MARCH/APRIL 2014

# REGISTERED NURSE JOURNAL

PM 40006768

## Overcoming adversity

Despite health challenges, a passion for nursing keeps RNs in the profession.

Queen's Park Day 2014 • Q&A with RNAO president-elect • Couple fights cancer

RNAO
Registered Nurses' Association of Ontario
L'Association des infirmières et infirmiers autorisés de l'Ontario

# Attention RNAO members
# YOUR VOTE COUNTS!

## We want to ensure all members are aware of *One member, one vote.*

Members play an important role in deciding governance issues that affect the future direction of RNAO. Don't miss your chance to vote (electronically) on who gets to sit on the association's board of directors, the selection of RNAO's auditors, bylaw changes, and more. To find out about the items that require your vote this year, visit www.myRNAO.ca/RNAO_election

PLEASE READ this background information regarding a recently passed resolution from RNAO's board of directors, which calls for our association's annual fee to decrease. RNAO members are being asked to approve this change.

## Resolution on RNAO fee decrease

**Whereas** the RNAO Board of Directors approved at their April 11, 2013 meeting to transition by November 1, 2014 to optional membership for RNAO Members in the Canadian Nurses Association (CNA) and the International Council of Nurses (ICN), and

**Whereas** the RNAO fee will be reduced by the full amount of the CNA/ICN fee, since Members will have the choice to pay the CNA/ICN fee, currently at $62.09 including HST, as optional starting with the 2014-2015 membership year, instead of it being part of the RNAO fee as is currently the case, and

**Whereas** the Canadian Nurses Protective Society (CNPS) remains an automatic service for all RNAO Members, and there was an increase of $5.37 in the fees for CNPS from 2013 to 2014, and of $5.08 from 2014 to 2015, including HST, and

**Whereas** any changes to the RNAO fees must be ratified by the membership, this resolution relates exclusively to the new RNAO fees, and does not affect the decision made by the Board of Directors regarding transition to optional membership in CNA/ICN,

**Therefore be it resolved** that the RNAO fees for the following membership fee categories beginning November 1, 2014 be:

## Proposed fee changes for 2014-2015

**All fees include 13% HST**

| Membership type | (a) 2013-2014 RNAO fee | (b) CNA/ICN fee | (c) Two year CNPS fee increase: 2014 and 2015 | (d) Proposed 2014-2015 RNAO fee (a)-(b)+(c)=(d) |
|---|---|---|---|---|
| Regular | $308.00 | $62.09 | $10.45 | $256.36 |
| New graduate | $154.58 | $62.09 | $10.45 | $102.94 |
| Currently Unemployed | $139.47 | $62.09 | $10.45 | $87.83 |
| Retired | $139.47 | $62.09 | $10.45 | $87.83 |
| ONA | $226.65 | $62.09 | $10.45 | $175.00 |
| Group | $273.13 | $62.09 | $10.45 | $221.49 |

## Vote

**Yes, I agree with the resolution** means the RNAO **fees will be decreased** to the amount as listed in the table under column (d). RNAO members opting to be CNA/ICN members will pay the CNA/ICN fee, currently $62.09, column (b), on top of the proposed RNAO fee in column (d).

**No, I disagree with the resolution** means the RNAO **fees remain unchanged** as listed in the table under column (a). RNAO members opting to be CNA/ICN members will pay the CNA/ICN fee, currently $62.09, column (b), on top of the current RNAO fee in column (a).

Voting will be by electronic means, beginning at 12:00 noon (EDT) on April 15, 2014 and closing at 12:00 noon (EDT) on April 30, 2014. You can vote any time during this period.

Results of the voting will be announced at the annual general meeting (AGM) in May.

**For more information about *One member, one vote*, including details on other items members are being asked to vote on, visit www.myRNAO.ca/RNAO_election**

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REGISTERED NURSE JOURNAL

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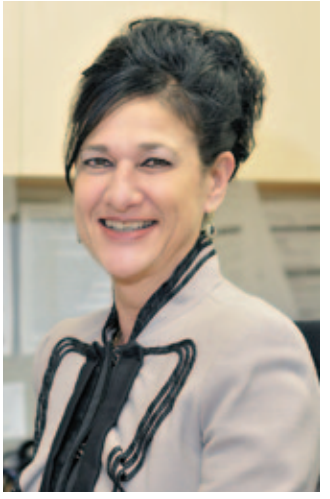



## THE LINEUP



COVER ILLUSTRATION: PETE RYAN

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EDITOR'S NOTE KIMBERLEY KEARSEY

# Hardship and hope

I ALWAYS WANTED TO BE A WRITER. My earliest journal entry dates back to a time I could barely articulate myself verbally, let alone on paper (yes, this was before computers). I can't imagine a challenge big enough to stop me from doing what I love. And I share that sentiment with the nurses featured on the pages of this issue.

Lisa McKay, Lyn Garnett and Lorrie Reynolds are three RNs who have generously shared their stories of perseverance and passion for the profession despite hearing loss, a severe latex allergy, and paralysis (respectively). They will no doubt inspire readers, and leave some (myself included) wondering what they might do in the face of such hardship. We called on members in early March to tell us about an experience with adversity, and we want to bring more of these stories to you online (www.RNAO.ca/adversity).

There are few challenges in life that rock an otherwise stable existence the way a cancer diagnosis does. Windsor RNs Amanda Ellard-Ryall and her husband Francis know what it's like to get not one, but two diagnoses at home (page 22). Each is fighting cancer, but they say they will not let that deter them from spending quality time with their four young children.

In this issue, we also bring you news of RNAO's *Queen's Park Day*. That notion of quality time may have rung true for some members at the event, as they were involved in brief but intense breakfast meetings with MPPs who can be hard to pin down (page 17). Leave it to RNAO members to get to the heart of important nursing, health and health-care issues during these short conversations.

This May, RNAO welcomes its 53rd president, Vanessa Burkoski. In her first interview with RNJ, she tells us what she hopes to achieve over the next two years (page 24). As things shift and change at RNAO, we're reminded that spring symbolizes new beginnings, and not just in nature. After the winter we've had, I for one can't wait for the change. **RN**


As a member, you are eligible to receive a digital copy of *Registered Nurse Journal*. You can choose to receive only an electronic version of the magazine by emailing info@RNAO.ca and stating your preference for a paperless version. If you haven't received the magazine electronically, please let us know by contacting editor@RNAO.ca



# Goodbye and thank you

I CANNOT BELIEVE I AM WRITING my last column. My term as your president ends in May, and I will turn things over to Vanessa Burkoski. RNAO is in excellent hands with Vanessa.

In a Q&A in this magazine in the spring of 2012, I was asked to share my philosophy of nursing and leadership, what I hoped to accomplish in my tenure, and what I thought I brought to the role of president. It is time to reflect on that conversation, looking back two years to see what's happened. How did I lead? How did I follow? And how different am I now than two years ago?

In that Q&A, I talked about my passion for the profession and the privilege I feel as a nurse to be so connected with people. I know my passion and my belief in the profession have been witnessed by many RNAO members. I have had the opportunity to speak with thousands of direct care nurses and they have heard and reacted to this passion. I have had real discussions with nurses, and I have heard what members are saying.

It was through these interactions, and thanks to the voices of nurses, that I realized part of my mandate should be talking about bullying. I needed to work with nurses to take the power away from a culture of bullying and help colleagues to recognize, speak about and change incivility and lateral violence with and among nurses. I have had the opportunity to speak with chapters, regions without chapters, interest groups, health-care organizations and nursing students about this important issue, which has become a cornerstone of my presidency. It is something I am committed to continue to talk about when I step down in May.

In 2012, I also spoke about the need for RNAO to focus more attention on direct care nurses. This did not mean we would take our eye off the ball of enabling and enhancing the role of the NP, but given the reality within health care, and given the results of our membership survey, we needed to put a brighter spotlight on the RN.

So what has happened? RNAO updated its mission, vision and values, and reworded its ENDs to ensure the "nurse" is front and centre. We also led a provincial task force focused on primary care, and delivered the influential *Primary Solutions for Primary Care* report. RNAO launched institutes for nurses to learn from each other with the goal of enhancing nursing practice in primary care.

As your president, I have co-chaired a subcommittee of the Joint Provincial Nursing Committee (JPNC) focusing on optimizing the nursing workforce, with particular attention on home care. Recommendations from this committee will be presented to JPNC in April 2014. We are looking at what needs to change in the system to support full nursing practice and enable best access for patients and families. We anticipate that once the recommendations are brought forward to the nursing secretariat, the committee will focus on optimization of the nursing workforce within another sector.

> "I WANT TO THANK RNAO'S COURAGEOUS BOARD, OUR AWESOME CEO AND HER MAGNIFICENT TEAM AT HOME OFFICE, AND OUR PASSIONATE AND LOYAL MEMBERSHIP… YOU HELPED ME PROVIDE SUPPORT AND GUIDANCE TO THE BOARD AS WE TRAVERSED THROUGH SOME NEW WATERS."

Two years ago, I said I wanted to visit nurses across the province in order to better see and understand their working realities, their successes and their aspirations. I have been able to travel to many parts of the province, and a common theme I hear in my travels relates to the transformation in health care. While the majority of nurses work in the hospital sector, it is clear these nurses will experience great change as more care moves to the community. I believe the next evolution of support for nurses should arm them with the knowledge, skill and comfort to transition their work in this changing health-care environment.

I imagine that within the next five to 10 years, more RNs will be needed in home care, community care, street nursing and primary care. I see RNAO playing a pivotal role in assisting this transition. I am looking forward to working alongside the new board to help make it as smooth and as positive as possible.

I want to thank RNAO's courageous board, our awesome CEO and her magnificent team at home office, and our passionate and loyal membership. You reached out to me. You shared your stories. And you helped me provide support and guidance to the board as we traversed through some new waters. I will be on the board for one more year, and look forward to continuing to hear from you and sharing your passion for the profession and the people you serve. **RN**

RHONDA SEIDMAN-CARLSON, RN, MN, IS PRESIDENT OF RNAO.



# Zero tolerance for bullying at home office and beyond

As we welcome Vanessa Burkoski as our association's new president this spring, I would like to take this opportunity to thank outgoing president, Rhonda Seidman-Carlson, for her outstanding leadership as we tackle several difficult and important issues at RNAO. In this column, I would like to particularly highlight Rhonda's role in addressing bullying in the workplace. Kudos, Rhonda for your courage to lead and to raise awareness that "…the decision to confront – and the responsibility to report – bullying lies with each and every one of us."

In January, Rhonda was invited by RNAO's Regions 6 and 7 to discuss colleague-to-colleague bullying and lateral violence. That event is a testament to the importance of this pervasive issue simply because of the outstanding response by nurses. Initially there were 30 registrants. That grew to 50, then 80. Ultimately, an astounding 170 nurses attended her presentation to learn about the role they can play in identifying and stopping bullying. Staying silent, Rhonda reminds all of us, "…amounts to condoning the very act we find abhorrent."

Through her important work, Rhonda has reminded us that we all need to help find solutions to this "war on the soul." She has done a commendable job defining what bullying is and is not. For RNAO, bullying is: "A form of repeated, persistent and aggressive behaviour directed at an individual(s) that is intended to cause or ought to be known to cause fear and distress and/or harm to another person's body, feelings, self-esteem or reputation."

As RNAO's CEO, I have decided to follow Rhonda's lead and initiate honest and frank discussions at home office to ensure our "house" lives by one important rule: zero tolerance for aggression. For this, we have engaged in a mandatory education program for all 82 staff, followed by the immediate implementation of a mandatory policy on reporting. Two very capable and knowledgeable staff members are directing this initiative: Althea Stewart-Pyne, BPG program manager for healthy work environments, and Dolare Seran, HR manager. Althea's expertise lies in research and knowledge on what makes a healthy workplace. Dolare's expertise is in human resources management. Together, they are in a great position to lead this effort.

The mandatory education program, which took place in March, was split into three sessions. The first provided definitions and terminology on workplace bullying and violence. We wanted to be clear what bullying is and is not. Staff can now recognize the potential for bullying within the work environment, its effects, and employer and employee obligations.

The second session touched on legislation in Ontario on violence and harassment, RNAO policies, and reporting procedures for incidents or complaints. The aim was to provide staff with a better sense of the investigative procedures for incidents or complaints, and how to better prevent and manage bullying and harassment.

> "RNAO's valuable tools to address this important issue will be shared with members so others can adapt them to their own workplaces."

In the third and final session, conflict management was discussed, and tips were provided on how to talk to a bully. Resources were offered with additional information on customer service training, and tips on accessing the employee assistance program.

Implementation of the mandatory policy on reporting is next. There will also be additional policies to assist staff in reporting, including a complete follow up between the alleged bully and alleged victim. Although RNAO has a policy on harassment in the workplace, it does not go far enough. We are committed to making it stronger and more focused.

Bullying can come from inside the workplace (management-to-staff, staff-to-management, management-to-management, and/or staff-to-staff) or outside (from anyone approaching RNAO for services, information, etc. or in an employee's home). While RNAO is implementing zero tolerance policies at home office, which also apply to anyone approaching RNAO for services or information, we cannot do the same when bullying takes place in someone's home or away from the office. That's why part of the policy is to ensure we always maintain an environment where people feel safe at work, and they can get the support they need if they choose to disclose.

RNAO's educational program, reporting policy, and other valuable tools to address this important issue will be shared with members so others can adapt them to their own workplaces. We will also update the association's *Managing and Preventing Violence in the Workplace* BPG so it has a higher focus on bullying.

Let's take real action so that bullying is eradicated in our workplaces, homes and society. Even one case of bullying is too many. **RN**

Doris Grinspun, RN, MSN, PhD, LLD(Hon), O.Ont, is chief executive officer of RNAO.

# RN snags dream job that didn't exist a year ago

TIFFANY LAWLESS HELPS GIVE A LIFELINE TO CRITICALLY ILL PATIENTS BY COLLECTING UMBILICAL CORD BLOOD.

SHORTLY AFTER GIVING BIRTH, TIFFANY Lawless found her perfect match.

She landed a one-in-a-million job helping to match new moms with patients who need life-saving umbilical cord blood transplants.

It was 2011, and Canada's provincial and territorial health ministers had just committed $48 million to create a national, public bank for umbilical cord blood. The idea was to collect and store cord blood voluntarily donated by mothers, making it easier for those needing transplants to find matches. Canadian Blood Services was opening the country's first collection site in Lawless' hometown, Ottawa, and needed a collections supervisor.

Lawless, 33, was on maternity leave with her second child when she stumbled on the job posting. With her experience in both health promotion and labour and delivery, the job seemed promising.

"This was exactly what I'd been working for. It took (all) my job experience and combined it into one perfectly suited role," Lawless says.

It was a dream job Lawless could never have dreamt of, because it didn't exist in Canada before that point. Private cord blood storage had been happening in the country for years, and Héma-Quebec has operated a provincial bank since 2004, but there was never a national, publicly funded bank to collect and store blood.

"I remember moms would ask me if they could donate it to someone who needs it, but we never had a system in place," Lawless says of her time in labour and delivery.

Stem cells collected from the umbilical cord and placenta have the potential to treat leukemia, lymphoma and other life-threatening conditions. Prior to the official opening of the Ottawa location in September 2013, Canada was the only G7 country without a national public cord blood bank. Yet Canada's diverse population translates to a high demand for stem cells and often long waits for a match, since patients have the best chance of matching with donors from the same ethnic background. About 1,000 Canadians currently sit on the wait list for stem cell transplants, and Lawless says that number is growing at a staggering rate.

There are still misconceptions about the bank, she admits, with many confusing cord blood stem cells with embryonic stem cells. Cord blood stem cells – or hematopoietic stem cells – are collected after the birth of a baby without interfering with the natural birthing process. The risk to the baby and mother is therefore low.

Umbilical cords and placentas are mostly discarded as waste after delivery, and Lawless says the bank's biggest competitor is often the trash. That's where she comes in, to raise awareness about their life-saving potential.

### Three things you don't know about Tiffany Lawless:

1. She achieved a level eight in piano with The Royal Conservatory of Music.
2. She enjoys kickboxing and has recently learned to golf.
3. She loves to bake, especially personalized birthday cakes for her kids.

Lawless knew early on she wanted to help save lives for a living, and she gravitated toward maternal and newborn health. She graduated from the University of Ottawa and began working in labour and delivery at Ottawa's Queensway Carleton Hospital.

"Generally, when moms come in to have babies, it's a happy event," she says. "It's special being a part of something so memorable."

After five years, she craved a change and moved to a health promotion role at the Ottawa Heart Institute, where she thrived while implementing new smoking cessation initiatives. It was that same desire for something new that made the cord blood bank so appealing.

"That's the great thing about nursing. There are always changes in health care and new things coming up," she notes.

In her current role, Lawless liaises with expectant mothers, doctors and midwives to share information about the benefits of cord blood donation. It may be unique, but it's not a far cry from where she started – she still spends much of her time in labour and delivery units.

"If I had a crystal ball...I would say this is absolutely the perfect job for me," Lawless says. "At the end of the day, we're helping to save lives and that's the important thing." **RN**

DANIEL PUNCH IS EDITORIAL ASSISTANT AT RNAO.

# NURSING IN TH

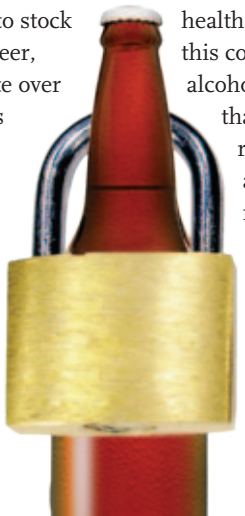
## Safe sleep guideline highlights risks for infants

RNAO's newest best practice guideline (BPG), *Working with Families to Promote Safe Sleep for Infants 0-12 Months of Age*, has been grabbing headlines since its release in late February, particularly for information about the potential risks of swaddling infants. "There is no definitive recommendation against swaddling, but more and more hospitals are not endorsing the practice and are moving away from it," says pediatric nurse practitioner **Patricia Maddalena**, one of the BPG's panelists. Literature shows swaddling, or wrapping infants tightly in a cloth or blanket, may be linked to hip dysplasia and overheating in babies, and may be connected with Sudden Infant Death Syndrome (SIDS). Swaddling decreases arousal, which "may be associated with an increased risk for SIDS, so it may not be the best thing to wrap babies tightly," Maddalena told *CTV*'s *Canada AM*. Because there is currently no evidence on the safe way to swaddle a baby, the guideline recommends health-care professionals caution parents about the risks. (March 5)

Babies are safest sleeping on their back in an empty crib, says nurse practitioner **Elyse Maindonald**, who led the panel. Objects like blankets, pillows and toys could potentially obstruct an infant's breathing, and should be kept away from sleeping babies, she told *The Afternoon News* on Windsor's *AM800* radio station. (Feb. 27)

### Private beer sales could be harmful to Ontario's health

Ontario's convenience stores are pushing to stock their shelves with beer, reigniting the debate over private alcohol sales in the province. An Angus Reid poll commissioned by the Ontario Convenience Store Association (OCSA) found 70 per cent of Ontarians want to buy alcohol in their corner stores, and the OCSA says competition would drive down prices. But health professionals warn this could lead to increased alcohol consumption. With that comes "...increased risks associated with alcohol, such as injuries, drinking and driving, and effects on crime," says **Evan Jolicoeur**, a public health nurse at the Sudbury and District Health Unit. Though proponents of private beer distribution claim it would increase sales and tax revenue for the province, "the burden on the health system and public coffers would far outweigh increased revenue from taxation on alcohol," says Jolicoeur. The province has said it may "modernize" alcohol sales, but will continue with the current system, where beer is sold by the LCBO and its authorized retailers. (*The Sudbury Star*, March 3)



### Nurses warn health care will suffer without more RNs

Northumberland nurses are joining the call from nurses across the province to increase nursing numbers or risk negative effects on patient care. "I think government and policy makers need to consider the impact of the reduction of nursing hours and nursing jobs in this province," says **Cindy Sandercock**, an emergency department nurse at Northumberland Hills Hospital. Ontario

# E NEWS

BY DANIEL PUNCH

has just 6.99 RNs per 1,000 people, as compared to the national average of 8.3 RNs per 1,000. This puts Ontario second-to-last in the country. "It's a provincial problem because enough hasn't been done to protect registered nursing hours since the last nursing shortage," says Sandercock, referring to cuts by Mike Harris' Conservative government in the 1990s. The current Liberal government maintains it has increased the number of nurses working in Ontario, but health-care providers say RN numbers aren't adequate to meet the needs of Ontarians (for more on this, see page 17). "Employers are simply not hiring as many RNs as they are supposed to," says **Angela Cooper Brathwaite**, policy and political action representative for the Durham Northumberland chapter of RNAO. "If you don't have the health-care provider to care for the patients...health care is going to suffer." (*Northumberland News,* Feb. 13)

## Exercise classes aim to reduce risk of falls

New exercise and fall prevention classes are keeping Muskoka area seniors active and independent. "We know that keeping seniors healthy, mobile and active will be of benefit to them as well as the health-care system," says **Ryan Miller**, program manager of the North Simcoe Muskoka Integrated Regional Falls Program (IRFP). Classes are aimed at reducing the risk of falls by promoting strength and balance among seniors. IRFP has been hosting classes twice a week in 35 retirement residences and other locations throughout the region since September 2013. The program is provided by IRFP and the Victorian Order of Nurses, and is funded by a provincial initiative to improve seniors' access to physiotherapy and exercise. Anyone over 55 is eligible to attend free-of-charge and without a referral. "We are really targeting seniors living in the community," says Miller. "Those who would benefit the most are people living in their home." (*Orillia Packet and Times,* March 12)

## Study finds vaccines rarely cause adverse reactions

Adverse reactions to immunizations are rare in Ontario, according to a report on vaccine safety from Public Health Ontario. The report found just 631 reported adverse reactions out of 7.8 million doses of vaccines given throughout the province in 2012. Of those, just 56 were considered serious and none resulted in death. "That is a low number," says **Jody Kroeplin** of the Grey Bruce Health Unit. "I think it is good that we know these numbers because that contributes to vaccine safety and future manufacturing." Specifically in Grey Bruce, there were 19 adverse reactions reported to the health unit. The total number of vaccinations in the region was not available. "We are trying to educate people that there is always a risk, but then there is a huge benefit," says program manager of infectious diseases **Karen Sweiger**. "It is for the greater protection of all." (*The Owen Sound Sun Times,* Feb. 27)

## CCAC inefficiencies questioned

Ontario's Community Care Access Centres (CCAC) are taking heat in the media and at Queen's Park over the compensation of their executives and inefficiencies in their operations. Multiple news outlets reported that one CCAC executive's salary jumped 144 per cent since 2006, up to $288,000 annually. Many of the 14 regional CCAC bosses are paid more than $250,000 per year. "Who else in any sector makes those increases?

PHOTO: ROB GOWAN/THE OWEN SOUND SUN TIMES

**Jody Kroeplin believes the public needs to know that adverse reactions to vaccines (such as the hepatitis B vaccine pictured here) are low.**

# NURSING IN THE NEWS

## OUT AND ABOUT

**HITTING THE TRAILS IN GREY-BRUCE**

Members of RNAO's Grey-Bruce chapter make the most of the winter that wouldn't end on March 29, snowshoeing at the 11th Line Trails in Collingwood. Standing left to right are: Erika Haney, Kristien McAleer, LeAnn White (chapter president), Sheri Hatcher (past president) Donna Harkonen, and (L to R, kneeling) Angela Jewell and Samantha Petkou.

**CHAMPIONS COME TOGETHER TO CELEBRATE BPGs**

Trent University nursing student and Best Practice Spotlight Organization (BPSO) champion Naiema Alam takes part in small group discussions at the Nursing Best Practices Research Centre's annual general meeting (AGM) in March. The AGM was followed by a BPSO Symposium the next day, where organizations across the province shared strategies on guideline implementation.

**HEALTHY LIVING IN HALTON**

Halton chapter executive members (L to R) Joyce Salil, Lynn Budgell, Karimah Alidina, Michelle Farah, Opal Robinson, John Balcom, Susan McIntyre and Hazelynn Kinney take a moment to pose at their *Healthy Beginning* event in January, which brought members together for a Zumba class, followed by a presentation on how to make nutritious meals, including kale salad, beet juice and mudslide cheese cake.

It's outrageous," says RNAO CEO **Doris Grinspun**. CCACs are in charge of co-ordinating home care for seniors. With the introduction of Local Health Integration Networks (LHIN) in 2007, critics say CCACs are redundant administration that may actually be hindering access to care. "This extra layer of bureaucracy – that's hugely concerning to us," Grinspun says. RNAO's 2012 *Enhancing Community Care for Ontarians* (ECCO) report recommends transferring CCAC's 3,500 care co-ordinators to primary care. "Just imagine how much more effective they could be working with people in times of health and in times of illness," RNAO President **Rhonda Seidman-Carlson** says. (*London Free Press*, Feb. 20 and Feb. 25, and *Guelph Mercury*, Feb. 28)

### Patients provide input on their plan of care

Staff at the Cornwall Community Hospital (CCH) says implementing bedside shift reports (BSR) has improved outcomes by allowing patients to be engaged in their own care. BSRs involve nurses reviewing charts beside the patient's bed, allowing patients to better understand their plan of care. CCH is the first hospital in the region to implement BSRs, and the first facility in Ontario to use them in the psychiatric unit. BSRs "allow for greater communication between staff members, as well as opening the door to input from the patient," says **Gloria Hamel-Lauzon**, RN and professional practice leader. "(This) will ensure that we are remaining 100 per cent transparent." (*Cornwall Standard-Freeholder*, Feb. 1). **RN**

### "Barbaric" to force feeding moms to hide

*Toronto RN and mother, Penny Miller, responds to a* Toronto Star *article about breastfeeding in public (Feb. 12)*

Mothers and babies just can't win. As health-care professionals, we strongly encourage women to breastfeed their babies. Not only can it be the best nutritional option, but it helps to prevent infections and diseases throughout life, it decreases the risk of infant mortality, and it helps with mother-child bonding.

We often push so hard that women feel like bad mothers if they are unable to nurse or choose not to. With all their responsibilities at home, motherhood can be isolating. But to have others try to isolate mothers further by encouraging them to hide away in dirty bathrooms and closets in order to provide the basic need of food for their babies is barbaric.

I can't help but question how, in this enlightened age, people have sexualized women to the point where they can't remember that the primary function of women's breasts is to make and feed milk to their offspring. People need to get over their own embarrassment and stop brow beating mothers when they are merely doing what is best for their babies.

# NURSING NOTES

## Edith Dick gets star on the Milton Walk of Fame

The Milton Historical Society and the Town of Milton honoured five new inductees into its *Walk of Fame* in February, and well-known former RNAO nurse leader Edith Rainsford Dick was one of them. The historical society described Dick as a "nursing pioneer," and credited her with developing psychiatric nursing provincially and nursing standards nationally. Her efforts, the society adds, led to nursing becoming a self-regulating profession. In 1965, RNAO awarded Dick an *Honorary Life Membership* (now *Lifetime Achievement Award*) for improving nursing education and always keeping the personal welfare of students and graduate RNs top-of-mind. During the Second World War, Dick served as a major of two Canadian hospitals in England and France, for which she was awarded the Royal Red Cross First Class Award at Buckingham Palace in 1948. She passed away in 1978, but her legacy lives on through this induction.

Miss Edith Rainsford Dick

We were proud to bestow on Miss Edith R. Dick, Honorary Life Membership in the Registered Nurses' Association of Ontario.

We could not possibly describe all her work on behalf of the nursing profession in this province—suffice it to say she improved every aspect of nursing education. But of equal importance, Edith Dick was always noted for her concern over the personal welfare of the student or graduate nurse. Shorter hours and health-for-the-nurse became her constant objectives.

President Margaret R. Page bestows Honorary Life Membership on Edith R. Dick.

**In 1965, Edith Rainsford Dick (left) was featured on the pages of the then *RNAO News Bulletin* for her Honorary Life Membership.**

### U of T students want automatic membership

Nursing students at the University of Toronto (U of T) voted on a referendum in March to include RNAO student associate fees as part of their Nursing Undergraduate Society fees. An overwhelming 72 per cent voted in favour, and the change will be formalized at the end of April. "Students see the benefits of membership…which allows them to keep informed," says Rachelle Bergeron, of the Nursing Undergraduate Society. "RNAO allows students to see advocacy work in action, which brings to life concepts that are learned in class." If the change is finalized this spring, first-year students arriving in September will receive a letter from Bergeron, highlighting the many advantages of membership. There are six other Ontario institutions offering membership through tuition/ancillary fees, including St. Clair College, Humber College/University of New Brunswick, Queen's University, Trent University, Durham College/University of Ontario Institute of Technology, and CARE Centre for Internationally Educated Nurses.

### Safer consumption sites the focus of advocacy by U of Ottawa nursing students

It started as a student project, but has blossomed into something much more for a group of six University of Ottawa nursing students hoping to raise awareness of Bill C-2, *Respect for Communities Act*. The students' concerns stem from the fact that, if passed, the federal legislation will make it difficult for communities to meet a long list of requirements to offer safe injection services. Under the proposed legislation, whenever a drug injection site is proposed, Canada's minister of health would seek input directly from members of the community, as well as law enforcement, public health officials, community groups, municipal leaders and others. "The benefits of safer consumption sites are well documented," says Elise Skinner, one of the students behind a video funded by the Canadian Association of Nurses in AIDS Care. The video began circulating on social media March 10. At print time, it had received more than 2,800 views. "Nurses need to take a leading role in speaking out against legislation that only serves to further marginalize an already vulnerable population," Skinner says. RNAO is among the organizations noted in the video for its support for safe injection services. To see the video, visit www.respectcommunities.ca


### Nurses participate in summit on aging

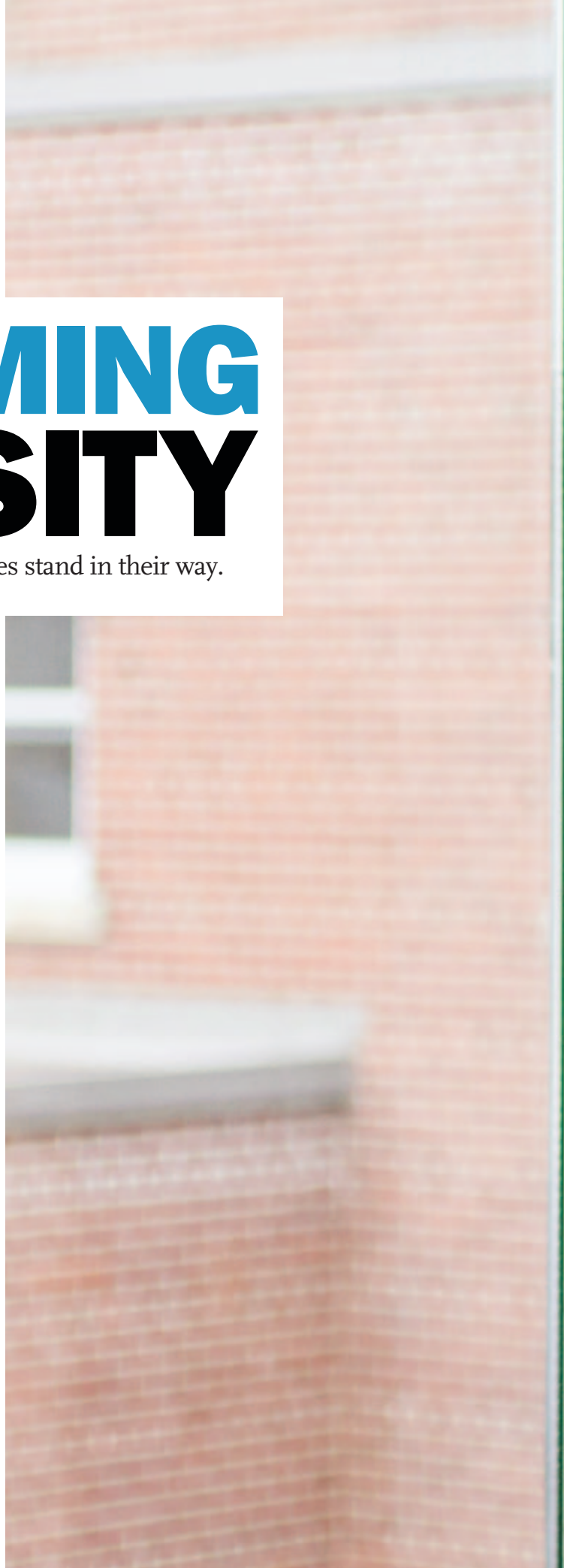
RNAO member and president of the Canadian Gerontological Nursing Association (CGNA), Lynn McCleary, was one of many nurses in attendance at the *Better Aging: Ontario Education Summit* in February. The event, hosted by the Council of Ontario Universities and Ministry of Health, was an opportunity for educators to share strategies for improving education of health professionals when it comes to seniors' care. Nurses recognize the importance of preparing tomorrow's nurses for an anticipated influx of baby boomers who have unique care needs. However, McCleary says that although educators are working on enhancing their courses and curriculum, and want to do more to cultivate nurses' knowledge of elder care, there are not always enough gerontological nursing experts among faculty. Some educators don't know what the required competencies are for nursing older adults, she adds. To find out more, visit www.CGNA.net and search "publications" for its standards of practice. **RN**

**Do you have nursing news to share? Email editor@RNAO.ca**

# OVERCOMING ADVERSITY

Meet three registered nurses who don't let obstacles stand in their way.

BY MELISSA DI COSTANZO



## Lisa McKay

One of the first things patients notice about Lisa McKay is the set of white, DJ-calibre headphones she sports around her neck or over her ears at Pembroke Regional Hospital's ER intensive care unit.

The RN uses them because she has severe hearing loss: 70 per cent in one ear; up to 60 per cent in the other. McKay wears hearing aids, but they don't pick up the low range sound of a heartbeat or a patient's breathing. So she pops them out and uses an electronic stethoscope (or, e-scope) that amplifies sound, connecting it to her trendy headphones.

At least once a day, curious patients or staffers ask: "Why do you wear those?" Teenagers say the headphones are "really cool." But for McKay, they're not a style statement. They're one of the reasons she is able to practise as an RN. "I thought there would be no way I could work in an emergency department," she says. "And (here) I am."

PHOTO: JESSICA BOLDT

**Lisa McKay's trendy headset generates interest from patients, but provides a means to practise for this RN with hearing loss.**

McKay was born with hearing loss. When she was three-years-old, her mother realized something was wrong when her daughter hadn't started talking. Diagnosed shortly after this discovery, McKay has worn hearing aids ever since. Now 38, she relies on closed captioning on television and cranks the volume on telephones and IV pump machines. If the latter starts beeping, she'll ask the patient to use the call bell. She also reads lips, a task that can prove troublesome if the speaker is wearing a mask.

Colleagues sometimes forget to face her when they're talking, and McKay is forced to dash ahead of them to watch their mouths move. She'll remind them to look at her and speak slowly, and says they have been receptive, supportive and helpful. Her manager is investigating ways to add to McKay's arsenal of support, and is looking into the possibility of a device that vibrates when a patient presses a call bell. "Little things like that help," she says.

Nursing isn't McKay's first career. In fact, she worked as a massage therapist for a year-and-a-half, until 2000, when she learned she had melanoma. Currently clear of cancer, McKay reflects on the eye-opening experience that made her think "this (job) is not something I want to do for the rest of my life."

The diagnosis may have triggered her decision to leave her job as a massage therapist, but McKay says she's always been fascinated by the human body. While pregnant with her two sons, she turned to the Internet, following their evolution from fetus to newborn. But even when she was in massage therapy school, McKay admits she enjoyed anatomy, physiology and pathology courses.

When the family moved to Petawawa in 2006, she had already been looking to enroll in a nursing program. She heard about the University of Ottawa and Algonquin College's collaborative BScN program – classes were 20 minutes away in Pembroke – on the radio. "I always wanted my degree, and it just seemed like an interesting fit," she explains. "It never occurred to me in high school or elementary school to pursue (nursing)."

Almost immediately after learning of her acceptance into the program, McKay ran into a roadblock. Her hearing aid specialist encouraged her to "find a new career" following one unsuccessful attempt to find an e-scope before classes began.

"I cried for a day-and-a-half after that," she recalls. It was her husband who said "we'll find something that works." The couple researched e-scopes, and shortly before she began her studies, he found the headphones she still uses today. In anticipation of the challenges she might face in the classroom, McKay went to student services, asking: "What can you do to help me?" They drew up an individual learning plan, offering note takers and preferred seating.

In April 2013, McKay graduated with the University of Ottawa Silver Medal for receiving the second highest grade point average in the nursing program. Ten months later, she completed her first permanent shift at Pembroke Regional Hospital.

She says she's lucky to have support from family and friends, and encourages those with hearing loss who might be considering a career in nursing to just keep trying to find a way to work around the condition. "Hopefully, (those who are hard of hearing) will realize that (nursing) is an option." **RN**

# Lyn Garnett

In 1996, when Lyn Garnett started working in the operating room at Cambridge Memorial Hospital, she began to notice a troubling trend. Every time she'd pull on latex gloves or rip open the packaging of latex catheters, she'd become short of breath. When the surgeons used powdered latex gloves, she would experience palpitations and difficulty breathing. Her skin crawled with itchiness and hives popped up all over her body.

One year later, Garnett was diagnosed with a latex allergy. Working in the 80s at the height of the HIV scare, she remembers constantly donning poor-quality latex gloves. They tore easily, and contained a powder, which carried the latex through the air, she recalls. She suspects that's how her allergy developed.

As she began learning about the tacky, milky sap that can be found in many plants, Garnett realized latex is in much more than she initially thought. Some dressings still contain latex in the adhesive. It's in scratch tickets, pink erasers and some carpet backings. "I'm really at risk wherever I go," she says. "You have to be an advocate for yourself."

When she was diagnosed, Garnett went to occupational health at Cambridge Memorial Hospital and said: "we have to change things," including getting rid of powder-free latex gloves in the operating room. The gloves were disposed of and Garnett was reassigned as the OR was scrubbed clean. She was given her own box of synthetic gloves, and was paid to go through every item in the OR to determine which contained latex. She called companies to ask for alternate products. If nurses touched desks, computers or phones while wearing latex gloves, Garnett asked them to remove the gloves and wash their hands. "You never know who of your patients or staff could be allergic to latex," she says.

In the 17 years she's lived with this allergy, Garnett estimates she's been hospitalized upwards of 10 times because she's been exposed to latex either at work or in public. She's forgotten to wear gloves and accidentally touched latex tubing (she went into anaphylaxis on one occasion, and spent four hours in the ER). As a clinical educator, she unknowingly handled old mannequins that contained latex, and had to be treated in hospital as a result. After that experience, Garnett decided to stop working at Cambridge Memorial. Her children were young at the time, and she was plagued with guilt that they thought their mother was "...going to die at work." Plus, the process to make the facility latex-reduced was lengthy and began to stall.

Garnett accepted a new job as a disability case manager at Sun Life Financial in January 2007 and by the time February rolled around, latex balloons peppered the foyer to mark Valentine's Day. "In some ways, I'm safer in health care because I know where (most of) the latex is," she says.

**There are countless stories of adversity in nursing, but simply not enough room in the magazine to share all of them. Visit www.RNAO.ca/adversity to read more.**


**Kitchener RN Lyn Garnett encourages nurses allergic to latex to speak up.**

PHOTO: BRIAN WIEBE

Garnett, who now works as a clinic manager at Healthlink Family Practice in Cambridge, encourages nurses suffering from this allergy to speak up. During her personal time, she has approached local coffee shops and a handful of grocery stores, successfully encouraging them to stop using latex balloons or gloves. She calls restaurants to find out if they are latex-free before making reservations. Some proprietors are receptive to her concerns; others, not so much. This doesn't stop Garnett from raising awareness. In fact, she says everyone – health-care providers included – needs to educate themselves about where latex can be lurking.

Nursing school teachers should also be aware of the severity of a latex allergy, she adds. During one trip to the ER last November, a group of new grads cared for Garnett. "They were in disbelief that I could react that badly to latex," she recalls. She had broken out in hives, had a severe, barking cough, and difficulty swallowing due to the lump in her throat.

Latex can severely hamper Garnett's ability to fulfill her nursing duties, but she has never considered changing professions: "I'm a nurse...that's who I am," she says. "You have to be strong and fight for yourself. It's your health, and your life." **RN**

# Lorrie Reynolds

At first, Lorrie Reynolds wasn't completely troubled by what seemed like benign lower back pain two summers ago. The then-43-year-old avid runner – she used to clock 10 kilometres on a run – had just returned to her BondHead home after spending two weeks at the family cottage waterskiing and playing ball hockey. She assumed the pain was related to her sciatic nerve.

Then, her left knee began to repeatedly give out.

In the early hours of July 16, 2012, when she woke up to go to the bathroom, Reynolds was alarmed to discover her left leg had lost all sensation from the knee down. She gingerly made her way back into the bedroom to wake her husband. "I know I'm being silly," she said, "but can we go to the hospital?"

Doctors discovered a mass of blood vessels clumped around the seventh thoracic vertebra in her spinal cord, right below her breasts: a cavernoma that had hemorrhaged. The pressure on the spinal cord resulted in Reynolds being paralyzed from her toes to her upper rib cage. Sixteen days later, the RN of 23 years, who was, and still is, director of maternal child/professional practice and deputy chief of nursing at Newmarket's Southlake Regional Health Centre, woke up from surgery. The paralysis was permanent.

According to Spinal Cord Injury Ontario, there are more than 33,000 people living with a spinal cord injury. Never in her wildest dreams did Reynolds think she would be one of those statistics. "I was just stunned, just shocked," she says.

Less than a month after her operation, she was transferred to rehab, where she pushed herself to boost her upper body strength as well as learn the techniques required to transfer from her wheelchair to a shower chair every day. She attributes her determination to the competitive streak that runs in her family.

But her journey hasn't been without obstacles. She fell once at rehab. "I felt like a child. I had to call to get someone to help pick me up," she remembers, adding that the experience was empowering, especially after her physiotherapist praised her for her resolve.

At another point, while discussing her commitment to physiotherapy, a physician told her she was wasting her time and money. "I'm around people in wheelchairs, and (this is important for) my emotional and spiritual healing," she told him. "I might not be cured, but I'm healing." The following visit, he changed his tune, encouraging her to keep up the good work. After two months at a rehabilitation facility, Reynolds was discharged and ready to adjust to a new normal.

She sits at the edge of the bed and rolls onto her stomach to slip on pants. She drives using hand-held controls. Nothing is as it once was, but she's grateful she has the support of her family. Her husband renovated the home and cottage to accommodate a wheelchair by widening doorways and adding lifts and roll-in shower stalls.

Reynolds' next objective was to get back to work. She returned to an accessible office and accompanying bathroom on a modified schedule in April 2013, and went full-time three months later.

"They really embraced me," she says of her colleagues, who refer to her as "hot wheels," as she races down the hospital hallways.

In an effort to motivate health-care professionals to reflect on their own practice and leadership style – and on the patient's perspective – Reynolds shares the details of her journey in presentations to colleagues. She's spoken to Southlake's nurse practitioners, fourth-year York University nursing students, and members of the Registered Practical Nurses Association of Ontario.

She talks about the nurse who offered to wash her hair. "I can't tell you how good it felt. She wasn't curing my illness, but she was really helping me to heal." She remembers the nurses who, after coming in to run tests, allowed Reynolds' daughters and husband to stay in bed with her. Or the staff who allowed her mother to show up every morning at 8:30 with breakfast and a back rub, well before visiting hours.

**Lorrie Reynolds became a paraplegic in July 2012, after a mass of blood vessels clumped around her spinal cord hemorrhaged.**

"I always used to say everything happens for a reason and I (spent) time trying to find a reason for this (paralysis)," she says of her struggle to make sense of things. "If I can bring that patient perspective and try to influence the care we deliver, then that's my silver lining." **RN**

MELISSA DI COSTANZO IS STAFF WRITER AT RNAO.

More than 150 RNs and nursing student leaders of our association got a taste of policy in action at Ontario's legislative building during RNAO's *Queen's Park Day* event in February.

# THE POWER OF POLICY

Members met with MPPs over breakfast, sat in on Question Period, listened to party leaders and their health critics discuss key issues, asked the tough questions, and took in a special announcement from the minister of health. **BY MELISSA DI COSTANZO**

# THE POWER OF POLICY

**It was a testament to the gains of years of advocacy when one of RNAO's long-held asks finally became a reality at the association's 14th *Queen's Park Day* earlier this year.**

Ontario's minister of health pledged to boost the number of NPs in long-term care homes over the next three years, something RNAO believes will cut down on unnecessary, costly and inefficient transfers to hospital ERs, and eliminate the emotional toll such transfers have on vulnerable residents and their loved ones.

Health Minister Deb Matthews said the province will hire 75 new NPs: 15 this year, 30 next year and 30 more in 2016. The news was greeted with a standing ovation from the RNs, NPs and nursing students in attendance. Currently, there are 18 NPs working in 22 long-term care homes. There are more than 630 long-term care homes across the province.

"I am very, very excited about this initiative," Matthews said. "I know that an NP on site every day, all day will really make a difference...and, most importantly, our residents will be happy."

In an effort to help long-term care homes recruit and retain these NPs, Matthews also announced expansion of the *Grow Your Own Nurse Practitioner in Long-Term Care Program*, to support RNs who would like to become NPs.

RNAO CEO Doris Grinspun called the announcement a wise government investment. "Nurse practitioners will advance the timeliness and quality of care for residents in long-term care homes, improving their safety and quality of life and providing peace of mind to families and staff," she said.

Jill Burkholder, president of the Nurse Practitioners' Association of Ontario (NPAO), an interest group of RNAO, said research findings show the "integration of NPs into a long-term care home improves outcomes for the residents, leads to fewer transfers to hospitals and reduced length of stay, and is better value for money."

"Will you commit to support RNAO's position that we need concrete action in the next budget to hire new RNs?"

RNAO's Region 7 board representative Claudette Holloway to PC Health Critic Christine Elliott

Matthews' announcement came during the afternoon presentations from a number of high-profile guests, including Premier Kathleen Wynne, Conservative Leader Tim Hudak and PC Health Critic Christine Elliott, and NDP Leader Andrea Horwath with NDP Health Critic France Gélinas. Each guest fielded tough questions from nurses, who pushed for further investments in nursing, an explanation for the lower than expected change to the minimum wage, same-day access to primary care providers, and a guarantee to hire more RNs to address Ontario's troubling RN-to-population ratio.

Claudette Holloway, RNAO's Region 7 board representative, reminded politicians that Ontario is rated second worst in Canada for its RN-to-population ratio. "Will you commit to support RNAO's position that we need concrete action in the next budget to hire new RNs?" she pointedly asked Elliott. "Yes, absolutely," the health critic responded to applause. "There's no question we need to urge this government to fulfill its commitment."

Horwath, for her part, said the NDP has "always opposed cuts to nurses and other front-line health-care staff," while Matthews defended her party's work since taking office, suggesting there are almost 10,000 more RNs working in the province now than 10 years ago. Indeed, RN employment growth has exceeded population growth since 2004 (the Liberals took office in October 2003), so the RN-to-population ratio has improved. However, according to the Canadian Institute for Health Information, Ontario still lags behind the rest of the country, and requires 17,588 more RN positions to catch up.

Another hot-button issue at the event: Community Care Access Centres (CCAC). The two opposition parties called for changes


"I do firmly believe that when it comes to our health-care system, nurses are the absolute experts. You know the system inside and out, and you know what makes it tick and what makes it break. And I want to say I value your advice and your insights very, very much."

Andrea Horwath, Leader, Ontario New Democratic Party (far left, and flanked by NDP Health Critic France Gélinas)


"It's outstanding RNAO takes the time to be here at Queen's Park... thank you for what you do."

Tim Hudak, Leader, Progressive Conservative Party of Ontario (above, centre, and flanked by PC Health Critic Christine Elliott (left) and RNAO President-Elect Vanessa Burkoski (right)

"We're going to continue to work to strengthen nurses' role in the system. That...(has) been one of our achievements, and it will continue to be one of our objectives. We will continue to be your champions."

Premier Kathleen Wynne (far left)

"We are better in Ontario because of the work you have done."

Health Minister Deb Matthews (above, right)

# THE POWER OF POLICY

to exorbitant executive salaries and ballooning administrative costs of the province's 14 CCACs, with Hudak calling both "tragic." Just two days before RNAO's event, Elliott asked the auditor general to investigate. And Gélinas wants an immediate public review. "I want to thank RNAO," she said about the association raising the alarm. "You were at the front of the pack."

Matthews said the government is expecting to introduce legislation capping executive compensation.

RNAO's concern with CCACs goes beyond these skyrocketing salaries and administrative costs. Since the release of the association's 2012 *Enhancing Community Care for Ontarians* (ECCO) report, RNAO has pushed for 3,500 care co-ordinators to be transferred to primary care, to continue their important work at their current compensation. ECCO proposes these expert care co-ordinators join primary care NPs, RNs and physicians and focus on providing care co-ordination and system navigation for complex patients.

Carol Timmings, RNAO board member-at-large for nursing administration, told the premier that a $3 minimum wage bump gives "Ontarians a chance at health."

The Liberal government's increase to the minimum wage was also a loaded topic, and one that came up with all of the party leaders. In January, Wynne pledged to raise the minimum wage to $11 per hour as of June 1, 2014. But RNAO, in partnership with poverty groups, has long been urging $14. Nurses continued this call. Carol Timmings, RNAO board member-at-large for nursing administration, told the premier that a $3 bump gives "Ontarians a chance at health."

"I would love nothing more than to say 'let's have a $14 an hour minimum wage today," replied Wynne. "If we had done that, there would have been a backlash from the business community that would have been extremely difficult for us to deal with...because of the potential job loss, and that's what I was most worried about."

Horwath proposed an increase to $12 by 2016, raising eyebrows among nurses who have looked to the NDP for support on this particular issue. "I know it's not where everybody wanted to be right away, but it's certainly headed in the right direction, and it's certainly an improvement on where the government was willing to go," said Horwath. Grinspun said nurses felt let down by this NDP position. She assured Horwath the association will continue to press all parties for a $14 minimum wage, adding: "If we don't support people to keep healthy, we will have to keep patching them up." **RN**

MELISSA DI COSTANZO IS STAFF WRITER AT RNAO.

**(LEFT) Nursing students from across the province take in the energy at Queen's Park, and embrace the opportunity to see politics in action.**


**(LEFT) Conservative MPPs Todd Smith and Laurie Scott (who is a nurse) address members and colleagues at a networking breakfast arranged to allow open dialogue between RNs, nursing students and politicians. (BELOW) Liberal MPPs Bob Chiarelli (left) and John Fraser (third from left) engage in conversation with members of RNAO's Region 10. (BELOW, LEFT) RNAO CEO Doris Grinspun looks on as members share their views with NDP MPPs Monique Taylor (centre), Paul Miller (second from right) and Peggy Sattler (bottom right corner, not visible).**

"Consider it (*Queen's Park Day*) an investment in nursing in Ontario, one that is very much appreciated by the membership. I left, as always, feeling renewed and excited about the work that we have to do."

Elizabeth Edwards, president, Quinte chapter, co-chair, PNEIG (Below: third from left, front row)

**(LEFT) Members of RNAO's Executive Network Structure, including policy and political action officers and communications officers, were invited as special guests to Queen's Park, affording them the opportunity to fully engage in their respective roles as the voice of local chapters and interest groups.**

**To view more photos from the event, visit www.RNAO.ca/QPGallery2014**

# Inspired Lives

A diagnosis of cancer is traumatic for individuals and their families. Imagine a scenario in which both parents get crushing news they will face the fight of their lives, at the same time. The Ryalls live with this reality, and have found inspiration in their children.

BY DANIEL PUNCH

**Amanda Ellard-Ryall's** voice wavers as she and her husband, Francis, discuss the "gift" of cancer.

"I do see cancer as a gift, because I can say I know the extra freckles on my kids' faces. I see the changes in their eyes. I see the added colour." She pauses, swallows, and then continues, her voice jumping an octave. "It's not that I want everyone to get cancer, but sometimes...you have to look at (what) it does give you. Because it does make you stand still for that moment, it does make you breathe, and in that breath, you see the things you've never seen before."

It's impossible not to feel inspired after a conversation with these irrepressible Windsor-based RNs standing brave in the face of overwhelming challenges. Francis was diagnosed with bowel cancer in 2011, which later spread to his liver. Three years, three surgeries and three rounds of chemotherapy later, his prognosis is not good. In 2013, Amanda was stunned to learn she had breast cancer. She's since had a double mastectomy and been through chemo. While the outlook is hopeful, she's not out of the woods yet.

The couple must now juggle their illnesses, a growing stack of bills, and four kids under the age of 10. Yet they remain upbeat. Buoyed by a loving family and a supportive community, they have a remarkable perspective on the illness that forever altered their lives.

"I'm sad this disease has gotten ahold of me. But that said, it doesn't define who I am," Francis says. "My wife and children have much more to do with that."

**Friends call them** *the calm* and *the storm*, with Francis' laid-back, steady nature balancing perfectly with Amanda's type-A assertiveness. They've always had plenty in common. They're both RNs, both teachers (at St. Clair College), and both Irish. Amanda immigrated to Canada as a young nanny, and Francis was born in Saskatchewan to first-generation Irish parents. The pair met in Windsor two decades ago, wed in Ireland, and then moved to Texas, where she practised on a neonatal helicopter team and he in an emergency department. They eventually worked their way back to Windsor, where Amanda returned to school and Francis landed a job across the border at the Henry Ford Hospital in Michigan.

They struggled for eight years to get pregnant, spending a fortune on costly fertility treatments with no success. Nine years ago, they jumped at the opportunity to adopt Molly from an international student at the University of Windsor. "She changed everything for us," Amanda says. "It...was love at first sight."

Two years later, Amanda gave birth to twin boys. And in 2008, just as she was starting her master's degree, the couple was surprised by news they were expecting again.

The newly whole, six-member Ryall family was settling into life when they were rocked by news that Francis had a tumour in his large intestine. "Your whole world crashes in that one moment," Amanda remembers. Francis could no longer work, Amanda was still in school, and life wasn't about to slow down with four young kids at home. Still, they managed to keep their heads above water.

PHOTO: THE WINDSOR STAR/JASON KRYK

Amanda found work at the Windsor-Essex County Health Unit (WECHU) and served as Francis' unofficial nurse.

With Amanda's diagnosis in 2013, the couple that did everything together was forced to take on their most difficult journey side-by-side. After spending two years taking care of Francis, an exhausted Amanda reluctantly let her husband return the favour. "For a woman, it's hard to have no hair, it's hard to lose breasts, it's hard to look different and try to be the same mom," she says.

It was also difficult explaining matters of life, death and cancer to their kids. Amanda remembers the moment last year when Molly, now nine, realized her dad probably won't be around when she grows up. Their seven-year-old twin boys, Killian and Quinn, think it's "cool" that mom is bald. And when Amanda told five-year-old Kiera about mommy's cancer, their youngest gave her mom a big hug and said: "You're the best mommy ever...can I have blueberries on my pancakes?"

**The Ryalls have** been humbled by the support of the nursing community during these trying times. Francis still can't work, and Amanda's short-term disability is set to run out in the spring. Her body is drained from chemo, she could be facing more surgery, and she isn't sure when she'll be able to return to work.

"I just can't imagine worrying about finances (in their situation)," says Dana Boyd, Amanda's colleague at WECHU and a fellow RNAO member. "We know, as nurses, that you're supposed to reduce your stress to promote healing." Boyd and the Windsor-Essex chapter of RNAO held a pasta lunch in March to raise money for the family, and many of Amanda's WECHU colleagues gifted their sick days to her in a bid to supplement her disability income.

Support has also come from the community-at-large. Two events over the winter raised more than $15,000. Friends and neighbours have donated Christmas presents, shoveled their driveway, and stopped by to drop off dinners. "It's heartwarming, it's overwhelming, it's soul-saving," says Francis. "Our community has stepped up and wrapped a blanket around us."

The couple has decided to delay Francis' next round of chemo until after the summer, so they won't both be in treatment at the same time, and so the kids can enjoy quality time with their dad.

"It's better to live every day until you die, instead of dying every day until you die," Francis says. "Do everything in your ability and do what you want, and what I want to do is get up in the morning and cook (my family) breakfast."

While cancer can seem to be "ticking like a time bomb," Amanda is spurred by the words of her father, a Sgt.- Maj. in the British Royal Air Force. "Live by the belly," and "press on regardless," he would say.

Together, *the calm* and *the storm* press on, ready for bad weather, but always looking toward the sun. **RN**

**Visit www.RNAO.ca/Ryallfamily to read about Francis and Amanda's perspective on the health-care system from the patient side.**

DANIEL PUNCH IS EDITORIAL ASSISTANT AT RNAO.

*Donations to the Ryall family can be made through TD Canada Trust, Transit #38702, Institution #004, Account #6063429*

## IN CONVERSATION WITH...

# Vanessa Burkoski

Vanessa Burkoski is set to become RNAO's 53rd president this spring. In an interview with *Registered Nurse Journal*, she talks about her goals and how she wants to help front-line nurses. **BY MELISSA DI COSTANZO**

**Why did you become a nurse?** I was about 14 when my grandmother became ill. I used to go with my mom constantly to visit her in the hospital, and I watched very closely how she was treated by nurses, in particular. I remember how the nurses would interact with the family as well as the patient and I thought 'this is the kind of profession where you're able to use a combination of knowledge and interactions with people to really make a difference.' That was my first notion that nursing might be for me.

**What did you learn as provincial chief nursing officer that will help you in your role as RNAO president?** I had the great opportunity – and one of the few opportunities that a nurse will ever have – to work in the domain of nursing policy. Given that, I was able to not only get to know how policy is formulated in the system, but I also gained an understanding of how to navigate government. RNAO's president requires skill in understanding the government system, the health-care environment, and where you can leverage opportunities to change or enhance policy or bring in new regulation or legislation. Being immersed in policy and having the opportunity to immerse myself in government relations, and meeting and working with nursing and other health-care stakeholders in the community...has provided me with some of the foundational skills and knowledge that I need.

> *"Ensuring nurses have all the tools to deliver the best quality and safest care is really important to me.*

**Why did you want to become president of RNAO?** I have a passion for policy. I also have an extreme interest in supporting enhanced growth and improvement in health care for our patients, and advocating for the role nurses play. Ensuring they have all the tools and supports that enable them to deliver the best quality and safest care is really important to me. For me, it's a perfect fit.

**What's the first thing you hope to do as president of the association?** We talk about building a seamless system of care for our patients, a system where...patients and family members know who to go to when they need help. We need to make sure that all of the right services are aligned appropriately for any patient's journey. To do that, we also have to align ourselves appropriately as nurses. I still hear, and it saddens me, more about the differences in nurses than about our common goal and our common mission. There is a need for us to get to understand each other better. That is going to bode well for patients and the system because there is no doubt that the separation between what we do in acute care, long-term care, community care...that's all going to change as time moves forward. We need to be ready to streamline and to be able to ensure that our work is building on the work of nurses in other sectors.

**To watch selected scenes from our interview with RNAO's president-elect, visit www.RNAO.ca/Q&AwithVanessaBurkoski**

**What attributes do you bring to the position, and how will they help you in your role?** I tell an honest story. I come from a place of having not only practised on the frontline for 15 years, but really having a more incredible nursing career than I could have wished for because I've had the opportunity to learn and grow across various leadership roles. I have a genuine desire and commitment to improving health care…for patients and for nurses. I'm visionary and strategic in my approach, and I have a lot of patience and respect for the perspectives of others.

**What do you hope to achieve as president of RNAO?** I would like to play a critical role in the implementation of ECCO (*Enhancing Community Care for Ontarians*, RNAO's 2012 report)…it is so important. It means we can finally bring together…nurses who can connect patients at the right time and in the right place, and in an effective and efficient way, to the services they need. The system really is fragmented now and primary care is…the central holding ground of all of the comprehensive information that is needed to ensure there are no gaps or redundancies or inefficiencies in the care of a patient. If we can enable our nurses to provide that care coordination role through our primary care system, I think more people will be linked up in a much more efficient way to the services they require. That's going to keep people healthier. That's going to ensure we are using our resources, our very scarce and important health-care resources, appropriately.

> *"I would like to learn more about how we can support front-line nurses in their everyday work.*

**What would you like to learn from frontline nurses that will help RNAO in its work?** I would like to learn more about how we can support front-line nurses in their everyday work. I'd like to know from them which tools and resources…they need. I would like to know how we can improve on our advocacy for them.

**Do you have a nurse role model you will try to emulate?** I have had the most incredible nursing colleagues. I pick and choose some of the most impressive qualities I have seen in some of those colleagues, and I try to cobble them together and use them to the best of my ability. I give all of my colleagues who have been engaged in my life and in my professional journey kudos for having shared just a little bit of themselves with me.

**What excites you about taking on this kind of leadership role?** RNAO has a long history of being able to move really important pieces of policy regulation and legislation, and to be a part of that, for me, is…what drives me to continue to be a nurse. It's what keeps me really inspired about the profession, and that's what I'm really looking forward to. **RN**

MELISSA DI COSTANZO IS STAFF WRITER AT RNAO.

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**PARTICIPANTS NEEDED FOR STUDY ON TEACHING IN THE CLINICAL ARENA**

My name is Anita Jennings, PhD(C) from OISE, University of Toronto. I am conducting a qualitative study. The name of the research project is: How do clinical nurse educators approach teaching undergraduate nursing students in the clinical arena? You will be asked to participate in two interviews. Each participant is interviewed individually and will not be identified in any reports resulting from this study. Research about teaching in the clinical arena is sparse, so your contribution is valuable to the discipline. I invite you to consider participating in this study if you teach undergraduate nursing students in the clinical arena. Please contact me at anita.jennings@utoronto.ca



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# CALL FOR STORIES

**ABOUT INTERPROFESSIONAL PRACTICE**

Health-care professionals do not work in isolation. Quality patient care requires all providers, regardless of expertise, to practise collaboratively for the benefit of those in their care.

Tell us about a unique, groundbreaking, inspiring, or surprising experience you've had with another health-care professional. It may be a physician, social worker, occupational therapist, pharmacist, paramedic, or any other provider with whom you have come together to benefit a patient or client.

**Send your stories to editor@RNAO.ca by April 30 to be considered for online publication.** Stories selected for publication in the July/Aug 2014 issue of *Registered Nurse Journal* will be accepted up to and including June 13.

AGM 2014

# Visionary Leadership: Leading the way forward for nursing

## May 1–3, 2014

Online registration for RNAO's **2014 Annual General Meeting** (AGM) is now open.

Visit **www.RNAO.ca/AGM2014** to ensure you don't miss this opportunity to connect with peers, and hear about the achievements of your professional association over the past year from CEO Doris Grinspun and outgoing President Rhonda Seidman-Carlson.

All RNAO members and student associates are invited to this three-day event, where the winners of the annual RNAO Recognition Awards will be publicly acknowledged, and where Vanessa Burkoski will address members for the first time as the association's newest president.

This year's event will feature a keynote address on May 3 from intensive care unit RN and bestselling author, Tilda Shalof, known for her books *Camp Nurse*, *A Nurse's Story*, and the soon-to-be-released *Bringing it Home – A Nurse Discovers Health Care Beyond the Hospital*.

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**If you can't make it to the AGM in person, the event will stream live online. Check back with www.RNAO.ca in the coming weeks for more details.**

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# IN THE END

BY KATHYRIN BOTE

ILLUSTRATION: GENEVIEVE SIMMS

## What nursing means to me…

I USED TO ASSOCIATE THE WORD 'DYING' WITH 'END,' AS IF NOTHING productive or profound comes out of death. And yet, one of the most influential life lessons I have learned was due to the passing of someone I had never met. My perspective on what it means to provide comfort changed forever when I shared a moment with an elderly woman while doing a high school co-operative placement in a long-term care home. To this day, she helps me evaluate the care I provide as a nurse, even though I never learned her name.

**DROP US A LINE OR TWO**
**Tell us what nursing means to you. Email editor@RNAO.ca**

At 17, I embarked on my high school co-op placement nervous, but excited. The hustle and bustle of the Toronto long-term care home where I would spend five weeks made me cross-eyed. On one particularly hectic day, I looked for the nearest room I could find to collect myself. I thought I was alone, but as I turned around, I saw a frail lady sitting in her wheelchair shaking and wailing. I froze. At first, I was afraid that I was disturbing her, but then she looked at me intensely as if asking for help. Her eyes were sunken, her boney fingers reached out, and her body hunched over as if she was unable to hold her weight. I did not know how to react.

Compelled to do something to help her, I grabbed some hand cream on her bedside table and gently massaged it into her cold hands. Suddenly, she relaxed onto the wheelchair. I was so surprised that something so simple consoled her. As I let her go, she gently tugged my hands to her lips and kissed them. A silent thanks of sorts. Her simple act of gratitude made me realize two things: firstly, being present was a source of comfort; and secondly, we do not need to make grand gestures to show someone we care. I left her room feeling glum, but humbled by what she taught me.

I went to visit her the next morning, but as I entered her room, I was met by a wall of people hauling a body bag onto a stretcher. I was shocked and overwhelmed with emotion. I did not realize she was dying. As they left with her body, I stood silently in her empty room, wondering if she had someone with her in her final hours. Was she comforted? Was she free of pain? Did she pass peacefully? I will never know.

What I do know is that she taught me a very important lesson, and it's one I continue to reflect on as a nurse caring for those nearing the end of life, the frail and the elderly. **RN**

KATHYRIN BOTE IS A REGISTERED NURSE AT OSHAWA'S HILLSDALE TERRACES, A LONG-TERM CARE HOME OPERATED BY THE REGIONAL MUNICIPALITY OF DURHAM.

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