEMSELVES, THEIR PATIENTS AND THEIR PROFESSION.
Why shutting Ontario’s coal plants could save 1,000 lives

On April 20, Immediate Past-President Wendy Fucile represented RNAO during a media conference at Queen’s Park to highlight the dangers of producing electricity from coal. Appearing with Dr. Hilary de Veber of the Canadian Association of Physicians for the Environment and Jack Gibbons of the Ontario Clean Air Alliance, Fucile called on the government to immediately close the remaining coal-fired electricity generators in the province.

Citing a study prepared for the government, she told reporters that almost 250 Ontarians die each year as a result of coal-fired power generation. Although the province has pledged to end its reliance on coal by 2014, Fucile said waiting that long would increase the death toll to 1,000. Gibbons explained that putting the coal power plants on standby now is possible because sufficient capacity already exists to meet expected demand.

Recalling her own experience growing up in a town where bad air days meant walking to school with a kerchief over her mouth, Fucile explained that getting rid of toxins associated with coal production such as mercury would also reduce the estimated 100,000 asthma attacks and other illnesses that people suffer in the province annually.

Fucile told reporters that ending the use of coal in Ontario would be the equivalent of taking seven million cars off the road. She said the government could easily offset the power gap by placing more emphasis on conservation and cleaner, energy efficient alternatives such as natural gas and wind power.

Making the case for pharmacare

MPPs who sit on a legislative committee examining the government’s budget bill listened as RNAO’s Executive Director, Doris Grinspun, applauded the government’s moves to introduce measures to rein in the cost of generic drugs and expand the clinical services provided by pharmacists.

During her April 29 appearance, Grinspun called on the government to develop a national pharmacare program. In its written submission to the finance committee, RNAO argued it’s time to act on the recommendations it and other organizations such as the Health Council of Canada, the Canadian Health Coalition and the Romanow Commission have made on numerous occasions to address one of the largest costs in the health-care system.

The 1st Ever Public Health Nursing Summit

RNAO collaborated with an important public health partner recently when it held its first ever Public Health Nursing Summit. The Ontario Agency for Health Protection and Promotion (OAHPP) and RNAO co-hosted the day-long meeting aimed at sharing information about the role public health nurses play in improving population health outcomes and lowering health inequities among vulnerable groups. Michael Creek of Voices From The Street shared his personal story about what it’s like to live in poverty. Summit attendees also heard presentations from public health nurses about the clients they see every day and the social conditions that enable people to be healthy. A panel of nursing researchers spoke of the need to give public health nursing a higher profile and to increase the number of nurses who work in this sector. On behalf of their associations, OAHPP President Vivek Goel and RNAO Executive Director Doris Grinspun committed to working together to explore how community nurses can be better supported to advance public health in the province.
**CALENDAR**

### AUGUST

**August 8-13**

**HEALTHY WORK ENVIRONMENTS SUMMER INSTITUTE**

Hockley Valley Resort, Orangeville, Ontario

### SEPTEMBER

**September 15**

**PRECEPTORSHIP FOR NURSES WORKSHOP**

Sudbury, Ontario, Live. Available by OTN across Ontario

**September 23-24**

**RNAO BOARD OF DIRECTORS MEETING**

RNAO Home Office

Toronto, Ontario

**September 25**

**RNAO ASSEMBLY MEETING**

Hyatt on King, Toronto, Ontario

**September 26-October 1**

**CHRONIC DISEASE MANAGEMENT FALL INSTITUTE**

Westin Prince Hotel, Toronto, Ontario

### OCTOBER

**October 18-20**

**KNOWLEDGE, THE POWER OF NURSING CONFERENCE: CELEBRATING BEST PRACTICE GUIDELINES AND CLINICAL LEADERSHIP**

InterContinental Hotel, Metro Toronto Convention Centre

Toronto, Ontario

### NOVEMBER

**November 4-6**

**NURSE PRACTITIONERS’ ASSOCIATION OF ONTARIO CONFERENCE**

Doubletree by Hilton, Toronto

### DECEMBER

**December 6**

**PREVENTING AND MANAGING VIOLENCE IN THE WORKPLACE WORKSHOP**

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Insurance Tips

What to Do When You Are Involved in an Auto Accident

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- Do not voluntarily assume liability or responsibility, sign statements regarding fault, or promise to pay damage at the scene of the accident.
- Record all details of the accident (take pictures).
- Record details concerning the other party and vehicle such as name, address, phone #, vehicle year, make and model.
- It is important to obtain the insurance information of the other driver: insurance company, policy number and name of broker or agent.

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