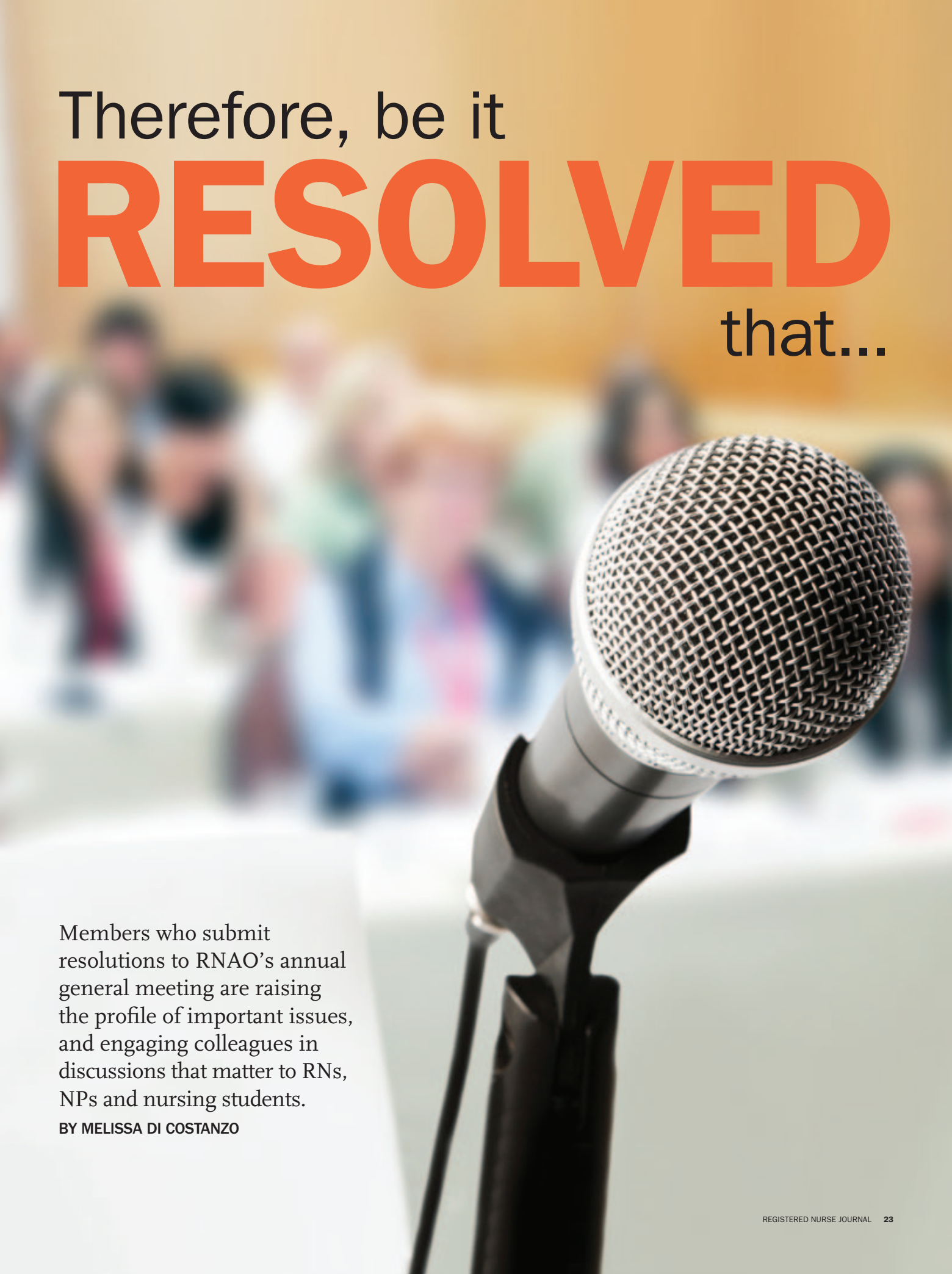


Therefore, be it

RESOLVED

that...



Members who submit resolutions to RNAO's annual general meeting are raising the profile of important issues, and engaging colleagues in discussions that matter to RNs, NPs and nursing students.

BY MELISSA DI COSTANZO



Wendy Fucile, former president of RNAO, facilitates discussion of the resolutions at the 2012 AGM.

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Our expertise is invaluable, and we have a mandate, as nurses, to take (our) knowledge and expertise and turn it into a way to affect policy.

Wendy Fucile on speaking to a resolution in front of hundreds of colleagues

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As Wendy Fucile listened to would-be politicians debate key issues during an all-candidate meeting in Peterborough 10 days before the provincial election, one thing became clear to the moderator and RNAO past-president: the community and its politicians care deeply about mental health.

Throughout the June 1 debate, organized by RNAO’s Kawartha-Victoria chapter, Fucile took note as candidates from the Liberal, Conservative, NDP, Green and Socialist parties relayed anecdotes of families that have endured the pain of struggling to find support for a loved one living with mental illness. They lamented how support services are fragmented, and promised to improve access and funding.

There’s potential to prepare a resolution on the pervasive and widespread issue of mental health for RNAO’s next annual general meeting (AGM), Fucile mused.

Each year since the association’s inception almost nine decades ago, individual members, chapters, regions without chapters, and interest groups have helped to shape the association’s agenda by drafting resolutions that address pressing nursing, health and social issues. These resolutions are brought forward for discussion at the AGM, and, if approved by members, set the ball in motion to tackle the issues important to members.

“The discussion around resolutions is a central, core part of what (RNAO is),” Fucile says.

Resolutions run the gamut from changes

to provincial (and sometimes federal) policy, to tweaking the association’s guiding principles (the catchphrase, or tagline). In the past three years, members have called on RNAO to advocate for: the inclusion of males into the Ontario Grade 8 HPV publicly funded immunization program (2012); an integrated provincial strategy to address Fetal Alcohol Spectrum Disorder (2012); mandatory breakfast programs in all provincial elementary schools (2011); and basic and ongoing educational resources that enable nurses to meet the College of Nurses of Ontario’s practice guideline for complementary therapies (2011).

And that’s just a sampling.

The number of resolutions up for ratification each year varies. In 2010, a record 11 were submitted for discussion. This year, two were presented, an unusually low number that left Fucile surprised and disappointed. “The heart of the AGM, for me, has always been the dialogue that members have with each other around the key issues in nursing,” she says, citing the conversations that take place when resolutions are debated on the floor. “(Our) richness, as an association...in part comes from the depth of this discussion.”

Fucile admits that some members may feel intimidated about speaking to a resolution

in front of hundreds of colleagues. But collaborating with other members, chapters and interest groups can help ease that anxiety (multiple signatories are allowed on a single resolution at the AGM). “Our expertise is invaluable, and we have a mandate, as nurses, to take (our) knowledge and expertise and turn it into a way to affect policy,” she says.

Resolutions can be carried or defeated. Members may also ask for a resolution to be deferred to the board of directors for review and decision. Regardless of the outcome, Fucile says they promote engagement and boost knowledge. “We’re so diverse as nurses that of course we’re going to have different perspectives on issues,” she says. “Testing that diversity...is really important.”

Fucile, former dean of the Trent Fleming School of Nursing in Peterborough, urges her colleagues in education to get students involved in creating resolutions. This kind of teamwork, she says, can lead to valuable mentorship opportunities.

Cathy Graham agrees. The newly minted political action representative for RNAO’s Kawartha-Victoria chapter, and professor at Trent has been encouraging students to draft resolutions since she began working at the university in 2003. The process helps hopeful RNs articulate a position based on evidence, develop skills around selecting, reviewing and critiquing literature, and is just “one piece of broader social justice advocacy work” inherent to nurses’ roles, she says. “I think we, in education, have a responsibility to encourage students to see the relationship between (nursing and advocacy),” Graham

For important information on preparing a resolution, and the specific requirements set out by the provincial resolutions committee, see page 28. For further guidance, contact board affairs coordinator Penny Lamanna, plamanna@RNAO.ca

says. Students cannot submit a resolution without the backing of an RN, which is why Graham will gladly lend a hand.

Tapping into chapters and interest groups can also add depth to resolutions because both offer a huge well of knowledge. RNAO's provincial resolutions committee is also prepared to pitch in and help with structure and wording as resolutions go through the submission process.

Marilyn Parsons is the most recent past-chair of the committee (her term ran from 2011 to 2013). Her advice for hopeful resolution writers is simple: be clear, concise, and make sure what you're calling for is evidence-based. Start writing long before the winter deadline, she advises, as there can be a "fair bit of back and forth to get (a resolution) in appropriate form." Competing priorities often mean resolution writing can be relegated to the back-burner. Keep it top-of-mind by including it as a regular item on your chapter or interest group meeting agenda throughout the year, she says.

Parsons' final piece of advice? "It's got to be (a topic) you're passionate about."

The resolutions committee, comprised of four RNAO members, the parliamentarian and CEO, ensures resolutions and backgrounders are legal, original and fit within RNAO's mandate. It will often offer revisions to resolutions that don't meet these terms by reshaping the focus and providing recommendations to the writer(s). The committee members suggest edits to resolutions to ensure they're grammatically sound, coherent and succinct, and clearly

state the objective of the submitter(s). They comb through the one-page backgrounders that accompany each resolution to make sure the information cited is supported by evidence and is clearly outlined. Nurses welcome the feedback because it ultimately leads to a stronger resolution.

Parliamentarian Riek van den Berg, who acts as an advisor on process and protocol at the AGM, says successful resolutions must: clearly identify an issue, be achievable, and concern the broader interests of RNAO's membership.

Nancy Watters was chair of RNAO's Maternal Child Nurses' Interest Group (formerly the Childbirth Nurses' Interest Group) in 2005. At the time, the group's executive team decided it wanted to better promote the evidence-based *Baby Friendly Initiative* – a set of policies and practices that have been shown to increase rates of breastfeeding.

Watters, an advocate of the initiative since the 90s, wondered what the group could do to spread the campaign's message to Ontario health organizations, including hospitals and community agencies. The team decided to write a resolution and submit it to RNAO's 2006 AGM. It was a first for Watters, but she felt confident because they decided to partner with the Community Health Nurses' Initiatives Group and the Pediatric Nurses Interest Group. "We felt that the resolution would be stronger, and

the voice would be stronger as a collaborative one," she recalls.

The resolution called on RNAO to pair up with the Ontario Breastfeeding Committee to lobby the government to support the implementation of the initiative in hospitals, public health units and other community health services. It passed unanimously.

One year later, members visiting Queen's Park for the association's annual *Queen's Park Day* advocated strongly for the implementation of the *Baby Friendly Initiative* in Ontario health facilities. In 2008, France Gélinas, now the NDP's health critic, asked then-Premier Dalton McGuinty in the provincial legislature when the province would develop a breastfeeding strategy based on the *Baby Friendly Initiative*. Three RNAO board members were appointed to sit on the provincial breastfeeding services and support working group. And, in 2011, the Ministry of Health announced that implementation of the initiative would become part of the mandatory accountability agreement for all health units in Ontario.

Though these moments weren't single-handedly achieved by the 2006 resolution, "it's a huge success story for increasing awareness," says Watters. The resolution "made an important difference in the *Baby Friendly Initiative* journey in Ontario," she says. "It added momentum." **RN**

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THE STAFF WRITER AT RNAO.

Representatives for RNAO's chapters, regions and interest groups cast their votes on whether resolutions will be carried or defeated.

