

September/October 2005

# Registered Nurse

JOURNAL

Fellowships:  
**ENRICHING  
PRACTICE  
IMPROVING  
CARE**

A photograph of three nurses in light green scrubs and patterned surgical caps attending to a patient lying in a hospital bed. The patient is covered with a blue blanket. The nurses are smiling and looking at the patient. The background shows a hospital room with medical equipment and a large overhead light fixture.

Glenda Hubley (left), Anita Esson,  
Johanne Messier-Mann and Lloyd Boyer  
partner up for a clinical fellowship  
at Sault Area Hospital.

5th Annual International Conference  
***Healthy Workplaces in Action 2005***  
Maintaining the Momentum Towards Positive Workplaces

Registered Nurses' Association of Ontario,  
RNAO Centre for Professional Nursing Excellence

November 17 -18, 2005  
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Registered Nurses' Association of Ontario  
L'Association des infirmières et infirmiers  
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CENTRE FOR PROFESSIONAL NURSING EXCELLENCE

# Registered Nurse

JOURNAL

VOLUME 17, NO. 5, SEPTEMBER/OCTOBER 2005



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Registered Nurses'  
Association of Ontario

L'Association des  
infirmières et infirmiers  
autorisés de l'Ontario

Cover photography: Brian Tremblay

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Editor's Note

# Three, two, one... happy new (membership) year!



Some of us spend September and October closing cottages and clearing leaves in anticipation of winter's white stuff. We also turn our minds from the fall harvest to the festivities of the holiday season and the start of a new year. Here at RNAO, we're also turning our minds to 2006 – a little bit sooner than the rest of the world. We don't wait until Dec. 31 to ring in a new year. We close out 2005 at the end of October, reflecting on the successes of a strong membership, celebrating the initiative of RNs across the province, and garnering inspiration from the many nurses who stand out.

The stories of some of those nurses are featured in this issue of *Registered Nurse Journal*. RNs like Bonnie Kearns, Penney Minor, Marion Willms and Dawn Sears set themselves apart as Hurricane Katrina volunteers who dismiss the hurdles of a natural disaster and inspire us to give of ourselves to help others. RNs like Manon Gagné, a corrections nurse who overcomes the hurdles of daily nursing in a prison, inspire us to see the health-care needs of prisoners rather than their illicit past. RNs like Glenda Hubley, Anita Esson, Debbie Cecconi, Claudia Danyluk, and Marg Poling, who have dedicated themselves to improving their practice through clinical fellowships, inspire us to use the power of professional development in our own careers. And nursing students like Cailin Hill, the brainchild behind a new student network in Perth, inspire us by their passion for their new-found profession.

On the eve of a new year at RNAO, maybe we should also put our minds to those new year's resolutions that tend to consume our concentration in January. Perhaps we should get started on those resolutions early this year. I know what I'm aiming for: I want to talk to as many of you as possible so I can share more of your inspiring stories, raise more of your issues and concerns, and hopefully pass on some of your knowledge and initiative to other nurses and members across the province.

Keep those stories coming, and keep up the good work during the coming new membership year.

**Kimberley Kearsey**  
Managing Editor (Acting)

# Nurses are on life-long learning curves, educating us – and others



Since the average age of RNAO members is 47, many of you may have spent early September helping your first-borns pack up for university campuses across Ontario

and beyond, or preparing them for life as a college student closer to home. At the same time, RNAO's growing number of student members were probably putting aside their lighter summer reading and reaching for weightier (and more expensive) publications. And, as you'll find out from reading our cover piece on advanced clinical/practice fellowships, other RNs across Ontario were either putting their fellowship experience to good use or just beginning it. On a personal note, I completed my comprehensive exams for my doctoral in health policy and health education this summer, and am now working on my dissertation, which will focus on the impact of cultural competency training when caring for marginalized clients, focusing on HIV/AIDS.

In one way, there's nothing new about nurses expanding their knowledge base and honing their skills, through formal and informal learning, so they can provide the best care or leadership possible. Nurses do it when they switch areas of specialty, or often when they move from sector to sector. It is part of nursing culture. But what is new, I think, is the increased level of acuity and chronicity in our patients and clients, and the growing possibilities for nurses to practice to their full scope as we change how health care is planned and delivered. Education, training, and critical thinking throughout the span of a nurse's career has never been more necessary, but at the same time, many, if not most, nurses are already facing an overwhelming roster of responsibilities.

So how does the nursing profession respond to this challenge and this opportunity? How do we help ensure that nurses stay on top of the latest developments in policy and practice? How do we make it easier for nurses to find the time, resources, and energy to pursue continuing education? How do we work together – educators, employers, unions, governments, colleges and professional associations – to help make life-long learning accessible to as many nurses as need and want it? How do we make it a challenge, but not a chore? And how do we ensure fair access to all nurses – not just some?

Luckily, we are not starting from scratch. Nurses can look to the deep reservoir of knowledge embedded in the nursing best practice guidelines project, which reinforces the fact that nurses not only access nursing knowledge, they create it. Many employers have adopted one or more of RNAO's guidelines, making it a reality of practice for nurses. The guidelines are also becoming a lived reality for many nursing students as their teachers integrate BPGs into curricula. Nurses can also take advantage of the advanced clinical/practice fellowships, funded by the government of Ontario and administered by RNAO. There is the nursing education initiative, also funded by the province and led by your professional association, that helps cover some of the education and training costs of Ontario RNs. And we have other wonderful resources – workshops, e-learning, and conferences – like those offered at the RNAO Centre for Professional Nursing Excellence. The Centre's leadership on Healthy Work Environment best practice guidelines will also contribute to finding solutions to mak-

ing life-long learning more feasible from a workplace point of view.

All of these resources would be useless without the appetite and passion for learning that registered nurses – educators all – inherently have. At best, what feeds this appetite is a desire to be the best nurse you can, and recognition that that requires ongoing effort – and yes, sometimes education. There are those detractors who see this focus as simply an exercise in padding one's resume or climbing the career ladder. Indeed, there are those outside of nursing who, anxious to curtail costs, dismiss the

desire to pursue more education as “creeping credentialism.” We shouldn't be surprised if this increased emphasis on education meets resistance from some corners. But the facts on patient safety, on increasing patient acuity, and on the standards for practice are clear enough.

I have often used this space to speak to you about how important it is for nurses

to see policy development, political action, and public outreach and advocacy as part of their work. But that is only one piece; we must never forget the primacy of improving our clinical practice, day in, day out (and night too!). Further education and life-long learning helps us do that. It also leads to nurses creating the knowledge to improve the health and quality of life of the people we serve. And when you combine the two – public advocacy and outreach and clinical nursing knowledge – you advance the profession in powerful and profound ways.

Happy learning!

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JOAN LESMOND, RN, BScN, MSN, Ed. D.(c)  
IS PRESIDENT OF RNAO.

**“Education, training, and critical thinking throughout the span of a nurse's career has never been more necessary.”**

# Mailbag



## Full-time positions from a business perspective

Re: *The 70 per cent solution*, May/June 2005

I have recently returned to nursing after over 15 years in business. I'm wondering what drives the incremental costs associated with the full-time positions. Is it the requirement for pension contributions by the employer? As we know, part-time nurses receive a "percentage in lieu of benefits." If there are still cost savings associated with part-time versus full-time nurses, is it because the part-time nurses are not being fairly compensated?

Is it the cost of sick leave for full-time nurses? Contrasting nursing and my experience in the business sector, it's clear there is an inordinate amount of sick time taken by nurses. If sick time costs are a driver, should part of the strategy not be to tackle this "root cause" instead of just throwing money at the problem?

I did not notice in the article a review of some of the disadvantages associated with the push for 70 per cent. There are people who want to make the switch from full time to part time/casual for a variety of reasons, and yet are forced to consider resigning because the opportunity to switch does not exist. Perhaps a focus on calculating the number of hours of care delivered by full time versus part time, instead of a focus on "heads," would allow more flexibility and better retention, which was highlighted as one of the issues by management in reaching the 70 per cent solution.

I found it interesting that the article focused on the issue from the points of view of individual nurses, nursing in general, and management. It seems to me that the obvious missing voice on the topic is ONA. They have a role to play as partners in the work life of nurses and the overall functioning of many of the province's hospitals. If solutions to some of the underlying cost issues are to be tackled, it seems to me they need to be "on board."

I am intrigued to see the impact of this on CNO's requirement that nurses now be prepared at the degree level. When young people are looking at their various career choices, what do they make of a profession that has to fight to hit a 70 per cent full-time target?

These are very interesting times in the health-care system, and nursing. Thank you for your great publication. Keep the great articles coming.

**Charlotte Snider, RN, Cambridge**

## Two-tier health care not 'logical'

Re: *Freedom, choice at stake in debate over public vs. private delivery of care*, July/August, 2005

As a fourth year nursing student, my understanding of the role of nurses within the larger health-care system is that we, as a profession, are committed to equal access to care for all of our clients regardless of race, gender, age, and socio-economic status. While I agree that nurses must "give our patients options, choices, and informed consent," I missed a step in (Thompson's) logic, which concludes "two-tier health care...is a step forward because now we offer choice." All indicators point to two-tier health care offering greater choice to a select percentage of our client base – those in the higher income bracket. This leaves the rest of our client population with more, or at the very least the same, limited choices due to the shunting of resources to the private sector. Privatizing health care will put already disadvantaged clients on even more unequal footing than what they currently experience. How we, as the nursing profession, can justify this inequity is a step in logic that I cannot seem to make.

**Melinda Wall, Peterborough**

### WE WANT TO HEAR FROM YOU.

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

## Elizabeth Brayton, RN 1939-2005

Elizabeth Brayton, former president of RNAO's Lambton Chapter and a head nurse at Bluewater Health in Sarnia, passed away on Aug. 11. She was 66.

Elizabeth, or Beth, was known for her kindness and grace. "She treated everyone equally whether they were a student, physician or patient," Nora Boyd, a Lambton chapter member and public health nurse, says. "Her card giving was legend. She sent cards for birthdays, anniversaries...and nurses and colleagues came to expect and be delighted by them."

Lynne Withers, an independent primary health-care nurse practitioner in Sarnia, met Beth in the early 70s and describes her as the quintessential nurse: patient-focused, kind and welcoming.



Withers admired Beth's strong belief in advanced education for nurses. "I graduated in 1971 and nursing was very different back then," Withers recalls, adding that didn't stop Beth from encouraging all nurses, seasoned and new, to pursue higher education.

Beth graduated from Ottawa Civic Hospital in 1960, and was president of her graduating class. Although the past 28 years of her nursing career have been spent in

Sarnia, she also worked at Brockville General Hospital after graduation, and often ventured back to Brockville to visit with family and friends.

Beth's family has requested that sympathy be expressed through memorial donations to the VON or Canadian Diabetes Association. **RN**

# Students are an inspiration as we embark on new membership year



**In this issue of** *Registered Nurse Journal*, we meet Cailin Hill, RNAO's Perth Chapter student representative and a third-year McMaster University student who's launch-

ing a new network that will link nursing students to their peers across Perth. I know that when you meet Cailin, you will embrace her passion for our profession and respect her eagerness to get tomorrow's nurses talking about education, clinical placement and career opportunities.

Cailin is among the growing number of RNAO student members who are a source of inspiration. Nursing Students of Ontario (NSO) President James Chu, and past presidents before him, have dedicated significant time to making their RNAO experience valuable. RNAO's nursing students are involved in an extensive range of activities, and, as a result, student leadership shines.

When 13 nursing students joined the board of directors at its meeting in September, two of them, Katarina Stanisic and Regina Hernandez, spoke to the group about preceptorship and the importance of student involvement in RNAO.

Lan Nguyen, Sean Lee-Popham and their 20 peers from the Ryerson, Centennial, George Brown collaborative nursing program attended a Massive Hunger Clinic on Oct. 3, accompanied by their professor Laurie Clune. They saw first hand the faces of poverty and they learned to speak out. What a treat it was for me to sit on the lawn at Queen's Park and engage in a meaningful conversation with them. We talked about

their future, and we discovered that while some are committed to stay in nursing for the long run, others have yet to decide. We discussed themes ranging from poverty to the Chaoulli court case and medicare, to wait times for surgeries, to wait times for food.

These students, who are the future of nursing, are discovering the power of a collective voice, and the importance of becoming socially aware and politically active ambassadors for our profession. They are among 2,500 student members who are seeing the benefits of being part of their professional

**“Students are discovering the power of a collective voice, and the importance of becoming socially aware and politically active ambassadors for our profession.”**

association: personal growth; professional education; social awareness; political action and influence.

Those thousands of students and thousands more registered nurses – as many as 24,000 in fact – are feeling empowered by the presence of RNAO in the halls of government, at numerous decision-making tables, in boardrooms, and

on the frontlines.

This strong membership is vital to RNAO's continued advocacy on behalf of RNs in all sectors and roles. The more members we have, and the more committed they are, the more means and energy RNAO has to tackle important and often difficult issues, and to find solutions. And in so doing, nurses and nursing's voice and visibility become higher than ever before.

Since my last column, we have continued to respond and mobilize members on such important health-care and nursing issues as: the Chaoulli ruling that challenges the very foundation of Canada's medicare system; the Canadian Medical Association's wrong-headed decision not to reject a two-tier system; and the sexist and damaging advertising campaign of Cadbury Beverages Canada/

Motts Clamato that denigrates nurses.

We also crossed borders by calling on RNs to support – physically and spiritually – our nursing neighbors to the south who struggled in the wake of Hurricane Katrina. Nurses' letters of support, words of encouragement, and participation in relief efforts on the Gulf Coast have meant the difference between hope and despair for many disadvantaged residents.

Members are responding to our action alerts, and their voices and views are guiding ongoing discussions and debates about these and other important health-care issues across communities, the province, and indeed the country.

RNAO has also been hard at work ensuring interest groups, regions, and chapters have access to the tools they need to put a professional face on their communications. In September, we offered each group its own personalized RNAO logo to reflect a consistent image of the association to all our audiences. We increased the funding available for chapters and regions without chapters to lead local events and activities.

Change is afoot at RNAO – and not just in increased membership numbers. RNAO's new office building at 158 Pearl Street will officially open on Oct. 31 and we are very energized by the pending move. Come and visit us anytime and watch for a formal invitation to your new home's open house. Given the move, we urge you to renew early – before your 2005 membership ends on Oct. 31.

Our membership goal for 2006 is to reach 27,000 members – a 16 per cent increase from 2005. I know we can do it – last year we managed a 14 per cent increase in membership! Together, we are stronger than ever before – as a collective and as individual nurses.

---

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

# Nursing in the news

R N A O & R N S

w e i g h i n o n . . .

*The Toronto Star, August 11, 2005, Letter to the Editor*

## Money alone won't shorten wait lists

**Re: Alberta moving ahead on private health care, Opinion, Aug. 9**

There are many problems with Premier Ralph Klein's simple-minded solution to eliminate waiting lists by embracing private health-care insurance. For starters, it won't work. The Alberta premier's mantra of "more choice" begs the question, 'Where will Klein find the nurses, doctors, technicians and other health-care providers to support a second, parallel, for-profit health-care system?' The public system is already facing a shortage. Another obvious question that Albertan taxpayers should ask themselves is why should they be expected to pay twice for health-care services – once through their taxes and again through private insurance?

There is one thing the Registered Nurses' Association of Ontario thinks the Alberta premier is right about: Money alone won't eliminate wait lists. That will take more health-care providers, working more collaboratively, with a better focus on disease prevention and health promotion. It will take the implementation of a successful wait list strategy that addresses what is a reasonable wait and what waits imperil the health of patients. And yes, it will take time for our system to catch up.

**Joan Lesmond, President, Registered Nurses' Association of Ontario, Toronto**

### Tackling two-tiered health care

In mid August, RNAO issued an open letter to the Ontario Medical Association asking doctors to reject the Canadian Medical Association's (CMA) decision to abandon support for single-tier, publicly funded and delivered health care. The letter was so widely read that it received a top 10 award from *Canada NewsWire* (CNW), the country's largest wire service. RNAO also expressed its opposition to CMA's decision in broadcast interviews (*CBC National Radio, OMNI.2* – Toronto, Aug. 17).

• RNAO member **Hilda Swirsky** highlighted the nursing profession's steadfast belief in medicare, in comparison to the

CMA decision to support a two-tier system. In a letter to the *Toronto Star*, Swirsky wrote: "I am so proud to be a Canadian RN working within a health-care system that believes access to excellent and humane care is a universal human right based on need and not on prosperity." (Aug. 22)

• On *CNW* and its website, the Canadian Nurses' Association called for immediate action to quell the call for private health care: "There are ways to promote health outcomes within a publicly funded health system that are based in evidence and support health promotion and illness prevention..." said CNA executive director **Lucille Auffrey** (Aug. 11, 19).

• "RNAO urged Premier Dalton McGuinty to make the Supreme Court ruling on two-tiered health care "front and centre" at the annual premier's conference but health care wasn't even on the official conference agenda," (Ian Urquhart column, *Toronto Star*, Aug. 11).

### ONA launches ad campaign

The Ontario Nurses' Association (ONA) launched its "Not Enough Nurses" campaign Sept. 12 to pressure the government to make good on its campaign promise to hire 8,000 new nurses. "Too few nurses, ongoing layoffs of hundreds of nurses, and poor working conditions are burning out the profession and putting quality patient care in jeopardy," said ONA President Linda Haslam-Stroud (*CNW*, Sept. 8, 12).

• Nurses at the Ottawa Hospital protested deteriorating working conditions and the Ontario nursing shortage on Sept. 14. ER nurse and picket organizer **Eric Drouin** said the current level of care does not match the needs of today's patients (*Ottawa Citizen*, Sept. 14).

• In Barrie, RN **Tracey Taylor** said the ER at Royal Victoria Hospital is "chronically under-staffed," resulting in dissatisfied patients and burnt-out nurses. "We are unable to replace nurses who call in sick because there just aren't enough credentialed nurses to fill in." (*Barrie Examiner*, Sept. 16)

• RNAO member **Glenda Hubley**, president of local 46 of ONA, said staffing has also been an issue at Sault Area Hospital, where nurses have been overworked and patient care has suffered since April, when the hospital implemented a plan to balance its budget. In response, RNAO member **Sharon Kirkpatrick**, senior vice-president and chief nursing officer, told the *Sault Star* "we're not going to return to pre-April staffing, but we need to better respond to sick calls, increased (patient volume) and increased patient acuity." (Aug. 25)

For complete versions  
of any of these stories, contact  
Bonnie Russell at [brussell@rnao.org](mailto:brussell@rnao.org).

- RNAO executive director **Doris Grinspun** said hiring more nurses actually saves money. “The evidence has shown without any shred of doubt that the more RNs you have, the more you prevent complications and the more early discharges you have. That saves money.” (*Canadian HR Reporter*, Aug. 15)

### Childhood obesity

In response to a *National Post* story about obesity rates among children, RNAO BPG Program Director **Tazim Virani** told readers: “To help in the battle against the bulge, RNAO recently issued guidelines to help health-care professionals identify kids at risk for obesity early on, and recommend follow-up lifestyle strategies to promote healthy eating and physical activity.” (Sept. 17)

- In the *St. Thomas Times-Journal*, RNAO member **Jory Parent** said Elgin county is not immune to the childhood obesity epidemic and suggested ways that patients, parents, and politicians can contribute to increasing physical activity in the county (Aug. 18).

### Child booster seats

On Sept. 1, booster seats became mandatory for children under the age of eight, weighing between 40-80 pounds, and/or less than four-feet-nine-inches tall. “These changes are welcome because they increase the odds of young children surviving a motor vehicle collision,” said public health nurse **Janet Leadbeater** (*Port Hope Evening Guide*, Aug. 9)

- RNAO member and nursing professor **Anne Snowden**, whose 2001 study revealed 70 per cent of parents in Windsor misuse child safety seats, said parents feel booster seats can’t be that important if they’re not legally required (*Windsor Star*, Aug. 12).

- RNAO member **Sharon Michael** explained the safety criteria on *CKGL-AM* – Kitchener (Aug. 31).

### The need for NPs

The *Owen Sound Sun Times* featured the stories of NPs **Kevin Linnen** and **April McAllister** who moved to Grey and Bruce counties to work in communities lacking

access to primary care services. RNAO member **Cathy Goetz-Perry**, VON Owen Sound, said communities are competing to recruit NPs just as they do for physicians (Aug. 5).

- In response to a *Toronto Star* story about the need for doctors in the GTA, RNAO member **Marilyn Butcher** asked “what happened to the 100 new NP positions per year the Liberals promised prior to their election?” Butcher also asked why NPs like herself cannot find positions in under-served communities, while positions remain vacant for more than two years in other communities (Aug. 8).

- RNAO member and NPAO chair **Willi Kirenko** provided education about the real role of NPs. “We don’t like to be viewed as second choice to a doctor. We improve access to health care for many people. We are an appropriate provider of health care.” RNAO members **Pam Salvador** and **Lesley Robertson-Laxton** said NPs were “value-added” and there was a “huge need” for them in Guelph. (*Guelph Mercury*, Sept. 8)



Above: Nursing students and faculty from the Ryerson, Centennial and George Brown collaborative nursing program attended the Ontario Coalition Against Poverty (OCAP) Massive Hunger Clinic at Queen’s Park on Oct. 3. The group heard from street nurse Cathy Crowe and RNAO Executive Director Doris Grinspun (third and fourth from left, front row) about the impor-

tance of speaking out, and the difference vocal opposition from poverty organizations and RNAO made to Toronto City Council’s reversal of its decision to change the rules for special diet clinics and grants to people on social assistance. Right: Street nurse Kathy Hardill (left) and RNAO President Joan Lesmond were also on hand for the event.

Photo: Toronto Star



## RNs' quick response to plane crash

**RNAO** member **Dawne Barbieri** told the *Toronto Sun* that recent mock disaster drills helped William Osler Health Centre staff deal with the passengers of the Air France crash on Aug. 2 (Aug. 4). Barbieri, director of emergency and critical care services, also said that so many staff responded to the Code Orange alert that each crash patient was attended to by his or her own doctor and nurse (*Metroland-Toronto Division*, Aug. 7).

### Implementing BPGs in long-term care

The *Kenora Daily Miner & News* reported the Ministry of Health and Long-Term Care was training eight regional co-ordinators to implement **RNAO best practice guidelines** in long-term care facilities throughout Ontario, as part of the new Seniors' Health Research Transfer Network (Aug. 12).

### Acute care bed shortage

Facing an acute care bed crisis, North Bay and District Hospital adopted crisis intervention policies that could send patients – currently waiting to be placed in long-term care facilities – to the first bed

available in Nipissing District. RNAO member **Nancy Jacko** said that while patients have been offered their top choices so far, they could be moved to farther facilities to end the backlog before fall, when surgical services will operate at full capacity and the flu season begins (*The North Bay Nugget*, Aug. 9).

### The rigours of recruiting RNs

Three senior nursing students joined RNAO member **Jane Foster** in a one-hour meeting with Perth-Middlesex MPP John Wilkinson. RNAO members **Eimear Keely-Dyck** and **Cailin Hill**, students at McMaster University, said incentives like money, cars, and houses offered by recruiters from U.S. hospitals lure many graduating students

into moving south of the border (*Stratford Beacon-Herald*, Aug. 16).

• RNAO member **Barb Mildon** addressed Ontario's problems with recruiting new nurses in an interview with Ann Rhomer (*CP24-TV*, Toronto, Aug. 26).

### Waking up to access issues

RNAO member **Melissa Northwood** highlighted the challenges facing those who use wheelchairs and walkers in Hamilton. Despite working with older persons with physical disabilities, Northwood said she didn't truly understand accessibility matters until she began traveling with her daughter in a stroller. "Once you really start to look around, you will notice how much of our community is off-limits to anyone who cannot walk unaided." (*Hamilton Spectator*, Aug. 6)



**ABOVE:** At its annual general meeting on Sept. 19, RNAO's Grey chapter welcomed Norm Gamble, founding chair and president of the new South West Local Health Integration Network (LHIN). Gamble talked to RNs about the need for less duplication in the system, noting that funding for the new LHIN will be channeled into the community by 2007. Grey chapter executive (from left to right) include: Janice Arnold, Jan Holmes, Sheri Hatcher, and Doris Cassan.

**BELOW:** The Ontario Primary Health Care Nurse Practitioner Program, offered by a consortium of 10 Ontario universities under the Council of Ontario University Programs in Nursing (COUPN), celebrated its 10th anniversary at a Toronto Gala on Sept. 1. NPAO Chair Willi Kirenko (left), chats with Ottawa RN(EC)s Cynthia Kitson, Pincrest Queensway Health Community Services, and Brenda Halabisky, coordinator of the Nurse Practitioner Continuing Education program at the University of Ottawa.



## Valuing diversity, inside and out

**RNAO's *Embracing Diversity Project*, driven by a respect for human dignity and a commitment to inclusivity, sets out to give teeth and truth to RNAO's assertion that we are "a community committed to diversity, inclusivity, democracy and voluntarism."**

Shirley\* had been nursing for nearly a decade when her career was cut short in 1994 on an Ottawa highway. A collision left her with neurological and balance problems, and chronic pain. Unable to do much of nursing's physical work, and reliant on a guide dog to help her with daily chores, Shirley is keen to keep her mind active. Last year, she began studying to complete her BScN. She says she sometimes needs help to overcome difficulties with her memory, but her greatest challenge is finding a job after graduation.

"Nursing is more than just physical work," she says, adding she still has much to offer. "If you've got patients who have been through devastating accidents or traumas in life (and) you can (relate) to them...they're more receptive to you."

Unfortunately, not everyone sees it that way. Many organizations tell Shirley it would be difficult to accommodate someone with a disability. When she arrived at a local community agency with her guide dog, the receptionist asked what services Shirley needed. After explaining she wanted work, Shirley says the receptionist was clearly uncomfortable.

Ensuring RNs like Shirley have the opportunity to participate fully in nursing and RNAO is one of the primary goals of RNAO's diversity and inclusivity project. RNAO president Joan Lesmond says the project, launched last fall, will give teeth and truth to an important assertion in RNAO's mission statement: "Respecting human dignity, we are a community committed to diversity, inclusivity, democracy and voluntarism."

Lesmond says the purpose of the *Embracing Diversity Project* is to broaden the sometimes narrow definition of diversity, which includes all 16 grounds upon which the Ontario Human Rights Code prohibits discrimination.

"It's important for every nurse to feel included in RNAO," Lesmond says, adding that RNAO is looking at how to be inclusive in everything it does – from internal operations, to policy formulation, to work with external stakeholders, to influencing the work and life of individual nurses.

"RNAO has an opening here to show leader-

ship in a meaningful manner, by together defining what diversity and inclusivity mean in practical and symbolic terms," Lesmond says. "To do that, we need members to own this issue, and help inform it."

RN Melanie Oda, the diversity consultant who is leading this project, agrees. Over the summer, Oda interviewed nearly 20 members representing RNAO's board, assembly, interest groups, and community stakeholders about their perceptions of diversity and inclusivity in the context of RNAO's mission statement, asking them to identify barriers to making RNAO a truly inclusive organization. In September, Oda also conducted a workshop for assembly members to encourage them to think broadly about diversity and inclusivity. "Diversity exists, it's visible and invisible" Oda says. "The real work is around (examining) how people accept and demonstrate that they value diversity."

Oda believes it's important for everyone to recognize the factors in their own lives – such as race, gender, socio-economic status or education level – that may give them privileges over other individuals.

RNAO member Vila Smith knows how it feels to be excluded.

She has lived in small towns across Ontario since leaving Malaysia in 1977.

Smith, who is of East Indian descent, says it can be difficult to be a visible minority in a smaller community. She felt isolated, for example, when she moved to Sault Ste. Marie more than 20 years ago. Now a professor at Sault College, Smith offers her support and experience to international students who face the same challenges. Next spring, she will be featured in an *OMNITV* documentary about visible minorities in rural Canada.

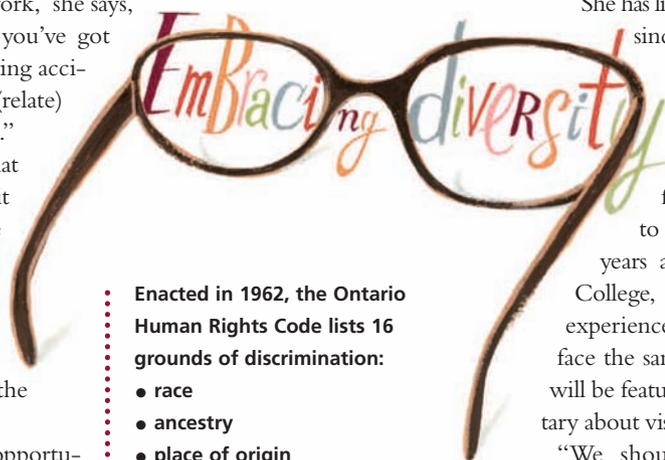
"We shouldn't hide our culture...we should also respect other people's culture. I think that's when you receive harmony," Smith says.

Smith and Shirley represent only two examples of the need for nurses to embrace diversity. Oda says stories like these help inform discussions and bring life to the project. In the coming months, Oda will prepare a resource kit that RNAO board and assembly members can discuss with their respective regional and chapter members, and with their co-workers. She will also co-chair a committee to oversee the project, making recommendations to RNAO's board of directors in early 2006.

"We need to make our commitment to diversity and inclusivity concrete," she says. "We need to walk the talk."

To share views and offer insights and experiences, contact Oda at [diversity@rnao.org](mailto:diversity@rnao.org). **RN**

JILL SHAW IS ACTING COMMUNICATIONS OFFICER/WRITER AT RNAO.



Enacted in 1962, the Ontario Human Rights Code lists 16 grounds of discrimination:

- race
- ancestry
- place of origin
- colour
- ethnic origin
- citizenship
- religion
- sex
- sexual orientation
- handicap
- age
- marital status
- family status
- same-sex partnership status
- receipt of public assistance (in accommodation only)
- record of offences (in employment only)

Source: Ontario Human Rights Commission website, <http://www.ohrc.on.ca/english/faqqs.shtml>

\*Shirley's last name has been withheld to protect her privacy.

# FELLOWSHIPS

**ENRICHING  
PRACTICE,  
IMPROVING  
CARE**

Since 2000, the RNAO-operated *Advanced Clinical/Practice Fellowship (ACPF)* program has invigorated the careers of 260 RNs, providing them with funding to pursue lifelong learning, allowing them to keep pace with ongoing changes in health care, and enriching their practice by building relationships with RNs who are experts in their fields. Nurses who have completed ACPFs, called fellows, say the experience has provided them with opportunities to introduce changes at their organizations that will make real differences to the lives of their patients.

For RN Glenda Hubley, the ACPF allowed her to increase her operating room knowledge and expertise, which in turn can contribute to reducing waiting times for patients at Sault Area Hospital (SAH).

"I would highly recommend it," she says of the fellowship. "It's been a very rewarding experience. It was a challenge, but I did enjoy it."

Funded by the Ontario Ministry of Health and Long-Term Care (MOHLTC), the program gives fellows the opportunity to spend either 12 weeks full-time or 20 weeks part-time working under the guidance of a team of mentors, including masters-prepared RNs with expertise in a particular area of practice. Fellowships focus on clinical areas, leadership, or best practice guideline implementation.

Tazim Virani, ACPF program director, says the ACPF gives front-line nurses dedicated time outside a traditional classroom to concentrate on learning and reaching career goals.

"Nurses who are working have little opportunity to advance their knowledge and skills in a way that is consolidated and meaningful," she says. According to feedback from fellows, mentors and the fellows' employers (called sponsoring organizations), Virani says many fellows take on specialized responsibility, a new role, or pursue further education once their fellowships are complete.

Provincial chief nursing officer Sue Matthews says those results are why the program is so important. Through RNAO, the ministry provides

Hundreds of Ontario RNs are taking advantage of advanced clinical/practice fellowships to challenge their minds, sharpen their skills, and improve their practice.



Photography: Brian Tremblay



\$12,000 to each fellow (another \$5,000 is provided by the sponsoring organization), and Matthews says what nurses learn benefits themselves, their patients and their peers.

“These fellowships help improve patient care not only by increasing the knowledge of the nurses who participate in the fellowship, but (by nurses) sharing knowledge with others in their workplaces,” she says.

In January 2004, under the guidance of ACPF mentor Johanne Messier-Mann, Hubley and nursing colleague Anita Esson began in earnest to increase their understanding of the registered nurse first assistant (RNFA) role. RNFAs are experienced operating room nurses with extra education and knowledge of technical skills used to help patients through their surgical experience. RNFAs can handle

tissue and suture during surgery, evaluate the patient’s care, collaborate on a plan of care, and communicate with patients and their families. Hubley and Esson also completed an eight-month, distance-studies course on the RNFA role.

They credit SAH peri-operative nurse educator Maureen Bellerose with helping them through a grueling ACPF application process that took them four months to complete. Although not their formal mentor, Bellerose completed her own fellowship on preceptorship in the operating room in 2003, and suggested Esson and Hubley apply for the ACPF.

SAH has received \$44,000 from the Ministry of Health and Long-Term Care’s wait-times strategies funding for a three-month pilot project to explore ways to increase the number of surgeries it performs. In early September, Esson began

working as an RNFA for the pilot project.

Although eager to put her new expertise to work, Hubley continues to work as an operating-room staff nurse. Staff shortages, particularly a lack of anesthetists, are preventing her from starting her new position immediately. While she understands the hospital is in a difficult situation, she hopes to be able to use her new clinical knowledge as soon as possible.

“I’m very hopeful that there will be two permanent full-time (RNFA positions),” she says.

Claudia Danyluk, an ICU nurse at Niagara Health System (NHS), also received support from her colleagues to implement the results of her fellowship. In 2002, she completed a leadership fellowship with the goal of establishing NHS’s first *Nursing Professional Practice Council* (NPPC). Consisting of 22 to 25 members,

## DISTANCE DOES NOT DETRACT FROM ACPF EXPERIENCE

When Debbie Cecconi wanted to do a fellowship in acute pain management at Timmins and District Hospital (TADH), she knew she’d have to travel outside the immediate area for the expert mentorship integral to the ACPF experience.

“It was really important for me to see a well-established pain service and how it was rolled out,” she says. Since pain teams in Sudbury and North Bay were fairly new, Cecconi realized she would have to head south and worried what that would mean to her pocketbook. Fortunately, she was able to access the up to \$3,000 in extra ACPF funds for Northern Ontario nurses to cover travel expenses, and, as a result, connected with mentor Kim Horrill, an acute-care nurse practitioner then working at St. Joseph’s Health Care in London. Cecconi’s first introduction to Horrill was over the Internet, when Horrill answered Cecconi’s question about patient-controlled anesthesia posted on a list serv in 2002. An informal mentorship began. And when Cecconi learned about the fellowship a few years later, Horrill was a natural choice for mentor.

A practice leader for the surgical/obstetrics program at TADH, Cecconi used her fellowship to examine the best way to manage patient pain after surgery, and explored methods to teach other nurses about pain assessment and management. Cecconi says there were no drawbacks to communicating with Horrill long distance. And the two had the opportunity to meet in early March 2004, when Cecconi spent two weeks with Horrill and her team in London.

“It was wonderful to meet her,” Cecconi says. “We had such wonderful dialogue, either written or over the telephone, that when we met each other in person, we felt like we had known

each other for a while.”

Cecconi says her trip to London was invaluable. She had been working on the fellowship part time in addition to her regular duties, but the trip completely immersed her in her work. She completed rounds with the acute pain service team, examined education resources available for staff, and spoke with nurse educators responsible for teaching staff about pain management.

Cecconi also had an opportunity to learn more in May, when she attended the *American and Canadian Pain Societies Scientific Conference* in Vancouver. There, she was able to connect with experts from across Canada. She returned to Timmins to begin organizing TADH’s acute pain service involving nurses, anesthetists, surgeons and pharmacists.

Timothy Chenier was one patient who benefited from what Cecconi learned. Chenier, who underwent two surgeries in late 2004 and early 2005 to remove a bowel obstruction, says he was pleased with the pain management techniques at TADH. Before the first procedure, Chenier had an epidural to ease the pain post-operatively. He says nurses always asked him to measure his level of pain on a scale of one to 10.

“There was excellent support from the nursing staff at TADH,” he says.

Cecconi says using the fellowship to help patients like Chenier is one of her top priorities. She still corresponds with Horrill occasionally, and wants to ensure her fellowship will ensure patients at TADH enjoy the same level of care and expertise that Horrill’s patients do in southern Ontario. **RN**



including front-line RNs, RPNs and administrators, the NPPC meets once a month to discuss topics like the best methods to educate nurses about the College of Nurses of Ontario's standards and implementing RNAO's best practice guidelines. Danyluk says when NHS was created from the merger of eight separate sites in 2000, there wasn't a standardized method for dealing with professional practice issues across the hospital system. Danyluk says the fellowship gave her the opportunity to improve her colleagues' working lives while still working on the front lines.

"I love front-line nursing so much," she says, adding that as co-chair of NPPC for more than five years, she has had many colleagues share with her issues they think the council should discuss.

Building on NPPC's success, a *Professional Practice Council*, including rep-

**"IT FUELS MY FIRES,  
I LOVE TEACHING AND  
THE HANDS-ON WORK,  
AND THIS ALLOWS ME  
TO COMBINE BOTH."**

resentatives from 15 other health professions, recently held its inaugural meeting at which members learned more about each profession's registration and requirements for quality assurance. Danyluk says it's wonderful to see how the results of her fellowship continue to grow.

Two years after completing her first fellowship, Danyluk completed a second fellowship using RNAO's *Implementation of Clinical Practice Guidelines Toolkit* to incorporate the *Establishing Therapeutic Relationships* best practice guideline on a surgical unit. She began to discuss related journal articles at unit staff meetings, hoping the nurses would make reading journal articles a regular part of their



practice. While Danyluk says it was harder to measure the outcomes of this fellowship, she says the greatest success has been her ability to link her projects. Beginning this fall, the NPPC will be establishing four working groups to examine nursing standards, documentation, policies and procedures, and how to implement the therapeutic relationships guideline. It will also develop programs to teach more NHS nurses how to apply for fellowships. Now an ACPF veteran, Danyluk would strongly encourage any nurse to apply.

"My leadership qualities were strengthened through both fellowships," she says.

Marg Poling, a palliative care advisor with VON Thunder Bay, has only just embarked on her first fellowship, and is excited to see where it will take her career. On Sept. 12, she started to explore how best practice guidelines can be implemented and permanently sustained. She decided on this focus for her fellowship after participating in VON Canada's implementation of the *Assessment and Management of Pain* best practice guideline, and at the urging of VON Thunder Bay CEO Harriet Laudadio. Although she's already doing her masters in interdisciplinary palliative care, Poling couldn't pass up the opportunity.

"There's got to be a way of sustaining the guidelines, and that's what I'm really interested in doing in this fellowship," she says.

She plans to complete her fellowship under the guidance of two mentors, including one from VON Canada who is based in Ottawa, but travels to Thunder Bay. Poling says she hopes the fellowship will allow her to discover the best ways to sustain a guideline while passing along the nursing knowledge she's accumulated over her career.

"It fuels my fires," Poling says of the fellowship. "I love teaching and the hands-on work, and this allows me to combine both." **RN**

JILL SHAW IS ACTING COMMUNICATIONS OFFICER/WRITER AT RNAO.

## FELLOWS LEARN FROM MENTORS, AND VICE VERSA

**RN** Nancy Brookes is no stranger to mentorship. As a nurse scholar at Royal Ottawa Hospital, Brookes has mentored countless individuals both formally and informally over the years, including four ACPF fellows. She says each relationship provides her with the opportunity to continue her own learning.

"I get to keep my hand in (things) clinically," she says, adding it also allows her to observe and learn from different approaches her protégés take working with different patients and staff.

In 2003, she mentored Lt.-Cmdr. Andrew Sharpe, a clinical nurse specialist at the Canadian Forces Health Care Centre, Mental Health Clinic, in Ottawa. Sharpe says he wanted to complete a fellowship because he's spent much of his career in management. Having recently completed his master's in clinical nursing at the University of Toronto, he felt he needed to test his knowledge before entering the clinical practice arena.

Brookes says Sharpe began the fellowship with several formal goals, including learning more about the Tidal model – a person-centred, research-based method for psychiatric and mental health nursing. He also wanted to connect with Ottawa's nursing community, and reinvigorate the Region 10 Mental Health Nursing Interest Group by organizing meetings and taking on the role of co-chair.

Brookes is now assisting Sharpe as he takes on a new challenge – teaching the community health course at the University of Ottawa this fall. Sharpe had presented to those students during his fellowship, and Brookes knew he'd be up for the challenge.

"It's always a joy to facilitate a connection so it satisfies the nursing community needs, but is also something that (fellows) want, and that they feel is important," Brookes says. **RN**

Driven by an innate

need to help,

RNs across Ontario

stepped up to the plate

in September, offering

whatever help they

could to the victims of

Hurricane Katrina.

# KATRINA'S WRATH

Immediately following Hurricane Katrina, which hit the northern Gulf Coast on August 29th, RNAO contacted the Louisiana State Nurses Association and the Mississippi Board of Nursing to express its concern and condolences, and to find out how Ontario nurses might help to curb the suffering of thousands of people devastated by the disaster. In the days following one of the biggest natural disasters in U.S. history, RNAO issued an action alert and more than 65 nurses from Brampton to Oshawa, from Toronto to Timmins, responded to our call for support.

"I commend RNAO for asking what help is needed," Thorold RN Kim Stasiak says. "So often we just go off with our own ideas and plans and don't get the local experience and input. It may be completely different from what we thought was needed, or what we provided in a past disaster."

Many of the nurses who have expressed interest in volunteering have done so because they feel a professional obligation to help out, they have had experience doing aid work in the past, or they just want to lend a hand in any way possible.

"I've recently returned from six months in Southeast Asia, and spent some time vol-

unteering...in the tsunami-affected area of Thailand," Toronto RN Valerie Rzepka writes of the unique experience she would bring to a volunteer role. Tammy Tebbutt, an acute care nurse practitioner from Kitchener, adds: "I have volunteered and worked in a remote village in Kenya, Africa, for the past two summers. If you are in need of my services, please let me know."

For other RNs, it's the sense of professional obligation. "If it wasn't for the fact that I just started a new job yesterday, I would have wanted to be down there right now. I feel guilty that I'm being selfish and starting my new job, but once I put in a couple of months, I would feel better about heading down there," RN Charis Kelly writes.

Travelling south is not the only way nurses have helped in the relief efforts. Penney Minor, a clinical nurse specialist at Baycrest Centre for Geriatric Care, spearheaded a donations drive that resulted in the transport of more than 50 boxes of supplies to Louisiana in September.

"I wanted to help and I can't go down there so I figured this is one way I can help," Minor says, adding that the whole Baycrest organization supported the drive.

The boxes contained clothes, medical

supplies, scrubs, shoes and toiletries. "Once we filled the boxes, I asked nursing staff to write notes of inspiration to the nurses. We've put at least two or three personalized notes at the top of each box," Minor says.

Amy Marquez, Director of Communications for the Mississippi Nurses Association, shared nurses' responses in a letter to Minor: "I can't tell you how thrilled, amazed and humbled our nurses are when they hear that people in Canada want to help. Knowing that people from around the world care...brings tears to their eyes. Your sweet notes...were especially encouraging. Mississippi communities, and the entire health-care infrastructure of South Mississippi, have taken a monumental blow. When we know that we have caring friends who are actively thinking about us and offering to help, then we feel like we will be able to rebuild."

While Minor and her team offer relief from home, other nurses travelled to the Gulf Coast. Sarnia RN Bonnie Kearns left for Rayne, Louisiana on Sept. 2nd. She stayed for nine days before moving on to a shelter in New Iberia and then to Lafayette, where she ended her trip after four days at the Cajundome.

"I was monitoring the general health of



## ORILLIA RNs PACK UP THE CAR AND HEAD SOUTH TO HURRICANE COUNTRY

Moved by stories of loss and tragedy in the wake of Hurricane Katrina, Orillia ER nurses Dawn Sears and Sue Gibbs did something out of the ordinary to help those in need – they planned an impromptu road trip to Louisiana to personally deliver care packages. The two RNs packed the back of Sears' car and headed for the border, intent on making a difference but unaware of the obstacles that lay ahead.

"When we reached the Windsor border, we were refused entrance into the U.S. because we were not affiliated with a relief organization," Sears said. "We visited Windsor's Red Cross where they pulled a few strings and we were allowed to cross."

The two nurses, 51 and 35 respectively, then travelled two days to Lafayette's Cajundome. "The nurses were thrilled to receive the care packages," Sears says. "There were 10,000 people evacuated to the Dome immediately following Katrina and, when we were there, 850 were still calling the sports facility home."

The pair then travelled to Baton Rouge. "We visited a special care nursery and received many hugs from staff. The stories were heart wrenching, and the nurses worked 16 and 18 hour shifts," Sears reports, adding there were nurses who had run out of clean uniforms and were wearing paper scrubs.

Sears and Gibbs say "there's no doubt we'd do it all over again." They admit, however, they'd "probably get the sanction of a relief organization first." **RN**

Photography: Associated Press, AP



ABOVE: RNAO President Joan Lesmond (seated) writes one of many personalized letters to American nurses dealing with the devastation of Hurricane Katrina. She's surrounded by Baycrest RNs who pack the boxes that will carry the letters and supplies to the people of Louisiana. CENTRE: Baycrest Nursing Coordinator Jan Anderson (right) and



Staffing Coordinator Tina Robertson sort through garbage bags of donated goods for transport to Louisiana to help hurricane survivors take back their lives. RIGHT: Bonnie Kearns (left) met 'Ida' at the shelter in Rayne, Louisiana. The two were featured in CBC coverage of the Hurricane relief efforts.



the people in the shelter to see if we could track and keep on top of any infectious diseases," she explains.

When asked to describe the people for whom she cared, Kearns notes: "It really is those who have no relatives, no friends, no means of getting another spot for themselves. When the dust clears, it's really the most vulnerable who end up in the shelters."

"It's all kind of shocking," Kearns told

*The London Free Press* in an interview before her departure: "It's not very often that they (the U.S.) have to reach out to the rest of the world for help."

Mississauga RN Sally Greenway tried to lend a hand through the Canadian Red Cross but ultimately organized her trip through the Louisiana Department of Health. She's leaving Nov. 7 and will spend two weeks on a relief team.

Back on Canadian soil, Kearns reflects on the heart-wrenching tales of loss that she's heard doing relief work: "When you're doing first aid, you hear all the stories of loss...but the people need to talk and we need to listen." **RN**

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KIMBERLEY KEARSEY IS ACTING  
MANAGING EDITOR/COMMUNICATIONS  
PROJECT MANAGER FOR RNAO.

## A LETTER FROM THE FRONTLINES

*RNAO member Marion Willms did outpost nursing for the Government of Nunavut until Sept. 9 when she headed south to Mississippi to provide nursing relief to victims of Hurricane Katrina. Seven days into the experience, she reflects on the support she's received from home, the people she's met along her journey, and how the experience has influenced her view of nursing and the strength of the human spirit.*

### WEDNESDAY, SEPTEMBER 21, 2005 –

I have been here for seven days and it doesn't seem like that long in some ways. It is hot and sticky and averages over 38 C during the day – a shock for me coming from the Arctic. I am working in a clinic in Long Beach, organized by the Episcopal Diocese of Mississippi. The relief centre is approximately two miles from the beach. It was relatively undamaged, except for part of the roof in the gym. The centre provides free food, household and hygiene products, clothes, etc. The volunteers are from all over the U.S. There are 50-to-70 volunteers per day who work here. It is amazing to see the trucks arriving with the donations for the centre. At this time, the organizers are turning the trucks away.

My role in the clinic is to do triage. I also do vaccinations. Flexibility and creativity are the focus of the work here. The clinic is staffed by doctors, nurse practitioners, pharmacists, paramedics and RNs. Today, we have 15 health-care professionals. Yesterday, we saw 240 people.

We see three types of people: individuals who request immunizations or vaccinations;

individuals who have lost their medications in the storm; or those with medical conditions and injuries such as lacerations or musculoskeletal injuries from all the cleaning they are doing. We also see a large number of individuals who have respiratory complaints because of their exposure to mold.

I don't know whether I will ever get used to hearing about the devastation. At the beginning of my stay here, I saw a lot of individuals who were shell shocked and were experiencing acute post traumatic stress disorder. It appears that people are now starting to figure how to put their lives back together.

I remember a 'crusty' middle-aged gentleman who refused to be evacuated. His sister came into the clinic, having arrived from California, stating that she was concerned about his respiratory condition. He was on the missing persons list, and she found him living on the beach. He had been living there since the hurricane. He lived in a house on the beach in Gulfport, close to the Casinos. He describes how he was in his living room when the roof caved in from the high winds. After the winds came, the wall of water came. It was a storm surge that was 30 feet high. He describes how he grabbed on to a piece of roof as the windows, doors and walls were pushed in. He lost the roof piece and was underwater, and had to swim to get back to the surface. He then grabbed on to a garbage bin and climbed in. He rode the wave until it stopped. He then stayed in the bin for 18 hours. He lived on the beach until the end of last week. He lost everything.

I also remember a lady in her 80s and her son who has Multiple Sclerosis. The perfect southern lady, she's very polite and never complains. She and her son have such a posi-

tive attitude. They were evacuated to a school that had no running water or washrooms. Both sat in chairs for seven days and seven nights. They were brought into the clinic by a worker who was concerned about the condition of the lady's feet, which were quite swollen. As I triaged them, she told me everything they own is gone. She lived below the railroad tracks near the beach. The railroad tracks are where the wall of water stopped. She has not seen an insurance agent, although she had insurance. The officials keep promising her a handicapped trailer to live in, but as of yet nothing has materialized. They are still living in a shelter, sleeping on hospital beds.

I have had a couple of tours of the devastation. I am very emotional every time I see it, speak about it, and think about it. It is as if I don't want to think about it, because if I do, I would be too overwhelmed. One Marshall describes the devastation by saying it's as if someone has taken an eraser and erased the first one-two miles from the beach.

A three-story high wall of debris sits where a wall of water was stopped by a tree line. This wall of debris is three blocks long. The houses and businesses that were standing are no longer there; there are just the cement slabs where they stood. It is very eerie to see cars, clothes and chairs sitting in trees.

Long Beach is just east of where the eye of the hurricane touched down. I have another week left, and the days are long. Take care and thanks again for your prayers, support, and thoughts.

*Willms returns to Canada at the end of September, and will begin a job search in Guelph/Kitchener/Hamilton, where she put interviews on hold to make the trip south.* **RN**

## Windsor's late career initiative exceeds expectations, improves patient care

When Gaynor Donais, a full-time RN at Windsor's Hotel-Dieu Grace Hospital (HDGH), was asked to participate in the facility's 16-week pilot project to keep late-career nurses over 55 working in less physically demanding roles, she jumped at the opportunity. At 58, Donais has been working the frontlines for almost 30 years and admits she's slowing down.

"I've hurt my back in the past," she says of an on-the-job injury more than 10 years ago. "I thought this would be an excellent thing to do at this point in my career. And I thoroughly enjoyed it."

The pilot, which started in March and finished in June, preceded the official launch of the Ministry of Health and Long-Term Care's (MOHLTC) late-career initiative, announced by Health Minister George Smitherman in July. The initiative acknowledges the expertise and experience of older nurses while also recognizing the need to lessen expectations of physical activity at the bedside. The ministry selected Hotel-Dieu Grace Hospital as a pilot site to test a number of late-career initiatives.

As part of the pilot, the admissions nurse role was created and 10 nurses, Donais included, signed up. Only one participant indicated the position was not for her; the remaining nine assumed the role one to two days a week, meeting patients and their families to complete patient profile histories, familiarizing patients with their room and unit, and initiating referrals.

"The goal of having late-career nurses participate a few days a week in this role is working," says RN Lynda Monik, director of social work and resource utilization at HDGH, president of RNAO's Essex Chapter, and lead on the admissions nurse pilot. "It will go a long way to ensuring older nurses remain employed in the workforce."

RN Josefina Olaviaga retired from HDGH shortly before the project began. When she found out about the pilot, however, she decided to continue nursing at the hospital on an on-call basis so she could participate. At 65, Olaviaga has worked full time since she became a nurse in the Philippines in 1961, and says she will continue to work at the hospital if the

admissions nurse position becomes a permanent post.

According to Monik, younger nurses also look forward to this late-career strategy. In fact, she's had a number of young nurses say to her: "You'd better have something like the admissions nurse role for me when I get to 55."

Carolyn Hadden, who's worked as a nurse for 26 years and suffers from back pain, is one of those younger nurses. "If I (could) have a job like this, even if part of the time I worked on the unit and part of the time as admissions nurse, I know I could physically do that, and I know I would enjoy it," she says.

Monik says the position has not only won rave reviews from the nine nurses who participated, it's also received praise from other nursing staff who say the admissions nurse has lessened their workload.

"The nursing staff on the units love it," says Shelley Cole, coordinator of patient management. "It certainly has helped with the patient flow, and with getting patients out of ER a little quicker."

RN Darlene Marshall, who turns 55 in December, says nurses have many patients and often the admissions process is rushed. It currently takes 2.2 hours for a patient to get a bed from the time of admission. The hospital hopes to decrease this time even further with the permanent addition of admissions nurses. Marshall believes only one nurse should complete the admission profile with the patient, even if it takes an hour. "I feel that's really important," she says.

Hadden agrees, and says the one-on-one attention benefits patients. Having one nurse collect all the information "reduces the anxiety level of the patient," she says.

Donais recalls just how much the patients she cared for during the pilot appreciated the individual attention. "I'd be doing one (profile), and the person in the next cubicle in emergency would say 'Come and do me next!'" she says. Being able to take her time made the patients feel more comfortable, she says, especially those who were upset.

Olaviaga also enjoyed the contact with patients and their families. During the pilot, she would say: "By the time I finish with this form, I will know you very well." And the patients would smile. "You can see the difference, they feel at home," she says. "You establish a rapport with the patient, and they feel good about it. And they are thankful... that's why, I still love nursing."

Donais hopes to continue in the admissions nurse role, but is waiting to hear about further funding. The hospital has requested financial support from the ministry for nine full-time and five part-time nurses for various late-career initiatives. But there's no clear timeline on when or if that funding will be released. **RN**



Lynda Monik (left) and ER nurse Kim Watson review patient charts

BONNIE RUSSELL IS ACTING EDITORIAL ASSISTANT AT RNAO.

# A memorable membership year

Inspiring stories of initiative and innovation put a lively face on the pleasing membership figures from another year, and instill pride in the profession.

When McMaster University/Conestoga College nursing student Cailin Hill decided to go into nursing after high school, she never dreamed she'd have taken on a leadership role in her professional association before the end of her education. But while attending the 2005 RNAO Annual General Meeting (AGM), Hill was inspired and felt compelled to mobilize her fellow students to share their voices and views with RNAO.

"It's great to see how strong and powerful nurses are when we get together," Hill said of the events of the AGM. "It was great to see the politicians coming out and speaking to us."

Hill was one of three students sponsored by RNAO's Perth chapter to attend the AGM. All three students were so motivated by the connections they made at the meeting, they returned home ready to share that inspiration with as many of their peers as possible. To do that, this September they set up a booth to encourage fellow students at McMaster and Conestoga College to join RNAO. But that wasn't enough. Hill wanted to reach out to other students as well. That's why, last July, she organized the *Perth Nurse's Student Network*, which she hopes will link students to other students, generating discussion and debate about school, clinical placements and career opportunities. Hill plans to target any student who calls Perth County home, even if that student attends school outside the region. And, while students don't have to be RNAO members to join the network, Hill is hopeful that once she connects with them she will be able to

discuss RNAO's benefits. Hill would like to keep the network fairly informal, connecting via e-mail and the occasional social event.

Since becoming Perth chapter's student representative and liaison last December, Hill has also been involved in a number of other initiatives. In August, she and other chapter members visited Perth-Middlesex MPP John Wilkinson to discuss the importance of keeping new grads in Ontario, and providing adequate staff resources so high school students can take advantage of co-op opportunities to explore nursing as a career choice. Hill's own inspiration to be a nurse came after a co-op placement at a local hospital.

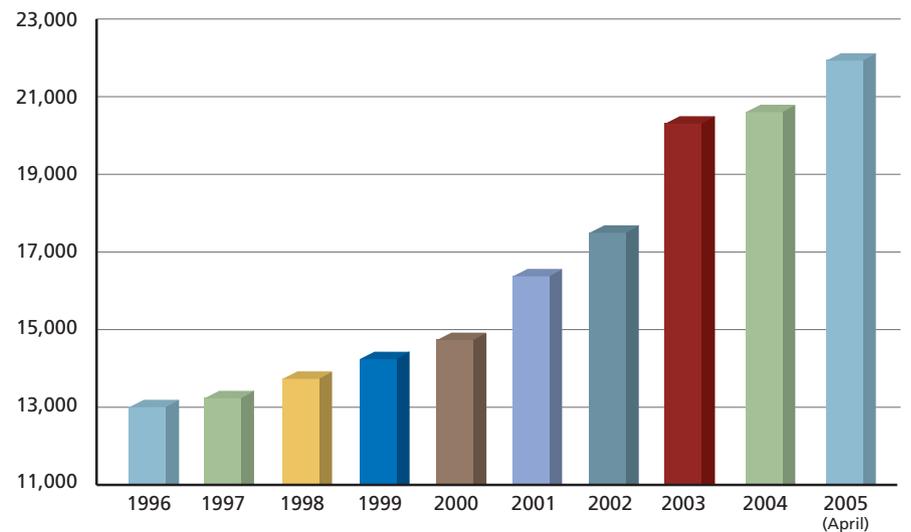
"It's great to be involved," she says, adding she feels it's important members of

the general public know how much nurses do to try and keep them healthy.

Cheryl Yost, Perth Chapter president, says the future of the chapter lies with student members like Hill. The chapter spent all of its funds to send the three students to the AGM, but Yost says it was an investment that will pay dividends for years to come.

"As practicing nurses and RNAO members, we are in an amazing position to provide leadership to students coming in today," Yost says. She also believes it's important for more senior nurses to act as mentors for younger nurses entering the profession. She says students energize the chapter and older nurses bring expertise and experience – a recipe for professional success.

**RNAO Membership 1996-2005** (Now at 23,728, Oct. 13, '05)



## Students say 'thanks'

**T**hanks to a coalition of interest groups that sponsored half the cost of student membership, almost 800 students had the opportunity to experience RNAO for the first time, or to renew their memberships for just \$10. Anyone who's been a student knows that every penny counts. RNAO received many letters of gratitude when news of the initiative went out via e-mail Sept. 7th. Here's just a small sampling of the responses:

"As a student, life is complicated by high expenses and limited employment.

Thank you for your support and for making our lives just a little bit easier."

"This membership will certainly (boost) my commitment to becoming a dedicated health care professional by keeping me informed and active ..."

"Through subsidizing our RNAO membership you are encouraging students to be a part of an association that supports the ongoing evolution of this wonderful profession."

"Thank you for allowing me the opportunity to join. As a student, it is a great opportunity to be able to explore different aspects of nursing. I hope that I will be able to learn a lot from this membership."

"I've always been interested in the political side of nursing and hope that I will be able to advocate for students. Thank you for this opportunity – it will certainly not go to waste."

"I feel student membership in RNAO is extremely important. The more students who start taking ownership of their profession – and joining their professional organization – the better."

Nursing Students of Ontario (NSO) President James Chu agrees it's important to tap into that student energy, noting the *Perth Nurse's Student Network* is vital to spreading the word about NSO and RNAO. NSO membership currently stands at 2,584, and Chu, a third-year student at Humber College, wants to double that number by the end of 2005. This fall, NSO executive members will visit 20 colleges and universities across Ontario to raise awareness of the benefits of NSO membership.

Students will also be able to get involved in NSO as a result of a new initiative from a coalition of interest groups that have agreed to pay half the membership fees for 798 new or renewing NSO members. Chu hopes the plan, which reduces the cost of a student membership to \$10, will provide an incentive for students to join right away.

Chu believes college and university faculty – who have the greatest influence on students' professional lives – must also promote RNAO. Marianne Cochrane, faculty in the collaborative nursing program at Durham College and the University of Ontario Institute of Technology, couldn't

agree more. Over the last year, she has recruited 36 new student members and says faculty is in a unique position to discuss RNAO in class, direct students to the website as a component of their class work, and incorporate best practice guidelines into the curriculum. Cochrane also promotes RNAO to her colleagues. She maintains a bulletin board of RNAO information at the school, follows up on any home-office suggested recruitment techniques, and emphasizes to colleagues the success RNAO has with high-profile initiatives like the annual *Take Your MPP to Work* event in the spring.

"I really believe in the profession and RNAO and what we can do. I believe in our health care, I believe that we have the best in the world and I don't want to lose that," Cochrane says.

For Pierrette Brown, president of RNAO's Algoma Chapter, the association's political activity and high profile are behind her chapter's increasing membership. During the first year of her presidency, membership increased by 53 per cent. Every manager at Sault Area Hospital – where Brown works – is now a member, and she says by allowing non-members to participate in programs like the Nursing Education Initiative, RNAO becomes accessible to all RNs. Brown, who has been a member for 30 years and whose mother also belonged to RNAO, travels to health-care organizations across the region armed with a presentation on the benefits of membership.

According to Brown, RNAO is a tool that gives RNs a sense of pride in their profession, as well as a necessary presence around political tables and a voice in improving their working lives. She says: "That's where the power is, that's where the voice is, and that's how we're going to get people to sit up and listen to what we're saying." **RN**

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JILL SHAW IS ACTING COMMUNICATIONS OFFICER/WRITER AT RNAO.



Third-year nursing student Jency Kureekottill plays "Trivial Pursuit: Membership Edition" at the September assembly meeting, coached by board member Connie Kuc (left) and Perth chapter president Cheryl Yost.

## You work where?

*Motivated by the RNAO president's Nursing Week visit to Milton in May, corrections nurse Manon Gagné reflects on her work in a provincial corrections facility, and how important it is for nurses and the public to understand the pressures in the prison environment.*

I am a registered nurse working at Maplehurst Correctional Complex, a maximum security prison in Milton. I came to this role in 2000, after working for Casey House Hospice in Toronto for four years and then as a visiting nurse in York and Halton regions for two years. My corrections colleagues and I face daily challenges as we strive to provide necessary health care and health promotion to an incarcerated population.

I was inspired to write this reflection and to share some of those challenges while preparing to celebrate Nursing Week 2005, and to welcome RNAO president Joan Lesmond for a visit to our facility in May. I was also hoping to use this reflection to educate nurses and the public about correctional nursing as a career choice, and to thank all the RNs with whom I have the pleasure to work. I commend each of you for your commitment to quality nursing care, to clients, peers, correctional staff, the public, and the nursing profession at large.

So, what's it like? Aren't you scared? What do you do there?

These are some of the most common questions that follow news that I'm a nurse who works in one of the largest prisons in Canada. Correctional nursing as a profession is not well publicized and these questions come from both nurses and the general public. Perhaps these questions come, in part, because corrections nurses, when renewing annual licenses and memberships, typically check 'government' or 'other' when asked where they work. Correctional nursing is not traditionally offered as an option on forms that ask for your type of employer.

But the correctional nurse has a very specific set of skills that needs to be recognized. The client population in correctional facilities suffers with chronic illnesses, infectious diseases, substance abuse, physical injuries and mental illness. Inmates are often dealing with Hepatitis B and/or C, HIV, tuberculosis, diabetes, cardiac disease, fractures, head injuries, schizophrenia, and bipolar or depressive disorders.

Although the prison's focus is to maintain offenders in a safe, secure and well supervised environment, my focus as the corrections nurse is to provide essential health care and health promotion with a goal to maintaining or improving that individual's health status prior to their return to the community.

A corrections nurse assesses all offenders



entering a provincial facility by completing intake examinations on admission. This process allows for continuity of care, disease prevention, infection control, treatment, medication administration, health teaching and health promotion. Nurses collect medical histories and conduct tuberculosis screenings. With early identification and treatment, many of the common health challenges noted above can be managed or controlled. The corrections nurse may also see clients who are admitted into observation, the infirmary and segregation.

As in all other sectors of the health-care system, correctional nurses are expected to deliver client care with empathy, competency and integrity. There is, however, one fundamental difference: corrections nurses must remain undaunted by the reasons for incarceration. Some correctional staff may have difficulty with the kindness and caring component of nursing practice considering a client's reason for incarceration. Wiping the brow of an alleged murderer or providing support to a known pedophile may be seen as odd to most, but correctional nurses are employees of an institution. That institution's mission is security and public safety. The nurse's mission is health and wellness.

Despite these challenges I often find myself telling people that 'yes, I am a real nurse.' In fact, I am four nurses rolled into one. I am the medication nurse who prepares and delivers medication to over 380 clients. I am the desk nurse who conducts diabetic, methadone, doctor and treatment parades. And I am the admitting and discharge nurse who not only prepares medications for clients departing for court but also screens new clients into the correctional system.

So, what's it like? Challenging, different, interesting, fast paced and big. It is a new day, every day.

Aren't you scared? Not as long as there is a correctional officer to provide an escort when client contact is required. The assessment environment is safe, and often takes place through the 'hatch' of the cell, in the cell itself, or in a health-care assessment room.

What do you do there? Simply put, we provide individual intake assessments, tuberculosis screening, emergency medical response, assessment, treatment, education and health promotion to inmates, and health care to staff and visitors as required.

The work we do prepares the incarcerated population to return to the community. It can and does make a difference to our clients, peers and the community.

We are advocates, we are nurses, and we care. **RN**

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MANON GAGNÉ IS A SENIOR NURSE AT MAPLEHURST CORRECTIONAL COMPLEX IN MILTON.

### Did you know?

According to a 2003/04 Ministry of Community, Safety and Correctional Services study of 1,644 newly admitted inmates at 11 correctional facilities across Ontario, 1.6 per cent tested positive for HIV and 19 per cent for Hepatitis C. Between 25 and 34 per cent of those infected did not know they were infected. By comparison, HIV and Hepatitis C prevalence among the general population is 0.4 and 0.8 per cent, respectively.

# RN offers specialized support to victims of assault and violence

## Why Nursing?

Visitors to the emergency department at Burlington's Joseph Brant Memorial Hospital probably don't notice Nina's Place. Down a back hallway, it's far enough away from the emergency department's bustle to offer privacy, but close enough for clients to quickly access treatment if needed. Named for Nina de Villiers, a Burlington woman who lost her life to an assault in 1991, Nina's Place provides complete, compassionate care to victims of sexual assault and domestic violence in Halton Region.

Nina's Place RN Nancy DiPietro, who completed intensive training to become a sexual assault nurse examiner (SANE) in 1997, knows what happens when resources like Nina's Place aren't available. Since graduating from Humber College in 1978, DiPietro has nursed on medical floors and in ERs from Toronto to New Liskeard. She says before specialized services like those at Nina's Place were offered, overworked nurses couldn't devote the time to treating cases of assault and violence. Thanks to the introduction of sexual assault teams, those much-needed resources are now available.

## Responsibilities:

When a patient arrives at Nina's Place, usually following a referral from the ER, she receives the undivided attention of one of the on-call RNs trained as SANEs. SANEs are nurses who have worked on sexual assault teams for at least a year, received intensive training provided by the Ministry of Health and Long-Term Care, and can independently examine and care for women who were not severely injured during the assault and were healthy and not pregnant prior to being assaulted. DiPietro is the only full-time staff member for Nina's Place. She is also among 20 nurses who, in addition to their regular work, volunteer to be on-call 48 hours a month.

"Not only is it an extra job, but it's an extra job that requires more education," DiPietro says. "A lot of nurses already work evenings and weekends and holidays, but they still commit to providing that coverage."

Nina's Place nurses spend as much time as necessary with patients, providing health care and discussing the risk of pregnancy, HIV, Hepatitis B and sexually transmitted diseases. If less than 72 hours have passed since an assault, the nurse will administer emergency contraception or medication. The nurse will also offer to collect evi-

dence. Nina's Place can store the evidence for up to six months, allowing the woman time to decide if she'd like to press charges.

In 2004, Nina's Place also began caring for children. A physician is present during a child's exam and efforts are taken to be as unobtrusive as possible. Injuries are photographed in detail to eliminate the need for the child to be re-examined, and staff from relevant organizations (i.e. police and the Children's Aid Society) interview the child together, videotaping the conversation in the hope that the child will only be interviewed once. Every case of abuse involving a child is referred to Children's Aid social workers, who notify the police.

## Challenges:

In 2004, Nina's Place provided acute or follow-up care to nearly 100 patients from across Halton Region. DiPietro says police figures show the number of assaults in the region is higher, and she wants to reach out to those individuals. DiPietro visits other hospitals, teaching staff about the services offered by Nina's Place's, and offering advice on what to say and do when they see someone who's been assaulted.

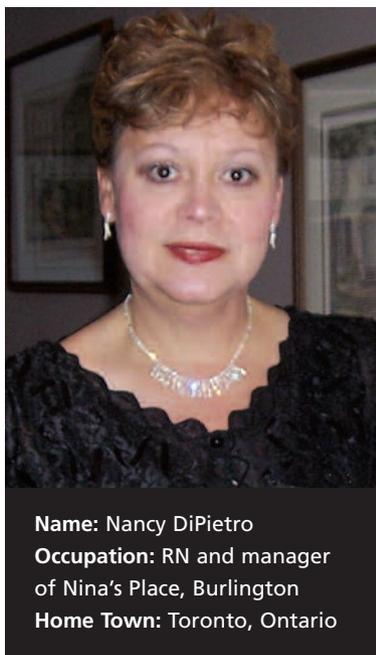
Educating health-care professionals is just one step towards better

exposure for Nina's Place and the important services it offers. DiPietro also hosts community forums during months dedicated to a particular cause. She will host forums in November, which is family violence prevention month. The word seems to be getting out, and the community is giving back to Nina's Place too. Last year a local high school held a fundraiser for the centre. Churches donate blankets. And local families offer clothing and toys for use by women and children accessing the centre.

## Memories of a job well done:

While DiPietro has seen many women and children who are in a state of crisis, she says it's a privilege to help them when they're most vulnerable.

"(Women) tell us they feel safe here," she says. "They didn't think anybody cared about them... some women live horrible, horrible lives and to think that we have the opportunity to intervene in that woman's life and provide some relief and some comfort is huge."



**Name:** Nancy DiPietro  
**Occupation:** RN and manager of Nina's Place, Burlington  
**Home Town:** Toronto, Ontario

## Future plans:

DiPietro would like Nina's Place to become a leader in caring for victims of violence.

"Domestic violence and sexual assault happen in all income brackets, in all groups, in all cultures and in all religions," she says. "We need to let women know it's not their fault these things are happening, and that there's support available to them."

If you know someone who would benefit from using Nina's Place's services, contact DiPietro at 905-632-3737 ext. 5708 or [ndipietro@jbmh.com](mailto:ndipietro@jbmh.com). **RN**

JILL SHAW IS ACTING COMMUNICATIONS OFFICER/WRITER AT RNAO.

# Policy at Work



## New policy statement lays out guidelines for better public health

RNAO's board of directors approved a policy statement in September that provides a new vision for nursing in public health, and recognizes public health nurses' unique range of skills within a practice environment that is often "without walls."

The statement acknowledges the importance of setting out standards and procedures for responding to threats of infectious disease, but warns against undermining the broader role of public health.

The new policy statement emphasizes that as Ontario moves forward with its health-care transformation agenda, it must safeguard a vigorous health promotion agenda driven by determinants of health. That means working on such issues as: poverty and homelessness; healthy schools; income distribution; better access to education; improved literacy; healthy growth and development; supportive and engaging communities; community capacity; and a clean, safe environment.

In the statement, which was set in motion following the release of reports on Walkerton and SARS, RNAO urges that four critical factors be addressed to build a more vibrant public health nursing workforce:

- adequate, stable and long-term funding
- a commitment to using all the skills and capacities public health nurses have to offer, and a plan of action to ensure sufficient surge capacity so that public health units can respond to emergencies

with minimal disruption to existing programs

- additional clinical placements to give nursing students preceptorship opportunities, and to encourage more students to consider public health nursing as a career choice
- more nursing leadership positions in public health to support healthy work environments, quality practice, and system effectiveness; and more support for those leaders to plan and deliver recruitment and retention efforts and ensure nursing perspectives inform decision-making.

For a copy of this and other policy statements, visit [www.rnao.org](http://www.rnao.org).

## Another ad campaign shines light on sexist advertising and nursing

At the urging of our members, RNAO voiced strong concerns to Cadbury Schweppes, makers of Motts Clamato, about the offensive portrayal of nurses in an advertising campaign launched in July. In an open letter to the company, RNAO asked for the ads to be withdrawn immediately and requested a written public apology.

"The television commercial is offensive to our membership as it perpetuates female stereotypes and trivializes our very demanding profession," the letter explains. "As you strive to capture an audience's attention in order to sell your products, you are ignoring the negative impact of these ads on women in general and on nurses specifically."

This is the second major multinational company to use stereotypical and demeaning portrayals of nurses in ad campaigns this year alone. And nurses are getting fed up.

"I am so tired of this kind of thing. I think we're doing our job to get the message across but others just don't get it," Quinte member Elizabeth Edwards told RNAO. In a letter to the company,

Edwards says: "Nurses are educated professional people who make life and death decisions every day, improve their patients' quality of life, and support family members and significant others through their loved ones' illness experiences. Your portrayal of nurses serves only to perpetrate an insulting image of a dedicated professional group."

Other members have similar concerns. "I am absolutely disgusted at the demeaning, sexual manner in which the nurse is portrayed," RN Suzanne Shaw wrote. "I find (this ad) extremely degrading to nurses and women for that matter," RN Linda Desrochers added. And RN Cathy Barnhart further urged that the company, "Stop running these ads and apologize to nurses for your poor judgment."

For more information on this and other campaigns on harm caused by the "naughty nurse" stereotype, visit [www.nursingadvocacy.org](http://www.nursingadvocacy.org). **RN**

### Medical authorities support a pesticide phase-out for one reason.



### You're looking at her.

Our leading medical authorities say pesticides are a threat to our children's health. That's why they support a phase-out of pesticides on lawns and gardens in the City of Ottawa.

If you share our concerns, please call Mayor Chiarelli and your city councillor today and ask them to support a pesticide phase-out.

### You can reach the mayor and your councillor by calling 3-1-1.

For more information – or to receive a compelling video on safe lawn care alternatives – call the Canadian Association of Physicians for the Environment collect at (416) 306-2273 or visit [www.cape.ca](http://www.cape.ca).

### Support a pesticide phase-out.



### RNAO's five-year push for a pesticide-free Ontario

A resolution to RNAO's board of directors in 2000 called on the association to support campaigns to ban the cosmetic use of pesticides. In the five years since that resolution was passed, RNAO has been an active advocate for anti-pesticide legislation, and has lobbied with the broad-based *Partnership for Pesticide Bylaws* on a number of fronts.

Most recently, RNAO sent a letter to Ottawa City Council urging it to approve a proposed pesticide bylaw expected to be passed in late October. RNAO has also lent its name to an ad campaign launched in September by the Canadian Association of Physicians for the Environment (CAPE). The campaign reminds legislators that pesticides are a threat to children's health, and urges Ottawa residents to support the phasing out of pesticides.

For more information on this initiative, and on RNAO's role in ensuring Peterborough city council also passed its own pesticide bylaw in May, contact RNAO's Senior Economist Kim Jarvi at [kjarvi@rnao.org](mailto:kjarvi@rnao.org).

# NEWS to You to Use

RNAO member Vila Smith, a nursing professor at Sault College, will be featured alongside a Filipino couple from Manitoba and Chinese and Thai families from Nova Scotia in a documentary entitled *Small Places, Small Homes*.

Smith will share details of her immigration from Malaysia, and offer insights on what it's like to be a visible minority in a small community. The documentary will air on *Omni TV* in the Spring of 2006.

RNAO member Lynda Monik, Director of Social Work and Resource Utilization at Windsor's Hotel-Dieu Grace Hospital, was appointed to the Windsor-Essex County Health Unit Board of Directors in June. She will serve as a public member until 2008.

Toronto street nurse and RNAO member Cathy Crowe received an honorary Doctor of Laws degree in June from McMaster University for her passionate advocacy work on homelessness and the need for a national housing program.

**RNAO President-Elect Mary Ferguson-Paré, Vice President of Professional Affairs and Chief Nurse Executive at University Health Network, received the first National Nursing Leadership Award from the Canadian College of Health Service Executives. The award, presented in June, honours nurses who are committed to quality and leadership in nursing.**

Respected *Globe and Mail* public health reporter André Picard, three-time winner of the RNAO *Award for Excellence in Health-Care Reporting*, a member of the editorial advisory committee for *Registered Nurse Journal*, and author of *CRITICAL CARE: Canadian Nurses Speak for Change*, received the first national Public Health Hero Award from the Canadian Public Health Association (CPHA) at its 96th annual conference in Ottawa Sept. 19.

Judith Shamian, former Executive Director of the Office of Nursing Policy, Health Canada, current President and CEO for VON Canada, and an honorary life member and former president of RNAO, was awarded an honorary Doctor of Laws from the University of Lethbridge this spring, an award that recognizes her "significant contributions to improving the quality of patient care and advancing the nursing profession."

RNAO member Wendy Fucile, Vice President of Clinical Programs and Chief Nursing Officer at Peterborough Regional Health Centre, was selected in July as one of 26 participants in a national health-care fellowship program called *Executive Training for Research Application (EXTRA)*. The program helps health-care professionals in management positions to obtain and use research to make better decisions.

RN Tilda Shalof's best-selling book, *A Nurse's Story: Life, Death and In-Between in an Intensive Care Unit*, has been shortlisted for the 2005 *Edna Staebler Award for Creative Non-Fiction*. The \$3,000 award recognizes Canadian writers for a first or second work in the creative, non-fiction genre. It is the only award of its kind in Canada.



The Operating Room Nurses Association of Canada (ORNAC) is looking for letters of intent for its 2006 Cardinal Health Research Grant, a \$5,000 grant to promote perioperative nursing research, and to encourage the integration of research findings into perioperative nursing practice. The deadline for letters is Nov. 15, and the application deadline is Mar. 15. Grant recipients will be announced in May 2006. Visit [www.ornac.ca](http://www.ornac.ca) for more information.

**Debbie Proulx, a mental health RN in Ottawa, is preparing to launch her own bi-monthly newsletter called *Essence*.**

**The publication will tackle topical issues such as addictions, schoolyard bullying, sexual abuse, and minority issues. Proulx plans to print several thousand copies to be available free of charge in medical buildings, through community organizations, and in schools.**

Access Nurse, a U.S. recruiter of travel nurses, has selected the six cast members of its new reality show, *13 WEEKS*. Ranging in age from 24 to 48, the nurses will live together in Southern California and work in local hospitals for 13 weeks. The show will debut in November on [www.NurseTV.com](http://www.NurseTV.com).



RNAO Executive Director Doris Grinspun received an Award of Recognition in June from the Acquired Brain Injury Network.

Have a tidbit for *News to You/News to Use*? Send it to [kkearsey@rnao.org](mailto:kkearsey@rnao.org).

# Calendar

## November

### November 17-18

HEALTHY WORKPLACES IN ACTION: MAINTAINING THE MOMENTUM TOWARDS POSITIVE WORKPLACES

*5th Annual International Conference*

Hilton Suites

Toronto/Markham Conference Centre and Spa

## December

### December 6

INTERNET SAVVY FOR NURSES

*Regional Workshop*

Toronto, Ontario

# 2006

## January

### January 26

LEADING AND SHAPING SUCCESSFUL CHANGE

*Regional Workshop*

Toronto, Ontario

## February

### February 23

FIGHT OR FLIGHT... PROFESSIONAL SOLUTIONS TO CONFLICT IN THE WORKPLACE

89 Chestnut Residence

Toronto, Ontario

## March

### March 9

EMERGENCY PREPAREDNESS

RNAO Office

Toronto, Ontario

### March 30, 31,

### April 3, 4, 5

DESIGNING AND DELIVERING EFFECTIVE EDUCATION PROGRAMS

*Regional Workshop*

RNAO/OHA Joint Program

RNAO Office

Toronto, Ontario

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



### [rnaoknowledgedepot.ca](http://rnaoknowledgedepot.ca)

New Web site provides one-stop info-shopping!

RNAO's Knowledge Depot gives you quick and easy access to information RNAO has amassed on a wide range of health-care issues.

This site of consolidated information gives you streamlined access to the analysis, research and knowledge we've generated over the years.

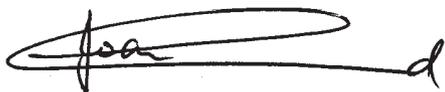
*rnaoknowledgedepot.ca placed third in the Web site category of the Hygeia awards, the annual awards competition of the Health Care Public Relations Association Canada.*

## Notice of 2006 AGM

**T**ake notice that an annual general meeting of the Registered Nurses' Association of Ontario (herein after referred to as association) will be held at the Sheraton Parkway North Toronto, Markham on April 28, 2006, commencing the evening of April 27 for the following purposes:

- To hold such elections as provided for in the bylaws of the association
- To appoint auditors at such remuneration as may be fixed by the Board of Directors and to authorize the Board of Directors to fix such remuneration
- To present and consider the financial statements of the association (including the balance sheet as of October 31, 2005), a statement of income and expenditures of the period ending October 31, 2005, and the report of the auditors of the association thereon for the fiscal year of the association ended October 31, 2005.
- To consider such further and other business as may properly come before annual and general meetings or any adjournments or adjournments thereof.

By the order of the Board of Directors,



Joan Lesmond, RN, BScN, MSN, Ed. D. (c)  
President

### RNAO Recognition Awards 2005-2006

#### Call for Nominations

You're an RN for many reasons. Perhaps we can give you one more. The nomination deadline for the following Recognition Awards is November 25, 2005:

- Leadership Award in Political Action
- Chapter of the Year Award
- Interest Group of the Year Award

Honour your colleagues today. Visit [www.rnao.org](http://www.rnao.org) for nomination forms, or contact the RNAO office at [info@rnao.org](mailto:info@rnao.org).

## RNs resolve to shape nursing and health care

**D**o you want to change nursing and health care in Ontario? As a member of your professional association, you can put forward resolutions for ratification at RNAO's Annual General Meeting which takes place on Friday, April 28, 2006. By submitting resolutions, you are setting the wheels in motion to give RNAO a mandate to speak on behalf of all its members. It is important to bring forward the many pressing health and social issues that affect nurses' daily lives. RNAO members represent the many facets of nursing within the larger health-care system. You play a key role in ensuring nurses' voices are heard and in pushing for healthy public policy across the province.

RNAO encourages chapters, region without chapters, interest groups and individual members to submit resolutions, for ratification at the 2006 annual general meeting, to Heather Terrence, board affairs coordinator, by e-mail to [hterrence@rnao.org](mailto:hterrence@rnao.org).

Please keep in mind:

- the deadline for submission of resolutions is **January 16, 2006** at 5:00 p.m.
- a one-page backgrounder must accompany the resolution
- the resolution must bear the signature of a member of the association
- all resolutions will be reviewed by the Provincial Resolutions Committee

Please refer to the following resolution for guidance:

#### WHEREAS

homelessness is rising throughout Ontario, shelters are overcrowded and many do not meet the standards set by the United Nations, and the per diem rate offered by the Ontario

government to municipalities to operate shelters is well below the actual operating cost, AND

**WHEREAS** the total private rental loss in Ontario from 1996 to 2001 is 45,000 units, existing rental vacancies are at the upper end of the rent scale, and social housing waiting lists are growing in almost every part of the province, AND

**WHEREAS** the Ontario government cancelled all funding for new affordable housing in 1995 and since then has cut \$879.1 million from provincial housing programs, and the shelter allowance portion of social assistance has not been changed since it was cut by 21.6 per cent, AND

**WHEREAS** housing and homeless advocates such as the Toronto Disaster Relief Committee and the Housing and Homelessness Network in Ontario have called on the Ontario government to increase provincial housing spending to \$900 million annually and set a target of at least 15,000 new affordable units annually,

#### THEREFORE BE IT RESOLVED

that RNAO collaborate with the Toronto Disaster Relief Committee and the Housing and Homelessness Network in Ontario to lobby the Ontario government to:

- increase the per diem rates to municipalities for homeless shelters to cover the actual cost of operating shelter beds and services,
- increase funding for affordable housing, implementing an interim plan to shelter the increasing numbers of homeless until the promised housing is available, AND
- adopt the recommendation of the coroner's jury at the Kimberley Rogers inquest to increase social assistance to realistic levels.

**DEADLINE, JANUARY 16, 2006  
AT 5:00 P.M.**

## CLASSIFIEDS

### STRESS MANAGEMENT-SELF CARE FOR NURSES

**Eli Bay**, leading-edge trainer, empowering others to live, love, work, and play better presents a one day post-conference workshop – **Balanced Being** – which will empower you with the “how to” and “body knowledge” that will create a balanced, centred and harmonious

internal state. Learn from an expert in the field of relaxation, the practical techniques to release constriction, negativity, tension and stress. Presented by The Therapeutic Touch Network of Ontario, Monday, Nov. 7, 2005, 9:00 a.m. to 5:00 p.m. Hilton Suites Toronto/Markham Conference Centre, 8500 Warden Ave. For more information phone 416-658-6824.

Join us for the 11<sup>th</sup> Annual Conference of the Canadian Association of Wound Care



## Bridging Wound Care Communities

**Montreal, Quebec, Palais des congrès, November 12–15, 2005**

If you want to improve your understanding of wound care—regardless of your current level of experience—the 11th Annual Conference of the CAWC is the place to be this November.

With an international faculty of wound care experts and simultaneous translation provided in both French and English for each session, the conference is set to achieve its objective of providing wound care professionals with the opportunity to meet, share experiences and improve practice.

### Building Bridges

*Bridging Wound Care Communities* is the theme of this year's conference, and our special Keynote speaker, **Danièle Sauvageau**, knows how important building bridges can be, having led the Canadian women's hockey team to Olympic victory. Danièle will be a source of inspiration for those who wish to get actively involved in their respective practice communities.

The majority of sessions and workshops will be delivered by interdisciplinary groups of experts, facilitating the creation of bridges between professionals of different practice communities.



### Educational Streams

Sessions are organized into streams—Basic Clinical, Advances in Wound Care, Education, Research, Practice and Policy, and CAWC Forums. New topics for this year include more advanced sessions on oncologic and pediatric wounds, skin grafts, epidermolysis bullosa and hyperbaric oxygen therapy; intractable (“puzzling”) wounds, a discussion on Bill 90, and, inspired by World Diabetes Day (November 14), a session on orthoses and prostheses.

**STILL TIME TO REGISTER** – For complete information and online registration, visit the CAWC Web site at [www.cawc.net](http://www.cawc.net).

# Nursing and Health Care Leadership/ Management Distance Education Program

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##### Total Quality Management/ Quality Assurance (1 unit credit)

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Phone (905) 525-9140, Ext 22409

Fax (905) 570-0667

Email [mgtprog@mcmaster.ca](mailto:mgtprog@mcmaster.ca)

Internet [www.fhs.mcmaster.ca/nursing/distance/distance.htm](http://www.fhs.mcmaster.ca/nursing/distance/distance.htm)

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**“Every time I begin my shift, I need to be ready for anything. Verbal abuse from a frightened or out-of-control patient. Threats from an angry visitor. Hostility from a stressed-out co-worker. The only thing certain about my work environment – is its uncertainty.”**

**Claire  
Emergency Room Nurse  
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## Help RNAO find and CELEBRATE the best in health-care reporting

In 2006, RNAO's eighth annual *Award for Excellence in Health-Care Reporting* will once again honour superior health-care coverage in print and broadcast journalism.

- Keep an eye on local health-care coverage in your community newspaper or on local broadcast media stations; this competition can serve as a great opportunity to develop relationships with the media.
- Know of a reporter who is covering nursing issues effectively? Encourage him/her to submit stories for consideration in the competition.
- Items must be published in Ontario newspapers or magazines, or broadcast on Ontario radio or television during the calendar year of 2005.
- Watch for more information and an application form on RNAO's website ([www.rnao.org](http://www.rnao.org)) at the end of November.
- For more information, call 1-800-268-7199 or 416-599-1925 or e-mail [jshaw@rnao.org](mailto:jshaw@rnao.org).



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Nomination packages for the election of Council and committee members are enclosed with this issue of *The Standard* and are available on the College Web site.

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FastFax: 1 877 963-7502

Tel.: Jenna Hofbauer,

Council Affairs Coordinator

416 928-0900, ext. 6302

Toll-free in Ontario: 1 800-387-5526, ext. 6302

E-mail: [elect@cnoemail.org](mailto:elect@cnoemail.org)



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## PROGRAM COORDINATOR

RNAO is seeking an accomplished RN to lead on-going and new initiatives with the Nursing Best Practice Guidelines (BPG) Program.

As program coordinator, you will facilitate the development of new BPGs and develop dissemination and implementation strategies. You are knowledgeable about research methodologies and are comfortable conducting literature reviews, and possess superior report writing skills. You are a critical and creative thinker with project management experience and excellent communication skills.

The successful candidate will be an RN with current CNO registration, a member of RNAO, and hold a master's degree in nursing or a related field. Minimum three years related experience. One-year contract (full-time) with an option to renew. Location: Toronto. Please submit resume by Nov. 30 to [ncampbell@RNAO.org](mailto:ncampbell@RNAO.org), or fax 416-599-1926.

# Can Nurses Be Sued? Yes.

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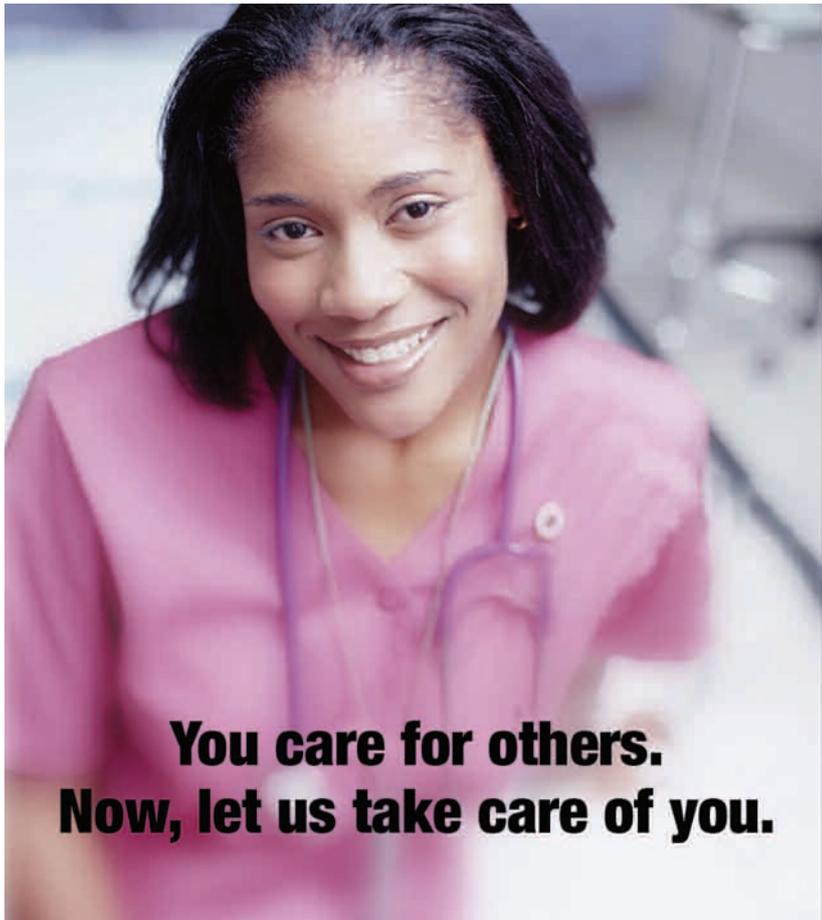
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As your professional association, RNAO is committed to speaking out for health, speaking out for nursing. To be even more effective in this regard, we need your involvement and your voice. RNAO is seeking nominees for:

- Members at Large,
- Provincial Resolutions Committee, and
- Provincial Nominations Committee

By becoming a member of RNAO, you have the opportunity to influence provincial and national nursing health-care policy, discuss and share common challenges related to nursing, nurses and health care, and network with numerous health professionals dedicated to improving the health and well-being of Ontarians.

Being an RNAO board or committee member is an extremely rewarding and energizing experience. You will broaden your knowledge of nursing and healthy policy, improve your advocacy skills, participate in the long-term planning for the association, act as a professional resource to members and staff, and improve your leadership skills.

The nomination forms will be available on RNAO's Web site in September 2005. If you require further information, please contact Heather Terrence, 416-599-1925 / 1-800-268-7199, ext. 208 or hterrence@rnao.org.

**Deadline for nominations: Monday, January 30, 2006 by 5:00 p.m.**

**NURSING EDUCATION  
INITIATIVE**

A new funding cycle has been approved by the MOHLTC. For pertinent deadline information or to obtain a copy of the application form please visit the RNAO Web site at

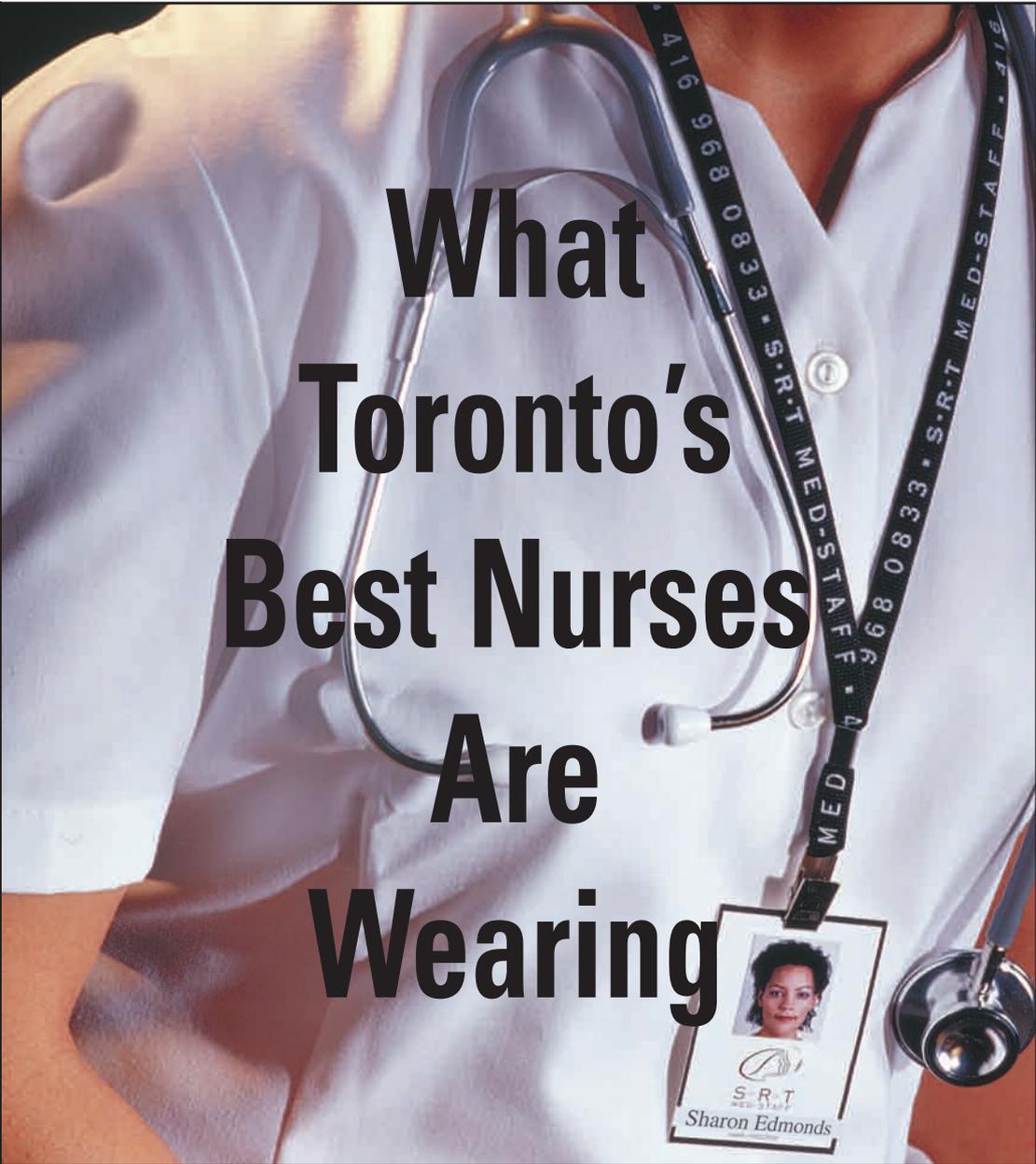
**www.rnao.org**

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

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

OR

e-mail Meagan Wright  
and Lisa Beganyi at  
**educationfunding@rnao.org.**



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