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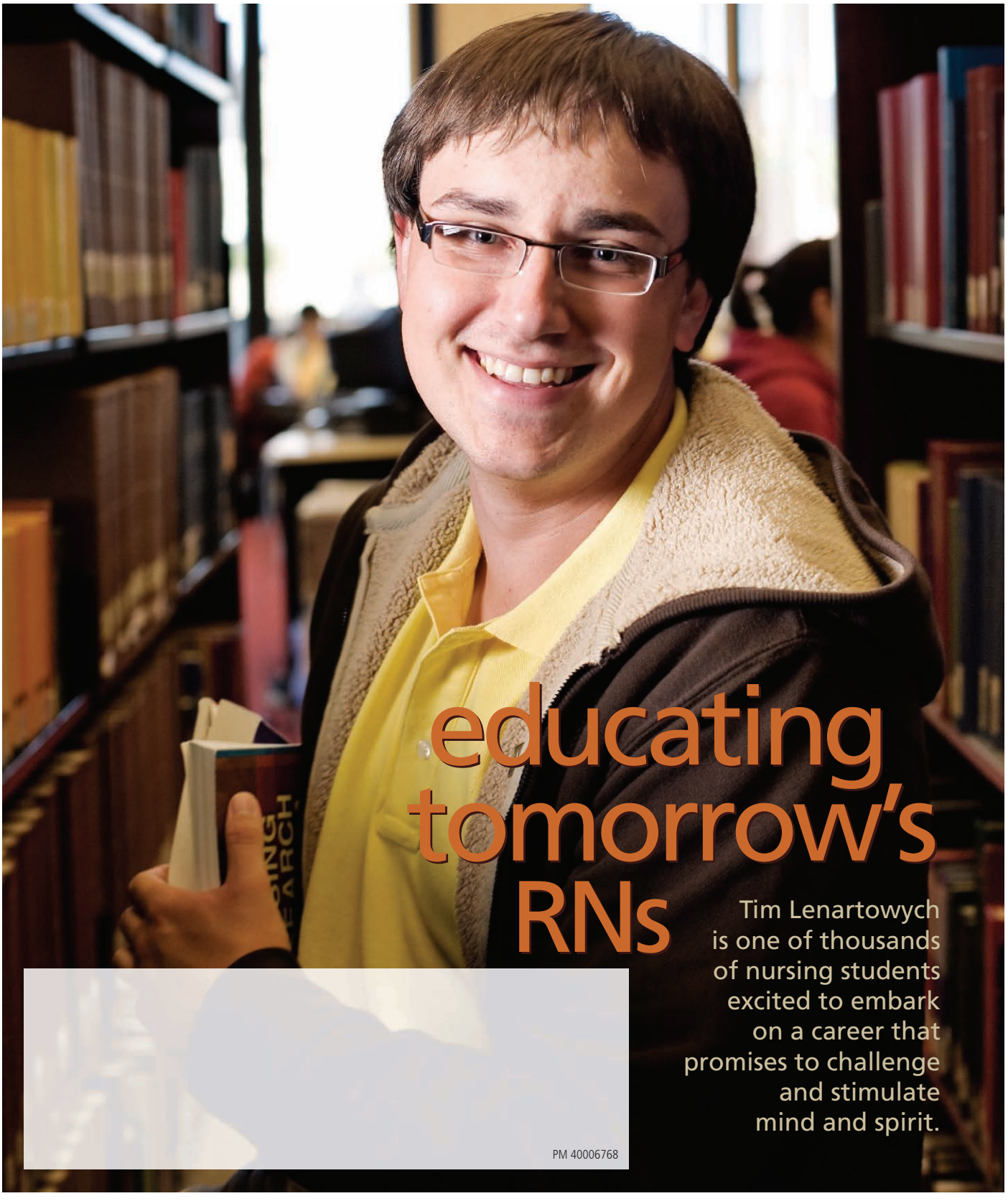
September/October 2008

Registered Nurse JOURNAL



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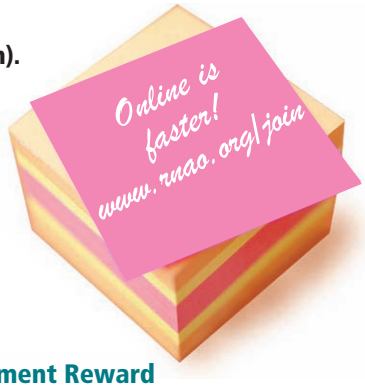

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Registered Nurse JOURNAL

Volume 20, No. 5, September/October 2008

THE LINEUP

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Cover photography: Russell Monk

FEATURES

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A season of new beginnings

In our last issue of *Registered Nurse Journal* we featured per-sonal stories from nurses who enlightened us with their reasons for choosing the profession and what they love most about what they do. In this issue, we share some of the positive responses we received from readers grateful for a glimpse into the lives of their colleagues (pg. 10). We too are grateful that so many members shared their anecdotes as part of our Nursing Week call for submissions. All of the stories were compelling and powerful.

With the summer behind us and the fall season in full swing, I can't help but recall one particular story from a young RN who had just passed her nursing exam. The passing grade was her badge of honour, she explained, "the ultimate reward for four years of note taking, cram sessions and exam writing."

It's clear to me that Tim Lenartowych, featured alongside other students in our education cover story (pg. 12), is anticipating the same sense of accomplishment when he completes nursing school with his degree this year. And he should. He's among thousands of students who have worked really hard as the first cohort to complete the full degree program since the government announced that a baccalaureate would be mandatory for all RNs entering practice.

Energy on school campuses across the province is high this time of year but, unlike the RN who wrote about finishing her exams, students like Lenartowych seem more interested in new beginnings than final marks at this point. That excitement for new beginnings is a common theme throughout this issue of the magazine.

Like Lenartowych, Jennifer Flood is excited about what the future holds after she graduates this year. But she has a slightly different take on what students should consider as they get closer and closer to practice. In her compelling submission (pg. 25), Flood writes about how education has changed over the years, but basic nursing assessment is as much a part of the profession as it's always been. She tells us why tomorrow's RNs must remember to look past technology to treat their patients. If they don't, she says, they cannot help people through illness and recovery and ultimately to more new beginnings of their own.

Like her students, nurse educator Charlotte Noesgaard is thrilled that another year is underway. She has been enjoying the excitement of September for more than three decades and tells us what compels her to continue teaching after so many years (pg. 11).

Putting together this issue of *Registered Nurse Journal* brought back many wonderful school memories for me. It's been a while since I've hit the books, and although I'm not envious of the studying that is integral to the school experience, I am jealous of the spirit and excitement that students share this time of year. I hope that spirit and excitement comes through on the pages of this issue.

Kimberley Kearsey
Managing Editor

CORRECTION
In the July-August issue of *Registered Nurse Journal*, a photo of RNAO members participating in Toronto's Gay Pride Parade appeared on page 24. We failed to identify the co-chairs of the association's Rainbow Nursing Interest Group as Dianne Roedding and Judith MacDonnell. We apologize for the oversight.

The richness of nursing comes from both seasoned and novice RNs

Welcome to a busy season. There seems each year to be something special about the onset of fall. Whatever that something special is, it inevitably results in a sudden increase in pace, as if we are suddenly running towards a just-in-view goal post. The (relative) quiet of summer recedes to memory as new challenges and successes appear on our horizon.

This year marks only the second time I have watched the coming alive of a university campus from the vantage point of interim director of its nursing program. I am struck this year, as I was last year, by the energy, the vision and the promise of future change that comes with a new group of students. Someone asked me recently if I remember experiencing the same energy and excitement when I was a student, now almost 40 years ago. The answer surprised me because the truth is … "only in part."

While many things have changed, some things remain the same.

And one of those constants is that moment of first entry to nursing. As new students, or as novice nurses, we cannot expect to adapt immediately to the culture of the nursing community. That is as true today as it was decades ago. There is much that is new and unknown, frightening and exciting as we embark on our careers. While nursing education can play a critical role in preparing students for the culture of the profession, it is, to some extent, akin to studying the culture of another country from a distance, and only visiting from time to time. Until one is fully immersed in that new culture – living and experiencing the day-to-day reality – it is not possible to fully belong.

At the same time, we do see substantive changes in language, communication and social customs. Our nursing workplaces are now multigenerational and these three particular elements differ among those generations. These differences do not make nursing better nor worse. They're neither right nor wrong. They're simply differences.

The accepted language and behaviour of nurses in the early 70s were very different from that expected of nurses in the 21st century. The social, economic and political forces that shape those who are now entering the profession differ from those that I – and many RNs already in practice – experienced when we began our careers.

> "Irrespective of generational differences, nurses owe one another the deepest and most genuine respect. If we apply the same perspective of respect within our profession as we use in our daily practice, we will all be better for it."

As nurses, however, we are trained to bridge the differences between cultures, building on the fundamental belief that respect underpins each and every successful relationship – whether with a patient or a professional colleague.

One of the great leadership challenges in nursing today is bridging the differences within nursing itself. We pride ourselves on being caring professionals who can identify, respect and support the needs of patients and their families from different cultures and backgrounds. We pride ourselves as Canadians on the concept of the mosaic rather than the melting pot. And we strive to respect the strengths that come from a broad and diverse range of histories and traditions. Why then is it so difficult for us to accept differences within our own community? How will we move as a profession to demonstrate that fundamental respect for each other, every day, as we work side-by-side in our chosen profession? The answer is stunningly simple: mutual respect.

Respect is vital if we are to forge successful relationships within our own profession. As critical as it is for novice nurses and new students to respect the knowledge, skills and abilities of experienced nurses in practice – to respect their language and social customs – so too is it critical for those experienced nurses in each and every one of our workplaces to extend that same respect to our newest colleagues and students. Each generation brings to our nursing community a richness that serves us, and our patients, well. If we apply the same perspective of respect within our shared profession as we use in our daily practice, we will all be better for it. In fact, we owe each other, irrespective of our differences, the deepest and most genuine respect. It's a point worth repeating.

As the autumn leaves begin to turn, and as our novice colleagues and our newest students embark on their nursing journeys, I invite each and every one of you to join me in respecting our differences, treasuring our similarities and celebrating our shared passion to improve the lives of individuals and communities across our province, our country and our world. We can be the change we want to see. **RN**

WENDY FUCILE, RN, BScN, MPA, CHE, IS PRESIDENT OF RNAO.

Nurses keep politicians' feet to the fire

At the time of writing this column (Sept. 30), the federal election campaign is on and RNAO is in the midst of it – speaking out for health, speaking out for nursing. As you read this issue of the *Journal*, you already know how the final two weeks of the campaign evolved, and the results of the election. Without the luxury of that information, I must focus on the campaign as it has been so far, and on what RNAO and Ontario nurses expect from a new federal government. Based on the association's non-partisan and issues-oriented approach, our expectations remain the same regardless of who forms government.

In its first few weeks, the federal election campaign focused primarily on image and leadership style. RNAO encouraged the parties to change that focus, reminding them that their campaigning should be based on substantive vision, accountability, and transparency to the Canadian people. In particular we were critical of the media for treating the election as a popularity contest, a test of charisma, or, even worse, an arena for gossip and manipulation. Some reporters seemed to forget their responsibility to prepare voters with solid analysis and informed opinion.

RNAO made strong and sustained efforts to place health and health care on the political agenda this fall. On Sept. 18, we released our pre-election platform, *Putting Health First*, and called on all parties to focus their attention on the issues important to Canadians. The platform highlighted the crucial areas that shape and influence the ability of individuals, communities and the nation to be healthy. It outlined policies and programs that nurses know will lead to healthier communities, a greener environment, a stronger public health-care system, better access to nurses, and healthy economic policies. Also on Sept. 18 we participated in a Town Hall Meeting, addressing the links between poverty and ill-health.

Given the limited attention politicians were paying to health care during their campaigns, RNAO's board of directors held a press conference on Sept. 25, demanding that poverty and health care play a much more significant role on the campaign trail. We reminded politicians that health care remains a top priority for Canadians and, according to a recent Angus Reid poll, poverty is the fourth most important factor voters consider when they decide which party to support. Our voices were heard by the media, which carried news of our call to politicians.

In our continued efforts to press important issues in the weeks leading up to the Oct. 14 vote, RNAO members hosted political debates in various locations across the province. Home office also issued a document comparing the platforms of the Conservative (not available as I write this column), Liberal, NDP and Green parties. We urged nurses and the public to learn what each party offers, and to also look at their track record.

> "RNAO will watch to ensure the country's newly elected government addresses the issues that are crucial for Canadians."

In the months ahead, RNAO will be looking for clear recognition that we need more nurses. The federal government needs to develop a Made-in-Canada solution for the shortage, and must acknowledge that international recruitment is not the answer. We require serious investments in nursing education, including funding for infrastructure, faculty positions, more nursing seats, and better opportunities for clinical placements for students (see our cover feature on pg. 12).

We expect real action on determinants of health such as poverty and the environment. The centrepiece of our social agenda is a comprehensive anti-poverty strategy that aims to reduce child poverty by 25 per cent in five years and 50 per cent in 10 years. Increases in the federal and provincial minimum wage (up to $10.25/hr), as well as investments in the Canada Child Tax Benefit, early learning, child care and social housing are also vital.

On the environmental front, Canada needs to meet its obligations under the Kyoto Protocol. We must become a positive force in establishing a post-Kyoto global accord on climate change. Environmental measures, such as carbon taxes and cap-and-trade mechanisms, must be introduced. We must also tackle the chemicals in our environment that are contributing to chronic conditions such as asthma, cancer, developmental disabilities and birth defects.

Nurses, like many Canadians, have a deep and abiding attachment to the *Canada Health Act* and to the principle of a universal, single-tier health-care system. We are deeply disappointed that the federal government has not enforced the *Act* by using its power to compel provinces to provide information about how public money is being used, thus ensuring that money does not support for-profit delivery of health care. Nurses also say no to tax cuts, as they will further compromise our public services.

Our message to Canada's new government is simple and powerful: you must address the issues that are crucial for Canadians. RNAO will be front and centre ensuring that the public needs get the attention and action they deserve. Our health – and democracy – depend on it. **RN**

DORIS GRINSPUN, RN, MSN, PhD (CAND), O.ONT, IS EXECUTIVE DIRECTOR OF RNAO.

by Stacey Hale

Nursing in the news

RNAO & RNs weigh in on . . .

'Angels' fly sick Canadians home

RNAO member Gail Courneyea celebrates 20 years of helping people access health care while on the go.

Sherrie Le Masurier/The Toronto Star. Reprinted by permission

Twenty years ago, RN **Gail Courneyea** founded *Angels of Flight Canada*, a Peterborough-based business that coordinates medical transfers for sick and injured Canadians who need to return home by plane or air ambulance. The company arranges for its health-care professionals to accompany ill travellers who are flying within Canadian borders or returning from abroad. "People travel a lot and they don't realize that when they get sick, they have no way to get home because provincial health insurance will not cover transportation outside their own province," Courneyea explains. The company, which does not have a fleet of its own, coordinates travel on commercial airlines whenever possible. It also helps people on a charitable basis, and will find beds for foreign travellers without health-care coverage who need to access the Canadian system. (Sept. 2, *Peterborough Examiner*).

RN says funded insulin pumps are just the first step to help diabetics

RNAO member and diabetes educator **Joyce Wardle** was thrilled to hear Health Minister David Caplan announce in late July that Ontario will provide at least 1,300 Type 1 diabetics with access to free insulin pumps. She cautioned, however, the pumps are only one tool to help patients cope with the disease. "We have to…assist them to control and manage their diabetes. We have to provide them with tools," the Belleville General Hospital RN told the *Belleville Intelligencer*, suggesting funding should also go towards educating diabetics about diligent glucose monitoring, careful dietary control and the importance of exercise. The government's investment in the pumps is part of a $741 million, four-year plan to improve the management, prevention and treatment of the disease. (July 23)

Government offers funding to train critical care nurses

In mid-August, the provincial government announced it would spend $4.5 million to train almost 400 critical care nurses in 76 hospitals across the province. This funding comes from the government's Critical Care Strategy, which has an annual budget of $90 million. Cornwall Community Hospital stands to receive $46,000. RNAO member **Heather Arthur**, who is chief clinical officer at the hospital, said the new funding "…is a great way to standardize the level of knowledge and training they (RNs) have," (Aug. 20, *Cornwall Standard-Freeholder*). **Anne Atkinson** is vice-president of patient services at Niagara Health System, which will receive more than $100,000. "We welcome these dollars," she told the *Welland Tribune*. "By recognizing this need to get more nurses in, it certainly helps everyone." (Aug. 16)

*RNAO member **Pierrette M. Brown** wrote a letter to the editor urging Sault Area Hospital to upgrade its construction plans to include more private rooms that will help protect patients from hospital-borne infections. Epidemiologists say semi-private rooms aren't built with patient safety in mind, and that there is growing evidence single rooms reduce infection rates in hospitals.*

RN urges hospitals to do it right…right from the start

Sault Star, Aug. 14, 2008

Why not do all that we can now to reduce the risk of infection in our hospital, rather than have to spend inordinate amounts of money later on because we did not do it right in the first place. What a travesty it will be if we do not do all that we can to build our hospital so that it keeps our families, friends, patients and caregivers out of harm's way. Let us be proactive and do it right the first time. Make the required changes now. Do not wait until we are faced with a crisis. Infection control is an ongoing battle that will cost us more if we do not prepare. It always costs more when it is not done right from the onset.

Pierrette M. Brown, RN
Sault Ste. Marie, Ontario

Nursing in the news

RNAO & RNs weigh in on . . .

Photographers help preserve memories of terminally ill infants

Volunteer professional photographers from around the world have joined together to offer family photos that capture the first and last moments of terminally ill infants. RNAO member **Lynn Grandmaison Dumond**, an advanced practice nurse in palliative care at the Children's Hospital of Eastern Ontario, suggests the idea may be hard for some people to swallow, but for the families affected, it's a wonderful chance to create something special. "I think most people think their children are beautiful no matter what their condition," she explains when outsiders ask why anyone would want photos of this nature. "This somehow validates that this child lived, and was a beautiful part of the family." More and more parents, hospitals, caregivers and hospices are recognizing this as a wonderful keepsake for parents who have precious little time with their babies. (Aug. 2, *Ottawa Citizen*)

Families facing the emotional turmoil of a terminally ill child can now look to volunteer photographers to help capture the short lives of their loved ones.

Ontario's chief RN helps launch new mental health training program

In early September, nursing students who enrolled in a new mental health training program through Whitby Mental Health Centre and the Mental Health Centre of Penetanguishene received an official welcome from Ontario's Provincial Chief Nursing Officer Vanessa Burkoski**.** The specialized three-month, post-graduate training program, which is also offered at three other Ontario mental health facilities, gives nurses first-hand experience in geriatric and forensic psychiatry, mood disorders, schizophrenia and personality disorders, says RNAO member and Penetanguishene's Chief Nursing Officer **Deborah Duncan**. "We need to encourage more nurses into a career in psychiatric and mental health care – this program supports that goal." (Sept. 5, *Midland Free Press*)

Health units exercise caution during listeriosis outbreak

A listeriosis outbreak that began in August led to the deaths of 20 people across Canada, including 15 in Ontario, two in B.C., and one in each of Alberta, Quebec and New Brunswick. The disease, which was linked to a meat processing plant in Ontario, led health professionals in nursing homes and hospitals to remove potentially dangerous products from patient menus. RNAO member **Deb Bennett**, director of health protection for the Windsor-Essex health unit, talked to the *Windsor Star* about how a comprehensive search of retail outlets in the area found no contaminated products. "We are confident (the appropriate) action in our community has been taken," she said (Sept. 3). In eastern Ontario, an elderly woman died of listeriosis after spending several weeks at a Belleville hospital and area nursing home. When health authorities notified RN **Charmaine Jordan** about tainted meat products, the Stirling Manor Nursing Home administrator immediately discarded questionable items. (*Globe and Mail*, Aug. 28). **RN**

An employee disinfects meat processing and packaging equipment at a Maple Leaf plant.

Top: Julie Oliver, Ottawa Citizen. Reprinted by permission/Bottom: Mark Blinch Photography

For complete versions
of any of these stories, contact
staceyh@rnao.org.

*In August, RNAO President **Wendy Fucile** wrote a letter to federal Health Minister Tony Clement urging him to use a keynote address before the Canadian Medical Association (CMA) as an opportunity to stand up for publicly funded, not-for-profit delivered health-care. The letter was published in the* Toronto Star *on Aug. 18, just a few days before CMA officially welcomed its new president, Dr. Robert Ouellet.*

Nurses urge Clement to defend Medicare

Medicare is under threat in this country. The current president of the CMA, Dr. Brian Day, is a vocal proponent of privatization of our publicly funded system and the owner of a for-profit surgical facility in Vancouver.

When CMA members gather in Montreal this week, Dr. Day will pass the mantle to Dr. Robert Ouellet, another physician who owns a network of for-profit diagnostic clinics.

We know many physicians across the country are opposed to privatization, but CMA continues to advocate for measures that would inevitably lead to more for-profit delivery in surgical centres, hospitals and clinics.

Minister, on behalf of Ontario's nurses, we urge you and the Harper government to reject any measures that weaken Medicare and facilitate two-tier health care. To protect its principles and spirit, you must strongly enforce the *Canada Health Act*. We also urge you to uphold Medicare by introducing policies that not only strengthen but expand our public health-care system.

Wendy Fucile,
President, RNAO

OUT & ABOUT

Irmajean Bajnok, Director of RNAO's International Affairs and Best Practice Guidelines Programs (above, second from left), helps to cut the ribbon at the official opening of the Nursing Best Practice Research Unit (NBPRU) in Ottawa on Aug. 20. A joint initiative between the University of Ottawa School of Nursing and RNAO, NBPRU aims to promote evidence-informed nursing practice. University faculty members (from left) Kirsten Woodend, Barb Davies and Heidi Sveistrup were also on hand to celebrate the milestone.

At an RNAO press conference on Sept. 22, Executive Director Doris Grinspun (left) introduced the media to a group of Chinese nurses who visited Toronto to participate in internships at St. Michael's Hospital, University Health Network, and York University. The nurses, including Yi Weilu (centre), shadowed colleagues to gain a better understanding of the role nurses play in the Canadian health-care system. Kaiyan Fu (right), Director, Nursing Innovation and Change Management at St. Michael's, was one of the Canadian nurses who offered a glimpse of life at a large urban hospital.

Mailbag

RN inspired by 'moments' of others

Re: Memoirs of Nursing, July/August 2008

WOW, what a wonderful feature. I found this issue to be moving and inspirational. I have been a nurse for 13 years in emergency and labour and delivery. I recently stepped away from the bedside into my current position as corporate nursing practice educator. As I read these heartfelt stories of meaningful moments, I reflect on my nursing career and the encounters I have experienced. These were absolutely the staple of my career. I am afraid to lose these 'moments' without that direct patient contact. I am so pleased that you initiated the search amongst my fellow colleagues for their stories. These have reminded me why I became a nurse, why I am the nurse I am, and how this is the nurse I aspired to be.

Marisa Vaglica
Brampton, Ontario

Memoirs affirm that nurses make a difference

Re: Memoirs of Nursing, July/August 2008

Again you renew my faith that as a profession we are advocating for those most vulnerable, and, in doing that, you have acknowledged the tremendous work of many of our colleagues. I have been asked to help create a program for nurses struggling to manage with loss. I will reference these wonderful memoirs that nurses have sent to you. These stories affirm that nurses – no matter how helpless they might feel at times – do make a difference. It is our humanness that allows us to connect with people. When we are hopeful, patients can find a different perspective and find strength there. Thank you all for this issue. You make me so proud to be a nurse.

Cate Root
Barrie, Ontario

Work of Tamil nurses applauded

Re: Balancing health and happiness in a foreign land, July/August 2008

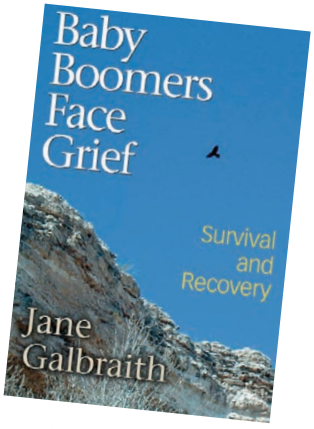
I work with Padmini Nadarajah in the cardiology department at Trillium Health Centre in Mississauga. I appreciate and encourage her work for the (Tamil) community. The services she and her team offer are very much needed for newcomers because awareness is the key to prevention of many diseases. I look forward to more health fairs in the future.

Lakshmi Kaniselvan
Mississauga, Ontario

Expressing thanks for the promise of hope

Re: First-time author and RN helps fellow boomers face grief, July/August 2008

This book by Jane Galbraith is timely and certainly needed. My mother is a busy 78-year-old lady who lives on her own and manages quite well with help from my brothers, sister, and myself. I have wondered how I might manage when she is gone. We are close, speaking often and going on road trips for pleasure. Reading this article has assured me that I will find support from friends and family. It also acknowledges what I do not know, and where I can get this information when I need it. My father passed away in 2007 after a long illness. I managed, with family and friends, to move forward and fondly remember the time we shared over the years. Being able to access this book will certainly be of value for the future.



Elaine Boeck
Oshawa, Ontario

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Please limit responses to 150-250 words and include your name, credentials, home town and telephone number.
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Inspired by changes in education

For more than 30 years, Charlotte Noesgaard has had a bird's eye view of nursing's shift from diploma to degree. BY JILL SCARROW

AS president of RNAO in the late-90s, Charlotte Noesgaard put a lot of time, attention and hard work into promoting the baccalaureate degree as a requirement for entry to practice. Her hard work paid off, and she's still tremendously proud that in 2000, the government announced that new RNs would need a BScN beginning in 2005. She admits to wondering if the momentous change was somehow predestined. While she was working on the issue a decade ago, she and the presidents of both the Ontario Nurses' Association and the College of Nurses of Ontario all lived in then Health Minister Elizabeth Witmer's riding, and took advantage of every opportunity to discuss the issue when they saw Witmer in the community.

Of course, Noesgaard says, the move to a mandatory degree in nursing was not so much pre-destiny but more likely the result of a long-held dream that nurses' knowledge finally get the recognition it deserved. She says when she first heard the announcement she was excited – and relieved.

"It had been a long journey to see that come to light," she says.

Noesgaard was first inspired to advocate for mandatory baccalaureate education nearly 40 years ago, when she was a student herself. One of her instructors said nurses would need a degree within five years. That prediction inspired Noesgaard to build on her hospital-based nursing education and earn her undergraduate nursing degree. She got her degree in 1972 and, after deciding to get into research, finished her master's in the 1980s. She began teaching to support herself while she studied, and, in 1989, joined McMaster University's faculty of nursing.

Teaching, Noesgaard says, is an extension of why she got into nursing in the first place. She wanted to make a difference for patients as they go through the challenges and stresses that health issues can bring. Educating a new generation of RNs gives her the chance to show tomorrow's nurses how they can make a difference in the care a patient receives.

NAME: Charlotte Noesgaard
OCCUPATION: Assistant Professor, School of Nursing, McMaster University
HOME TOWN: Kitchener-Waterloo

And the best place for those lessons, she says, is on the frontlines.

Noesgaard spends one day each week accompanying students as they do their clinical placements in hospitals around Hamilton. She does it because it's at the bedside that she believes students have the best chance to discover how theories they learn in the classroom translate into reality. She's also there to help them look beyond the patient to see how policies and procedures can affect health and the care nurses deliver.

She remembers one student working alongside a practising RN who spent an entire morning arranging for her patient to be transferred to another hospital for a cardiac procedure. At the last moment, the transfer fell through, and Noesgaard says her student was very frustrated. She didn't hold on to that frustration, however, because she watched as the RN pushed aside her wasted work and reached out to empathize with the patient. The experience gave Noesgaard the chance to reinforce with the student that nurses can get involved in hospital processes, and can play a vital role in ensuring stressful experiences go more smoothly for patients.

Playing the role of professor in both the classroom and clinical setting is important to Noesgaard. It gives her the opportunity to "…engage students to be the type of nurse I would want to have looking after me or one of my family members."

After more than three decades in education, Noesgaard says she's been privileged to see some of her students become RNs who show just the kind of passion and influence she teaches. Nearly 30 years ago, Noesgaard taught RNAO Past President Joan Lesmond. "It's rewarding to see you've lit the fire for someone to take on the role that you've already taken on," she says.

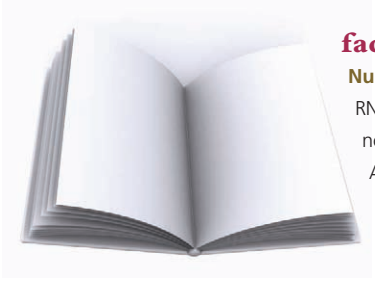
When asked about the future of nursing, Noesgaard says she worries about faculty retirements and whether seasoned professors will leave without transferring their knowledge to a new generation. Young faculty members at colleges and universities across the province need greater support as they move from pupil to professor. They should not suddenly find themselves overwhelmed and without guidance as they lead classes rather than sit in them. She wonders if it's time to start looking at adapting solutions like 80/20 to education. That plan, which has been used in some practice settings, would allow more experienced nurses to dedicate 20 per cent of their time to professional development and mentoring.

At 60, Noesgaard acknowledges that she's among the demographic looking at what comes next. For her, that could mean retirement or shifting to a less formal consulting role. But she doesn't expect either to happen any time soon. After so many years of teaching and learning, Noesgaard isn't quite ready to close the book on her career. **RN**

JILL SCARROW IS STAFF WRITER AT RNAO.

Tim Lenartowych is one of thousands of Ontario nursing students who will graduate this winter with a degree.

Photography:Russell Monk



fact or fiction?

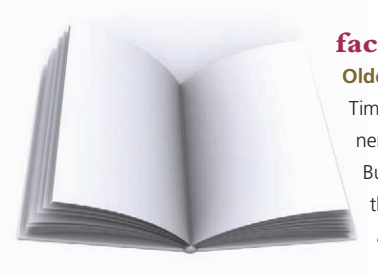
Nursing students aren't educated enough, and don't have enough clinical experience. ANSWER: fiction

RNAO President Wendy Fucile says health care has changed so much that clinical practice for younger nurses is not what it used to be. With fewer beds and staff available in workplaces, it's harder to obtain some clinical placements. And since patients are discharged earlier than ever before — and once-common procedures like catheterization are no longer the norm — students have different experiences. Still, there are plenty of opportunities for students to learn critical skills: "They have the knowledge; they need the support while they get the hands on."

educating tomorrow's RNs

To prepare for practice, nursing students participate in a wide range of clinical placements, and gain knowledge and skills in research, advocacy and leadership. BY JILL SCARROW

WHEN TIM LENARTOWYCH GRADUATES THIS WINTER, HE WILL ENTER the nursing workforce with a keen sense of what his chosen profession has in store. A student in the University of Western Ontario/Fanshawe College collaborative nursing program, this 21-year-old is thankful for the educational opportunities he's had to prepare as an RN. During his third year, for instance, Lenartowych took his nursing know-how far beyond libraries and laboratories and into the community where he participated in flu-shot clinics around London. Under the guidance of public health nurses, Lenartowych and his classmates perfected their injection skills, shared information about potential reactions to the flu vaccine, and answered the public's questions. This fall, he will hone his skills even more when he heads



fact or fiction?

Older nurses are intimidating. ANSWER: fiction

Tim Lenartowych, President, Nursing Students of Ontario, says it can be nerve-wracking to work next to nurses who have years of experience. But those anxieties can be curtailed if students take advantage of everything their colleagues can share: "They have a wealth of experience and stories. Being able to work alongside them, I think it's an honour."

to a small health unit in southwestern Ontario to explore the idea of working in a rural area after graduation.

As president of Nursing Students of Ontario (NSO), Lenartowych has also practised the less clinical and equally important advocacy skills nurses need to lobby for systemic changes to build a healthier society.

As valuable as all of this external nursing experience has been for Lenartowych, he is equally thankful for what he's learned inside the classroom. He's taken courses that cover everything from nursing theory and research methodologies to microbiology. With his baccalaureate education, he knows he's well-prepared to call himself an RN.

It's been three years since the baccalaureate degree became the minimum requirement for RNs entering practice. And Lenartowych is one of thousands of undergrads benefiting from everything it has to offer. Although some universities offered nursing degree programs before 2005, making the baccalaureate mandatory marked an important step in education's evolution, and a significant shift in the way nurses learn.

For decades, students got their first taste of practice in hospital-based programs where they provided extra help during summer vacations. By 1973, community colleges across the province had taken on the task of teaching nurses. Today's students can still learn in the college setting, but their programs are linked to a university. The education students get today is different in many ways from what was once offered to their predecessors. Clinical placements, for instance, extend from community care to hospital care and from health promotion and disease prevention to emergency and critical care. Educators also teach students that nursing is about more than just performing skills at the bedside; it's about considering why the skills they've learned are important, and examining how the challenges of today's health-care environment impact on the kind of care they can provide to patients.

RN and educator Kileen Tucker Scott says the benefits of a baccalaureate education have been known for decades. As director of Ryerson University's Daphne Cockwell School of Nursing and chair of the Council of Ontario University Programs in Nursing (COUPN), she has a unique perspective. Educators have shifted their education style and philosophies, she explains, because patients are older, their health needs are more complex, and they have access to more information about their well-being. They come to health providers with more questions, and nurses must be prepared to answer them.

"We've long known nursing isn't about doing tasks. Nurses need to understand the link between theory, practice and research. They need to be able to look at the best evidence," she says, noting that it's not good enough to know how to put in a catheter blindfolded. "You have to know why you're doing it, and what it means in terms of helping your client."

While the education students receive continues to evolve and change, one thing has remained constant through – and even before – Tucker Scott's time in the education system: Ontario universities and colleges need to cultivate more young minds in order to meet the demands of the health-care system.

According to the Canadian Nurses Association and the Canadian Association of Schools of Nursing, the number of nurses completing baccalaureate programs has been on the upswing since 1999, when the num-

DOES GENDER COUNT IN NURSING EDUCATION?

More and more men are considering nursing as a profession. *Registered Nurse Journal* wanted to know if male and female nursing students find their educational experience different in any way. Here's what was asked.... and answered.

TIM LENARTOWYCH

♂ University of Western Ontario/ Fanshawe College
Graduating: 2008
President,
Nursing Students of Ontario

TINA ADITYA

♀ Ryerson University/George Brown/Centennial College
Graduating: 2009
Secretary,
Nursing Students of Ontario

What kind of stereotypes do you hear about men in nursing?

A lot of males don't think of nursing as a genderless profession, and you often get stares when you tell people you're in nursing. I think things are changing. I think there are a lot more males going into it. I don't like the term 'male nurse.' You don't say 'female physician.' We need to drive toward a more genderless profession…we're all 'nurses.'

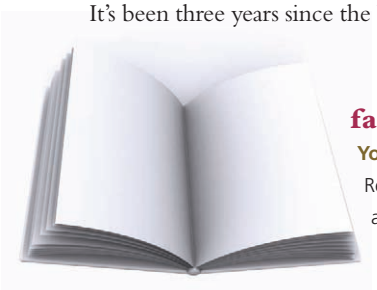
Were you surprised to see men in your class?

I wasn't. I saw a lot of male nurses (while visiting ill family members at the hospital prior to nursing school). At first I thought, do they really know how to care for people, because we have that idea that females know the 'caring' aspect of things. But it's equal. We need to encourage more male recruitment. I've mentioned it to some of my friends.

Do men offer different perspectives in the classroom?

♂ I don't know exactly how females and males are different in the perspectives we provide. My class is a close-knit family so it doesn't bother me if I'm in a lab with 22 females, because they're my colleagues.

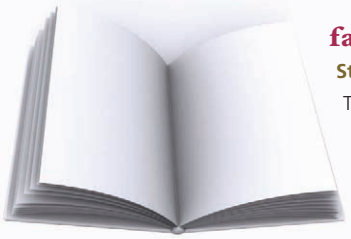
♀ I think *everyone*, brings different experiences and strategies to the table… Our common goal is to help others so I think it's just fabulous. Gender isn't an issue. We just need more (nurses), that's all.



fact or fiction?

Younger nurses know more than their older counterparts because they have degrees. ANSWER: fiction

Recent nursing graduate Erin Brine says she explored many different topics during her university days, but says a lot of knowledge can only come after years on the frontlines: "I don't know as much as someone who's been working for 20 years or even for one year."



fact or fiction?

Students can shed the image of being inexperienced. ANSWER: fact

Tim Lenartowych, President, Nursing Students of Ontario, says there's a lot students can do to erase this myth: "The way to dispel this is through your actions. By being on the floor and being confident, having a positive attitude, working in collaboration with the nurses, and really trying to gain their knowledge and learn the skills they have. I think that helps. Actions do speak louder than words."

Photography: J. Michael La Fond

Trent University/Fleming College nursing students enrolled in classes with professors Cathy Graham (left) and Kim English learn how "…everything that happens in health care and nursing is political."

ber of new graduates across the country reached a three-decade low. Nearly 10 years later, however, Ontario's population growth still outpaces the number of nursing graduates in the province. More than 2,800 students completed undergraduate nursing programs last year, but there is just one graduate for every 4,500 people in the province. To address the shortfalls, RNAO has asked the provincial government to boost funding for undergraduate nursing students.

RNAO President Wendy Fucile says the

MORE NURSES NEEDED TO TEACH STUDENTS

Nursing professors are a unique – and threatened – species in the education ecosystem. Charged with preparing future generations of RNs, they do their part to help alleviate shortages in the profession while at the same time face dwindling numbers of their own.

According to statistics released by the Canadian Nurses Association (CNA) and the Canadian Association of Schools of Nursing (CASN), 43 per cent of nursing faculty nationwide were aged 50 or older in 2005. There are more than 4,000 nursing professors in Canada, but there were 350 vacancies for part and full-time faculty in 2006.

Some hypothesize that part of the solution to the shortage lies in giving more nurses the money and support they need to earn their PhDs. In Ontario, Kileen Tucker Scott, Director of the Daphne Cockwell School of Nursing at Ryerson University, says provincial efforts to boost nursing graduate education must continue. And she says more support is also needed to help educators balance the challenges that pull them in different directions.

Many nursing professors, for instance, struggle to address the different expectations of students. RNs returning to school, for example, have different needs from students studying nursing as a second degree, or teenagers living away from home for the first time.

OTHER CHALLENGES INCLUDE:

Pressures to publish: Career-advancement decisions in the academic world are based, in part, on a professor's research activity. There is tremendous pressure to earn research funding and produce new knowledge.

Balancing administrative work and class time: Professors often face 14-hour workdays and weekend work to juggle their responsibilities inside and outside the classroom.

Career options in the service sector: Many career options await nurses with a PhD. According to Kathleen White-Williams, RNAO board member-at-large for education, the academic environment must be one where PhD nurses want to be. **RN**

BPGs BRIDGE THE GAP BETWEEN THE CLASSROOM AND CLINICAL SETTING

IN the 10 years since RNAO's best practice guidelines (BPG) program began, the association's 37 clinical and healthy workplace guidelines have started to change the way students learn. Many nursing professors are integrating BPGs into their curricula and are showing their students how they can take the latest evidence and research beyond the classroom and into a system where patients, families, nurses and other health-care providers are all part of the mix.

Lakehead University students create BPG-focused presentations for display at Thunder Bay Regional Health Sciences Centre.

In one of Pat Sevean's third-year classes at Lakehead University, students hear about the guidelines from guest speakers who have worked on BPG panels. They also create poster presentations for staff at Thunder Bay Regional Health Sciences Centre, where they do clinical placements. The posters focus on a specific BPG, and students promote awareness among staff nurses of the steps they can take to implement guidelines into their practice. Sevean says guidelines have changed the way she teaches because they offer students accessible, real-life examples of evidence-based practice.

"If I'm going to talk about anything… asthma, diabetes or anything where there are best practices out there," she explains, "I'm using the RNAO BPG in that lecture and it becomes an automatic resource."

But Sevean says it's not enough for students just to read what's been written in a BPG document. They also have to use the guideline to analyze a hypothetical patient case. Last year, a group of students applied the *Adult Asthma Care Guidelines for Nurses: Promoting Control of Asthma* BPG to the case of an Ontario woman whose asthma was so aggravated by dust and pollen on her family's farm that she was facing the possibility of having to find another way to make a living.

As part of the project, students looked at what needs to happen at the institutional level to make guidelines a part of patient care. For this group, that meant visiting the respiratory department to see the kinds of guidelines that currently exist for other health professionals (i.e. respiratory therapists). Sevean says this kind of exercise helps students get used to the idea that they will eventually be working on interprofessional teams, the members of which will all bring their own unique knowledge to the bedside.

"BPGs help students connect with the wider profession," she says. "They bridge the gap between what they're learning in the classroom and the clinical world." **RN**

numbers might be troubling, but the quality of education that students receive is far from lacking. Ontario can count on new grads to provide great overall care to patients because they've spent four years studying nursing practice, community health and traditional sciences, like chemistry and biology, alongside other disciplines such as sociology, psychology and indigenous studies. Fucile, who is also the Interim Director of the Trent University/Fleming College School of Nursing in Peterborough, says this kind of multi-faceted education is vital because it gives students the opportunity to learn from different disciplines. They also acquire a better understanding of the broader world their patients come from, and how it affects their health. It "…gives students time to explore other issues, to really develop comfort and competence over a period of time in the critical thinking skills," Fucile says.

At Trent, fourth-year students think critically in a course called Professional Issues and Trends, taught by RNs Cathy Graham and Kim English. The class focuses on current health-care and nursing topics and students actively advocate for changes in issues of their choice.

"Everything that happens in health care and nursing is political. We help students understand that," Graham says, adding that the topics they choose are as varied as students themselves.

In one example, a group of students in Graham's class contacted their local MPP to lobby for government support for insulin pumps. The initiative came after the group worked with diabetics and their families. Some students have become so inspired by what they've learned that they are mounting a campaign to make political action part of every nursing program. In 2007, they presented a resolution at the annual general meeting that called on RNAO to encourage the development of political action opportunities for students. The association is now expanding its widely used political action kit to include a section specifically for students.

"This course helps them see how much they can do," English says. "When they come in, they think nursing is like the ER television show. They need to have an opportunity to show their leadership."

RNAO board member Kathleen White-Williams is a program coordinator and professor in the University of New Brunswick-Humber College Collaborative Nursing Degree Program. She agrees that this broader focus on topics like social determinants of health, primary health care, health promotion and advocacy, has meant professors need to change the way they teach. An educator for more than 30 years, White-Williams says that when she taught in a diploma program there was more emphasis on how to perform a skill, such as giving an injection. Now, her classes may use art to express ideas they learn about in nursing theory, and there's more emphasis on analyzing and reflecting on their work, and discovering knowledge by searching for articles and current literature.

Laurie Clune, chair of RNAO's Provincial Nurse Educator Interest Group

(PNEIG), says teaching has also changed because wireless internet access on a laptop is as much a part of learning in the classroom now as notebooks once were. In one of her courses at Ryerson, Clune asks students to go online and conduct research at their desks. Most grew up with computers, she says, so they appreciate having access to technology in all aspects of their education. They are particularly pleased with technological opportunities now available inside labs, where anatomically correct mannequins mimic real-life conditions and reactions to help students develop confidence in their clinical skills.

Keeping up with advances in technology is just one challenge in nursing education today, Clune says. Since everyone wishing to become an RN now needs a degree, there is also an emphasis on finding – and supporting – PhD-prepared nurses to teach. Since 2003, Clune has been making her own doctorate studies a top priority, and can relate to her students when they've been up all night to finish a paper.

"Sometimes, students like to know I'm a student as well," she says.

For all of its new-found strength, nursing education today still stumbles in some respects according to educators and administrators like Tucker Scott. The academic world, for example, is not immune to the effects of the nursing shortage. It does, in fact, face some of the same pressure as other sectors in nursing because demand for RN expertise is high, but the majority of those who are working are nearing retirement. The shortage also impacts on students' clinical placement opportunities. With heavy workloads on the frontlines, it's hard for experienced nurses to offer the next generation the support and mentoring they need.

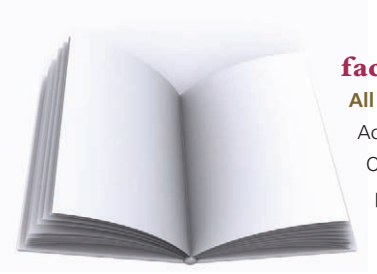
There are other strains as well, Tucker Scott says.

Ryerson, which houses one of the country's largest nursing programs, is struggling with space issues. The school needs another 70,000 square feet of space – more than the size of a football field – just to provide classrooms for students, and research and office space for professors and administrators. "The government wants more nurses – and we need more nurses – but until you address space, faculty, and clinical placements, how are we going to get them?"

Speaking from a student perspective, Lenartowych doesn't deny it's sometimes hard to get clinical placements, and he admits it's tough to balance competing demands inside and outside the classroom. But he knows the rewards his BScN will bring him in the future. And he knows those rewards will overshadow any challenges the education system has to offer.

"The opportunities in nursing are limitless," he says with the enthusiasm and optimism of so many students. "There's no stopping you." **RN**

JILL SCARROW IS STAFF WRITER AT RNAO.



fact or fiction?

All nurses fail their RN exam. ANSWER: fiction

According to the College of Nurses of Ontario, 89 per cent of Ontario-educated grads passed the RN exam in 2007.

STUDENTS LEARN ABOUT THE BENEFITS OF INTERPROFESSIONAL PRACTICE

When RN Veronique Boscart worked in Europe, she was part of a health-care team that met regularly at the bedsides of its patients to discuss care. It wasn't because of a lack of space. It was because they all believed that was the best place to bring together nurses, doctors, pharmacists and family members to ensure a patient's care flowed smoothly. Boscart says interprofessional practice like that improves continuity of care, and if patients are going to realize those benefits, students should be educated in that kind of environment.

A professor of gerontology at University of Toronto's Lawrence S. Bloomberg Faculty of Nursing, Boscart refers back to her experience on a regular basis. Each semester she invites an advanced practice nurse, a social worker, a CCAC case manager and a family physician as panellists to talk to her first-year class about their roles in assessing patients. Students then develop a care plan for a hypothetical patient. She says the exercise gives everyone a better sense of the skills and knowledge each health professional brings to the table. And she says it gets students used to interacting with the people who will be part of their working worlds.

"We can't expect to give students a nursing focused education with only nurses teaching them and then the next day, they go into the field and communicate with all these other team members," she says.

Boscart is just one of many U of T faculty members leading interprofessional education initiatives. Zoraida DeCastro Beekhoo is a senior lecturer who helped facilitate a fall workshop that included a skit in which actors depicted conflict in a discharge planning meeting. Students then worked together to suggest how to diffuse the situation. Beekhoo says that since conflict is bound to crop up during their work lives, students need the chance to learn how to deal with those situations before they graduate.

"If you work together as students, you'll understand each other's roles, respect each other's roles, and know who your resources are," she explains.

U of T's interdisciplinary initiatives are part of a growing trend in educational facilities across the province to help students get ready for practice. George Brown College also offers it's students the opportunity to do clinical placements with peers from different professions.

For its part, RNAO is promoting the interdisciplinary approach through a project called TIPS. More formally known as *Building Positive Interprofessional Relationships in Health Care: A Collaborative Initiative for Patient Safety and Quality Work Environments*, the project gives professionals from health-care organizations around the province the chance to develop teams that are charged with assessing how their collaborative work affects patient care.

Irmajean Bajnok, Director of RNAO's International Affairs and Best Practice Guidelines Programs, is co-leader for the project. She says each professional group holds on to myths about how other professionals operate: "At the school level, I think there's nothing better than learning about the different skills other health professionals have to offer." **RN**

LIAISONS CO with RNs in the

As a new membership year begins this November, RNAO touches base with three workplace liaisons who are helping to build on the association's 27,000+ membership base. BY JILL SCARROW

Tina Robinson

RNAO Workplace Liaison

Red Lake Margaret Cochenour Memorial Hospital
Red Lake, Ontario

When she first came to Ontario from Manitoba nearly three years ago, the only thing Tina Robinson knew about RNAO was that it published a magazine and talked to politicians. That information alone, she admits, was not enough to prompt her to join. It was the promise of liability coverage that drew the hospital RN – who also works in independent practice – to the association. Once she looked a little closer at RNAO, she discovered everything else on offer, including best practice guidelines and support for community-based initiatives that improve nursing.

Given her involvement in the nursing association and unions when she lived in Manitoba and British Columbia, Robinson was pleased to discover the same opportunities existed in Ontario. She joined last year and is now one of 238 volunteer workplace liaisons (WPL) who bridge the gap between home office and nurses' workplaces. She offers colleagues information about RNAO activities, and she works with employers to set up payroll deduction systems so membership fees can be paid monthly rather than once a year.

Robinson says she took on the role because she knows that if the public is going to understand what nursing is all about, nurses need a strong professional body behind them.

"We have to be accountable. People need to see what we do, we don't just change band-aids," she says. "I think RNAO gives us a voice to do that."

Robinson regularly posts RNAO news on a bulletin board that is easily accessible to the hospital's 22 nurses. She talks to new grads

RN Maria Tandoc (above left), has been a workplace liaison for four years. She is always proud when RNs become new members.

Tina Robinson (centre) is one of the 238 workplace liaisons who volunteer their time to connect with colleagues and provide RNAO information.

Photography: Top right; Robert Grimmes, Bottom left; Cathy Berriault

NNECT workplace

about the association, and reminds them they get free or discounted memberships. She is also planning to set up a library of best practice guidelines so nurses can keep updated on the latest research on a variety of topics. These resources are invaluable, she says, because every nurse in her remote northern hospital does shifts in emergency, medicine, chronic care and obstetrics.

This fall, Robinson hopes to host a meeting at the hospital with RNAO's local board representative. She also plans to use videoconferencing to bring workshops into her community. Her goal is to convince 80 per cent of the nurses at her hospital to become members. **RN**

Maria Tandoc

RNAO Workplace Liaison
Trillium Health Centre
Mississauga, Ontario

Maria Tandoc has been a workplace liaison at Trillium Health Centre for more than four years. The intensive care nurse says the best way to recruit is to be ready with a pen and membership application form in hand when a colleague expresses interest in joining. When a nurse contacts her to become a member, Tandoc visits that RN in her/his unit and helps them fill out the application form. Since members at Trillium can sign up for payroll deduction and have just $11.73 from each paycheque applied to their membership fees, it's easy for people to join without worrying about whether or not they have their cheque books.

Trillium is a large, multi-site hospital and Tandoc says it can be hard to find time to visit every nurse who wants to become a member. But she keeps her colleagues updated through regular e-mails about services like legal assistance, workshops and conferences, interest group memberships and opportunities for education funding. She also sets up a booth in the cafeteria once a month. This fall, she will begin conducting monthly presentations in the cafeteria.

"It's rewarding when nurses become more involved," she says, adding that it fills her with tremendous pride when they check off the 'new member' box. "Once you become a nurse, I think you ought to join a professional association." Nurses need representation from a professional body, she says, just as other health-care providers do. **RN**

Do you want to be a workplace Liaison?
Contact Jody Smith at jsmith@rnao.org

RNAO-ONA JOINT MEMBERSHIP NUMBERS ARE UP

Last year, Listowel RN Nancy Rozendal joined RNAO for the first time in her 30-year career. She admits that for three decades, she didn't know much about the association's work. After getting involved with a group of RNs in her community who were raising awareness about the nursing shortage, and hearing RNAO Executive Director Doris Grinspun speak at several local events, she quickly began to see that RNAO makes a real difference on the frontlines.

"RNAO is fighting for the things that are going to make our workloads better," she says, adding she's counting on the association to evaluate government initiatives – such as the Nursing Graduate Guarantee – to determine if they keep RNs in the profession. Workload and retention issues are important to Rozendal, who is also a member of the Ontario Nurses Association (ONA). She says her new RNAO membership is a great way to complement the support she already receives from ONA as a member of the union.

Rozendal is just one of the 6,200 RNAO members who are also represented by ONA in their workplaces. In joining the association last year, she joined a growing number of union members – 1,000 more than in 2006 – who realize the benefits of being a part of both organizations. She, like many of her ONA colleagues, receives a $70 discount on her membership fee.

Grinspun says the link between the two associations is a natural one because both share common passions on topics such as protecting publicly funded health care and healthy work environments.

"The more nurses join together to speak out, the more our voices are heard," she says.

Rozendal values ONA's work to ensure that the staff are respected and treated fairly. She also relies on RNAO to help address some of the workload issues she sees daily. In her small rural hospital, there are frequently too many patients and too few RNs to care for them. This is especially true during evening and night shifts. She hopes RNAO can help recruit more young people to the profession, and retain those already in the system.

For her part, the Listowel RN has volunteered to help her colleagues learn about the benefits of RNAO that she was unaware of for so long. She's become a workplace liaison, and plans to post information about RNAO in the staff room. She always tells prospective members that both ONA and RNAO membership can help them create better work lives.

"Knowing what I know now about RNAO…I would never let my membership wane," she says. **RN**

Olga Muir (left) became a workplace liaison last year because she personally experienced the benefits of being a member. In 2008, she job shadowed Executive Director Doris Grinspun (right) for several weeks.

Olga Muir

RNAO Workplace Liaison

University Health Network, Toronto, Ontario

Olga Muir is an RNAO member and the manager of orthopaedics and rheumatology at University Health Network in Toronto. A workplace liaison since last year, she asks nurses about their membership status during job interviews, and during annual staff evaluations. She says most people have become accustomed to the idea that being an RNAO member is an expectation of working for Muir. In her volunteer role, she also talks about RNAO membership around the hospital. This fall, Muir and another volunteer are organizing a lunch-and-learn with RNAO Immediate Past President and UHN Vice-President of Professional Affairs and Chief Nurse Executive Mary Ferguson-Paré. The meeting, she says, will provide an opportunity to promote the benefits of membership.

Muir embraces her volunteer role because she says she has personally experienced many of the advantages that come with an RNAO membership. As part of her master's degree at York University, she studied RNAO's *Developing and Sustaining Nursing Leadership* healthy work environment best practice guideline, and spent several weeks shadowing RNAO Executive Director Doris Grinspun for the practical component of the program. She says the experience helped her hone her leadership style, and taught her to listen to what staff members say about work environments. She says working with RNAO invigorated her sense of what RNs can truly accomplish at the bedside.

"I truly believe nurses are leaders," she says. "RNAO empowers me to help my staff see how they are leaders."

When colleagues decide to join, Muir always congratulates them and encourages them to take part any way they can. She hopes every one on her staff will use their RNAO memberships to realize what she has long known: nurses have a vast store of unique knowledge, and the more it's shared at the bedside, the better off patient care, the health-care system, and RNAO as a whole will be. **RN**

JILL SCARROW IS STAFF WRITER AT RNAO.

SEASONED AND NOVICE NURSES FIND VALUE IN RNAO MEMBERSHIP

Josephine Flaherty has seen and done a lot over five decades in nursing. She's delivered twins in a canoe while stationed at a Red Cross outpost, earned several university degrees, served as dean of nursing at the University of Western Ontario, and eventually became the principal nursing officer for Canada, a job that took her all over the world. But no matter how much her career changed over the years, one thing stayed the same: her membership in RNAO. She says it always kept her connected to the profession.

Flaherty's commitment to RNAO began long before she graduated in 1956. Her mother – a nurse – told the young Flaherty that membership with the association is a professional obligation. She says all RNs owe it to themselves – and their patients – to become a member and learn about the issues that are most relevant to their professional lives.

"It's one of the most important associations in health care," Flaherty says of the sheer number of nurses practising across the province. "It has the potential to have the largest group of members."

Throughout her 52 years of membership, Flaherty has become involved in many ways. During the 1970s, she was president of RNAO. She's always been passionate about recruitment as a tool to bolster nursing's image and to help the public understand the role. After her presidency ended, she remained involved in chapter and annual general meetings (AGM) until last year, when health concerns forced her to miss the AGM for the first time since 1956.

Flaherty doesn't let her own health concerns stop her from promoting RNAO. In fact, she often talks with young nurses and nursing students about their perception of the profession, and what issues matter to them.

Dave Goddard, 32, is one of those younger RNs. He's been involved with RNAO since 2003, when he was a student at Queen's University. He says his first AGM in 2004 showed him why he wanted to stay involved: "As a nurse, you don't always have time to find out what's happening. Having an organization like RNAO bring political information to you helps your practice."

Goddard now works as a case manager at the Southwest Community Care Access Centre in London. He says RNAO introduced him to best practice guidelines, and he has since helped new staff learn more about the resources.

As a voting delegate and policy officer for the Middlesex-Elgin chapter, he also explores his interest in policy issues. These and other volunteer opportunities at the chapter, interest group or provincial level, he says, make it easy for anyone to get involved. **RN**

AGM 2009

Notice of 2009 AGM

Hilton Suites Toronto/ Markham Conference Centre on Friday, April 24, 2009

Take notice that an annual general meeting of the Registered Nurses' Association of Ontario (hereinafter referred to as 'association') will be held at the Hilton Suites Toronto/Markham Conference Centre commencing the evening of Thursday, April 23 for the following purposes:

- To hold such elections as provided for in the bylaws of the association.
- To appoint auditors.
- To present and consider the financial statements of the association (including the balance sheet as of Oct. 31, 2008, a statement of income and expenditures for the period ending Oct. 31, 2008, and the report of the auditors of the association thereon) for the fiscal year of the association ended Oct. 31, 2008.
- To consider such further and other business as may properly come before annual and general meetings or any adjournment or adjournments thereof.

By order of RNAO Board of Directors,
Wendy Fucile, RN, BScN, MPA, CHE

Call for Resolutions

DEADLINE: Monday, December 29, 2008 at 1700 hours (5:00 p.m.)

Do you want to shape nursing and health care? 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 24, 2009. By submitting resolutions, you are giving RNAO a mandate to speak on behalf of all its members. It is important to bring forward the many pressing nursing, health and social issues that affect nurses' daily lives and the public we serve. RNAO members represent the many facets of nursing within the health system. You play a vital role in ensuring nurses' voices are heard, and in advancing healthy public policy across the province and elsewhere. RNAO encourages chapters, regions without chapters, interest groups and individual members to submit resolutions for ratification at the 2009 Annual General Meeting. Please send materials to Penny Lamanna, RNAO Board Affairs Coordinator, at plamanna@rnao.org

Important to note:

- the resolution must bear the signature(s) of RNAO member(s) in good standing
- all resolutions will be reviewed by the Provincial Resolutions Committee
- a maximum one-page backgrounder must accompany each resolution (this one page is to INCLUDE references) and the font used must be no smaller than Arial 10 or Times New Roman 11. Margins on this one page must also be reasonable, e.g. an absolute minimum of 0.7 margin all around.

For clarity of purpose and precision in the wording of your resolution, we recommend that each resolution include no more than three 'whereas', and preferably only one, but never more than two 'therefore, be it resolved.' Please refer to the following successful 2008 resolution for guidance:

WHEREAS RNAO has increased its profile beyond the provincial border through its policy and political action initiatives, production and dissemination of nursing best practice guidelines and Centre activities, and nurses from around the world and in other Canadian jurisdictions are frequently asking RNAO to share it's knowledge and strategies to give voice to Nursing, and

WHEREAS the RNAO Board unanimously approved, at it's Jan. 26, 2008 meeting, the acceptance of any Registered Nurse in other Canadian jurisdictions, whether or not she or he is registered with the CNO, who is not practising nursing in the Province of Ontario as an Associate of RNAO (Bylaws amendment 3.01(i) pending approval at Annual General Meeting), and the acceptance of any Registered Nurse or equivalent in a jurisdiction outside of Canada who is not practicing nursing in Canada to become an Associate of RNAO (Bylaws amendment 3.01(ii) pending approval at Annual General Meeting),

THEREFORE BE IT RESOLVED that the annual membership fees for Associates, other than undergraduate nursing students, be set at $80.00.

Call for Nominations 2009-2011

RNAO Board of Directors (BOD)
DEADLINE: Monday, December 29, 2008 at 1700 hours (5:00 p.m.)

As your professional association, RNAO is committed to speaking out for health, speaking out for nursing. YOUR talent, expertise and activism are vital to our success. This year, we seek nominees for:

- President-Elect
- Regional Representatives
- Provincial Resolutions Committee (3 vacancies) and
- Provincial Nominations Committee (2 vacancies)

Being a member of RNAO has provided you with opportunities to influence provincial, national and international nursing and health-care policy, to discuss and share common challenges related to nursing, nurses, health care, social and environmental issues, and to network with numerous health professionals dedicated to improving the health and well-being of all Ontarians. Being an RNAO Board member is an extremely rewarding and energizing experience. You will lead the future of the association, broaden your knowledge of nursing, health and social policy, enrich your advocacy skills, and act as a professional resource to members. Access the nomination form at www.rnao.org. If you require further information, please contact Penny Lamanna, RNAO Board Affairs Coordinator, at plamanna@rnao.org.

POLICY AT WORK

RNAO President Wendy Fucile speaks on behalf of nurses at a poverty rally on Sept. 27

CMA offers up wrong cure for Canada's health-care system

This summer, RNAO watched the passing of the Canadian Medical Association (CMA) torch with interest as Robert Ouellet, the owner of a string of for-profit diagnostic clinics in Quebec, took over as president from Brian Day, an orthopaedic surgeon from B.C. and an outspoken advocate of privatization of our publicly funded system. During an August meeting in Montreal, Ouellet outlined his vision for health care – one in which he urged Canadians to accept the role of the private sector in the delivery of medical care.

More than 500 members wrote to federal Health Minister Tony Clement urging him to stand up for Medicare and to reject any measures that would lead to more for-profit delivery.

In a press release issued during the CMA meeting, RNAO argued Ouellet's vision of increased privatization is a continuation of his predecessor's. It promotes favouring those who can afford to pay out of pocket to get to the front of the line.

The association also weighed in on the CMA's idea to push for a market model for hospital funding couched as "patient-focused funding." In its release, RNAO said this kind of competitive model already exists in the United Kingdom and has come under criticism from the British Medical Association, which questioned its efficiency both in terms of cost and quality of care.

RNAO believes the CMA should look at the evidence, ingenuity and the capacity that already exists within the country's health-care system to deliver effective and efficient care to Canadians. **RN**

RNAO renews push for action on poverty

With word from Queen's Park that Premier Dalton McGuinty may delay his promise to introduce a comprehensive poverty strategy this fall because of the slowdown in Ontario's economy, RNAO launched a plan to keep the issue in the public eye and to help the government keep its promise. Letters to the editor went out to various newspapers, and members of RNAO's executive office were on the record at various rallies and town hall meetings reminding the government that Ontarians will not tolerate any more delays. On Sept.27, President Wendy Fucile attended an Ontario Health Coalition rally in Toronto. "Poverty is a priority," she told a crowd that included many RNAO members. "Nurses from across the province are here to tell you that there is no time to wait." **RN**

Nurses take issue with Neilson Dairy campaign

What's WRONG with this picture?

Neilson Dairy used a naughty nurse campaign this summer to market a brand of flavoured milk products. The company's imagery featured three attractive models in caps and short nurse uniforms. They appeared in promotional materials, including those uploaded to the company's website. They were also members of Neilson's "recovery team," which toured selected cities across Canada for sampling events.

In response, RNAO President Wendy Fucile sent a letter to the marketing director, requesting that Neilson end the campaign on the grounds that it was demeaning and showed disrespect for the profession. The company declined, saying that while it respected the valuable work of nurses, the campaign was "targeted toward a hard-to-reach youth demographic with the intention of encouraging them to make healthy beverage choices." The letter also stated that the campaign was "meant to be captivating, healthy, wholesome and humourous."

In early August, RNAO asked members to join the association in calling for an end to the campaign. More than 1,000 members responded with letters expressing concerns that the ads were both offensive and implied that nurses were sexually available. A short time later, Neilson issued an apology and removed the ads from its website. The company also announced it would no longer depict nurses in future promotions.

On Sept. 25, RNAO's president and executive director along with RNAO staff, met with two senior officers of Neilson. The company requested the meeting to explain its actions and to offer a personal apology to the association and its members.

RNAO would like to thank members for speaking out.

Dispelling the myths of methadone

RNAO's latest BPG helps nurses explore the misconceptions and stereotypes they may have about people on methadone maintenance therapy. BY JILL-MARIE BURKE

Mary is 39 weeks pregnant and has come to the hospital in early labour. She's feeling nauseated and achy, and her contractions are 20 minutes apart. But there's more to her story. Mary has been on methadone maintenance therapy (MMT) since she was 12 weeks pregnant. She is a former heroin user who takes methadone to treat narcotic withdrawal and dependence, but she wasn't able to pick up her daily dose at the pharmacy this morning.

If you are Mary's nurse, how do you arrange for her to get her medication? How do you manage her pain? How do you feel about the fact that she's pregnant and taking methadone?

Mary's story is one of many in RNAO's latest best practice guideline (BPG), *Supporting Clients on Methadone Maintenance Treatment*, which will be released in the next few months.

The BPG, which is being developed by a panel of nurse experts in partnership with other health prefessionals, was recommended by an Ontario Ministry of Health MMT task force after a March 2007 report found nurses can play a greater role in helping patients access treatment.

RNs who work in addictions and corrections regularly care for this client population. But when you consider that more than 17,000 people in Ontario are currently receiving MMT, there is a good chance these are not the only sectors of health care where a nurse will encounter a methadone patient.

In addition to providing recommendations and the best evidence related to practice, education and policy, the new BPG addresses myths about methadone, the stigma associated with its use, symptoms of withdrawal, and drugs that interact negatively. Mary's story – and others like it – give RNs an opportunity to explore any misconceptions or stereotypes they may have about people who use the drug.

"A lot of people think it's only street drug users who take methadone," explains Janice Price, a public health nurse in Sudbury who sits on the BPG development panel. She often reminds them that's simply not true.

RN (EC) Abby Smith (left) and Addictions Counsellor Shirley-Anne Oglvie (right) work with methadone patients at Niagara Health System's Out 'n About Clinic in St. Catharines. Smith participated in the development of RNAO's methadone BPG as a panel member.

"I've had clients…addicted to opiates after dental surgery or back surgery."

Price remembers a young woman who was given Oxycontin after having her wisdom teeth extracted. "She got hooked and started buying it on the street and luckily got on methadone – otherwise, who knows what would have happened to her."

BPG panel leader Margaret Dykeman says respect is the key to finding out if a patient is on the therapy program, and providing the necessary care. She says that if patients sense that nurses are making judgments about them, they may decide not to divulge that they're on methadone.

The BPG explains the philosophy of harm reduction, which is a key element of providing client-centred care to this population. Needle exchanges and safe injection sites are two other examples of harm reduction strategies that enable people with drug addictions to lead safer and healthier lives. Harm reduction recognizes that abstinence is the best goal, but is not possible for everyone. Nurses must be comfortable with the fact that some people can't manage without methadone and will be taking it forever.

"On methadone, people can live a normal life," explains Dykeman, manager of a primary care clinic in New Brunswick. "Our goal is to get them feeling like a human being, thinking, being comfortable with who they are, getting back to work, getting their kids back from social services if that's the case, having a normal baby that's not addicted or hasn't been damaged by the drugs they've been using."

Clients often tell Dykeman they didn't choose to use drugs. "Most of the time there's a few reasons they're there," she says, adding that many of those reasons are health-related. They may have mental health issues, experienced abuse as children, or become addicted to drugs that were prescribed for post-surgical pain. Unable to escape the cycle of addiction, they can lose family, friends, jobs, homes and self respect.

"The guideline recommends that nurses consider the social determinants of health when carrying out assessments and interventions," says Irmajean Bajnok, Director of the International Affairs and Best Practice Guidelines Programs at RNAO. "Factors such as housing, income, social status and stress impact the health of all people, but their influence can be more pronounced in this group."

Morris Field is a methadone user who shared his story with the BPG panel. He's been on MMT since 1996 and thinks it's important to remind people that methadone "is nothing more than a medicine, like a hundred other medicines." His analogy is echoed in the guideline.

"Methadone is a bit like insulin. It's just a drug that handles a certain physical problem," Field says. "If you get too much of it, it's bad. If you get too little of it, it's bad. If you get none of it, it's bad enough that it can kill you. But you need it to survive." **RN**

JILL-MARIE BURKE IS MEDIA RELATIONS COORDINATOR AT RNAO.

True survivors

A London RN is surprised by the strength and resilience of the villagers she meets while on a trip to El Salvador. BY JENNIFER GERMAN

Jennifer German (left) and fellow volunteer and University of Toronto student Kristel Guthrie (holding baby) help a family in El Salvador access much-needed health care. To find out more about volunteering and donations, contact mwillms@cogeco.ca

The fragile elderly woman was walking towards me with fruit from her tree in a neighbouring village. I had seen her in the clinic the day before. She received Tylenol to ease the pain of severe arthritis. Despite her condition, this woman had walked uphill to the town of Pepechinnango to say thank you for the care she'd received. Her gesture was rejuvenating and inspiring, and made me realize I was helping to make a difference to the people of El Salvador.

So, how did I end up in Central America? I was moved by an article I read in *Registered Nurse Journal* during the summer of 2007. It was written with passion and gusto by Marion Willms, a nurse at Cambridge Memorial Hospital who was gathering a group of health professionals for a delegation overseas. I had always dreamed of nursing internationally and had been looking for opportunities for nearly two years. Many of the organizations I found required a commitment of two months to a year, or were based on religious teachings. This trip, however, met my needs as it was short-term, involved a small group of health-care professionals, and would take me to a place I'd already visited and loved.

I arrived in San Salvador alongside other volunteers on Feb. 18. Our delegation consisted of three nurses, a midwife, and a nursing student. Our personalities and even our professional careers were very different, but the one thing that bonded us together was our passion for social justice and universal health care.

During our first week, we ran four clinics in remote communities. We focused on maternal and child care. For week two, we moved to the mountain region of Suchitoto where a civil war and extensive fighting took place almost a decade ago. Some days we commuted more than two hours to reach villages where people needed our help. At first, we were naive and wondered why we were doing the traveling. We quickly realized the reality of our patients' isolation. There's usually only one bus that goes through the small villages each day, and it is often unreliable because of difficult road conditions and aging vehicles. The cost of the bus ride – 60 cents – is expensive when you consider most locals make as little as $4/day.

The varying degrees of poverty in the villages we visited were hard to reconcile, but the incredible tenaciousness and positive outlook of the people were both inspiring and motivating. We expected our patients to be withdrawn and timid. They were, in fact, organized, outgoing and happy. They are true survivors.

One by one we listened to their stories of poverty and war. We also listened to stories of survival and acts of unbelievable generosity and humility. Sister Peggy, a nun who runs a hostel and program for healing through art, told us about one late-night escape during the civil war. Hiding in the trees, a young mother revealed to Sister Peggy that she had brought along tortillas and offered to share them. "Keep them for yourself," she told the woman. "You need the strength to feed your baby." The woman responded: "Tonight we share our food, tomorrow our hunger."

We were endlessly touched by the people and their stories. One woman visited the clinic and left with a new pair of glasses. She told us she was "reborn again." It was rewarding to know that the glasses would allow her to thread a needle. And that this needle would allow her to sew and make a living to feed her family.

There were constant expressions of gratitude, and despite a sometimes eight-hour wait to see us, there was never a moment, never a person who complained about the time or the care we could not give them. We can all learn something from the people of El Salvador. The Canadian health-care system is stretched to the limit and the profession of nursing is stressful, especially in recent years with the nursing shortage. But you don't realize true struggle until you see what the people of Central America face.

Our small but mighty delegation assessed and treated over 1,000 people in eight days. We completed nearly 500 eye exams and distributed almost 600 pairs glasses. On March 2, I arrived home from my vacation after 22 hours of travel. Although I was physically exhausted, I had never experienced such transformation. I still feel inspired and uplifted today. And I can't wait to head back to El Salvador when the delegation departs again in the spring. **RN**

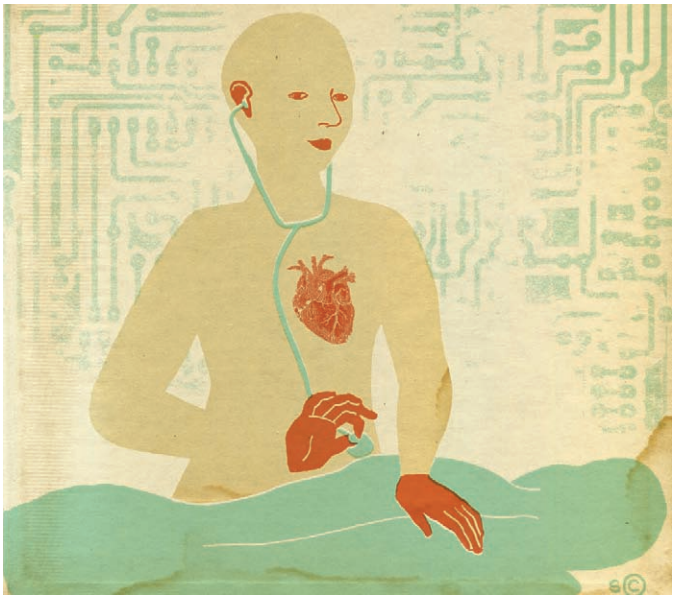
JENNIFER GERMAN IS AN EMERGENCY DEPARTMENT RN AT LONDON HEALTH SCIENCES CENTRE.

Astute senses and the art of caring

One nursing student learns – in the most unlikely of places – that an over-reliance on technology in nursing can be dangerous to patients' health. BY JENNIFER FLOOD

We've all had those 'aha' moments when a light suddenly goes on and we see things from a new perspective. My 'aha' moment happened during a lab in my second year, and it changed my practice and gave me insight into my personal ethics and values.

It all began as I listened to one of my professors share a personal story about working in pediatrics and caring for a young boy who had been in the hospital for some time. She explained how his vital signs had been recorded but the murmur she heard through her stethoscope was not noted in any of his charts. As it turned out, the little boy had a serious heart defect that had gone undetected by the machines monitoring his condition. As a new grad at the time, my professor said she realized that when nurses rely exclusively on equipment to do vital signs, they're missing the opportunity to know more about their clients. It was her fervor and commitment to basic assessment skills that resulted in the identification and diagnosis of this boy's rare heart defect.



As a young, impressionable nursing student myself, this story struck me because it wasn't the 'precise and reliable' piece of expensive equipment that caught the defect; it was simply a stethoscope and an astute pair of ears. This was an odd realization for someone who has grown up in a society dependent on technology.

The story got me thinking about my future as a nurse and how technology will be such a big part of it. I started to wonder if technology has helped or hindered the nursing profession. My feelings are mixed.

On one hand it is undeniable that people today are living longer. They're being screened, diagnosed and treated for diseases with technological advancements that were once unimaginable. On the other hand, there's a persistent voice inside me that says human senses and instinct are sometimes stronger, better and more precise than any piece of or equipment could ever be.

I entered into nursing because I want to make a difference in people's lives. I want to care not only for their physical needs, but their emotional needs as well. My inner voice reminds me that the art of nursing – the caring part – is sometimes neglected or put on the back burner in order for technology to take centre stage.

As I reflect on my clinical experiences in nursing homes and on a medical surgical unit, I realize there were moments when I neglected my basic assessment skills. Fortunately, this hasn't resulted in devastating outcomes for my patients. But I realize now that I want to acknowledge and modify my practice to avoid just such a situation, and to provide the best care possible.

There were many times during my clinical placement when feelings of being overwhelmed and rushed led me to gather only the information I 'required' (a pulse rate, blood pressure, oxygen sats). I abandoned my personal intuition and senses. And I still feel a sense of guilt for rushing out the door while my elderly patient was sharing his life story and his worries. Had I listened, I would have heard his true needs.

The irony of this realization is not lost on me. And neither is the irony of where it happened. My new-found insight and doubt about technology and nursing hit me when I was in a simulation lab – the epicentre of technology in a student's world.

Partnered with another student and engaged in the identification of the heart and lung sounds of a simulation mannequin, I learned about the importance of using vision, touch and hearing to make an assessment. The technology at our fingertips was available to augment, but not replace, basic assessment skills. It is hard to believe that in a world bombarded with technology – HDTV, cell phones, computers, satellites – that my own senses are as important and essential as anything electronic.

Technology has its place, we are told, but nurses must add richly to the data it collects by remembering basic nursing skills. We cannot neglect those skills in the interest of time or through reliance on machines.

This experience has opened my eyes, mind, and soul to the importance of basic assessment skills. I now know that without them, I can't provide proficient care. Although complex procedures aided by technology are important, I now realize that the ability to perform those complex skills competently depends on my ability to provide an adequate assessment. I can only hope that through this kind of reflection, and by consciously trying to better myself as a student nurse, I will become a competent and, above all, caring R.N. **RN**

JENNIFER FLOOD IS A FOURTH YEAR STUDENT OF THE COLLABORATIVE NURSING PROGRAM AT SAULT COLLEGE/LAURENTIAN UNIVERSITY. UPON COMPLETION OF HER DEGREE, SHE PLANS TO PURSUE HER MASTER'S AND WOULD ONE DAY LIKE TO BECOME A NURSE PRACTITIONER.

Illustration: Sophie Casson

NEWS to You to Use

A small – but growing – group of Waterloo region RNs continue to capture the attention of politicians and decision-makers as they push ahead to promote awareness of the nursing shortage, particularly in rural Ontario. The nurses launched a group called *The Nursing Shortage and You* in 2007 and on Sept. 8 hosted a public meeting during which Ministry of Health and Long-Term Care Chief Nursing Officer Vanessa Burkoski (left) shared her thoughts on the problem, and some of the solutions to providing quality patient care when there just aren't enough nurses. To find out more about *The Nursing Shortage and You*, contact co-founder Grace Harper at tweetyharper@yahoo.ca.

In September, RNAO's board of directors approved a new interest group at RNAO. The Ontario Wound Care Interest Group (OntWIG) has been in development for more than a year and offers membership for $35 ($20 for students). Inaugural Chair Laura Teague says the group would like to see pressure ulcer prevention programs included in all sectors of accreditation, and will aim to advance evidence-based practice on preventing and treating wounds. For more information, or to join, contact ontwig@gmail.com.

On Sept. 26, Ontario Health Minister David Caplan (right) announced a new website that offers the public information about patient safety, including rates of C.difficile in Ontario hospitals. "We're improving patient safety as part of our commitment to ensure the highest standards of care for hospital patients," he said. Fact sheets, Q&As, and a glossary of terms are among the resources available at www.ontario.ca/patientsafety.

On July 1, RNAO honourary life member Nancy Edwards was appointed Scientific Director of the Institute of Population and Public Health, an arm of the Canadian Institutes of Health Research. Edwards, whose research focuses on falls prevention, maternal and child health, tobacco control, and HIV and AIDS, is also a professor at the University of Ottawa and a co-principal investigator for the Nursing Best Practices Research Unit.

The Centre for Addiction and Mental Health in Toronto recently launched *Mental Health and Addiction 101*, a series of online, interactive tutorials that allow the public and health-care providers to examine myths about anxiety disorder, depression and other issues. Visitors can also learn ways to reach out to people struggling with these issues. To find out more, visit www.camh.net/MHA101.

RNAO BOARD HIGHLIGHTS

RNAO's board of directors meets four times a year to discuss issues of importance to the profession. The fall meeting, held this year on Sept. 25-26, focused on RNAO activity in the lead-up to the federal election. The board also approved the association's position statement on the recruitment of internationally educated nurses. To read a complete summary of the topics that were discussed, sign in to the 'members only' section at www.rnao.org.

Executive members of RNAO chapters and interest groups participated in interactive games at the Sept. 27 assembly meeting. Activities were hosted by the association's membership department, which also provided the group with an update on its activities over the past membership year.

Top photo: Dan McNee, Listowel Banner

Calendar

October

October 21-24
International conference and workshops
Nurses: The Solution in Health Care Transformation
Royal Garden Hotel
www.dragonspringhotels.com
Beijing, China
For information on making a hotel reservation, contact Nancy Campbell at RNAO: ncampbell@rnao.org

October 27
Ethics for Nurses
Regional Workshop
RNAO Home Office
Toronto, Ontario

October 29-30
4th International Conference: Education for the Future of Nursing: Building Capacity Through Innovation
Hilton Suites Toronto/Markham Conference Centre
Markham, Ontario

November

November 6-9
Embracing New Horizons in NP Practice
11th Annual Nurse Practitioner Association Conference
London Convention Centre
London, Ontario

November 7
Pandemic Planning: Interdisciplinary Perspective
International Nursing Interest Group Biennial Symposium
Mount Sinai Hospital,
18th floor auditorium
Toronto, Ontario
For information:
www.inig-rnao.org,
info.inig@gmail.com

November 20-21
7th International Conference: Healthy Workplaces in Action 2008
Hilton Suites
Toronto/Markham Conference Centre
Markham, Ontario

December

December 2
Fight or Flight…
New Solutions and Strategies to Workplace Conflict
Regional Workshop
The Ottawa Hospital
Ottawa, Ontario

January

January 24
9th Annual Queen's Park Day
Queen's Park Legislative Building,
Toronto, Ontario

January 25-26
RNAO Assembly and Board of Director Meetings
Holiday Inn on King/
RNAO Home Office
Toronto, Ontario

Unless otherwise noted, please contact RNAO's Centre for Professional Nursing Excellence for further information
416-599-1925
1-800-268-7199

Victoria van Veen ext. 227
vvanveen@rnao.org
or
Vanessa Mooney ext. 265
vmooney@rnao.org

Classifieds

I AM STOPPING TB: NOV. 24-25, 2008, DELTA CHELSEA HOTEL, TORONTO, ONTARIO. An initiative of the Tuberculosis Committee, The Lung Association. Visit the website at www.on.lung.ca/tbconf or email registration@eventives.ca for more info.

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ATTENTION ALL NURSES RECEIVING LONG TERM DISABILITY BENEFITS. If your insurer has reduced the amount of your LTD benefits because of retirement payments you have received from other sources such as the Canada Pension Plan, Old Age Security and/or an employer's pension plan, you may have a legal right to be reimbursed for some or all such deductions. This is particularly important to those who are aged 65 and over, and to those who anticipate collecting LTD's after age 65. If this applies to you, or anyone you know, please contact Patrick Mazurek, Barristers at: 416-646-1936 (x148): or e/mail at: patrick@mazurek.ca for more information.

THE THERAPEUTIC TOUCH NETWORK OF ONTARIO invites you to attend its 15th Annual Vision and Reality Conference, Nov. 8/9, 2008, at the Renaissance Toronto Airport Hotel. Our plenary speakers will also present one-day workshops: pre-conference with Cathleen Fanslow-Brunjes, RN, MA, *The Hope System: Using the Power of Hope to Cope with Dying*; and post conference with Christine Page, MD, *Listening to the Wisdom of the Body*. For details please go to www.therapeutictouch.org or phone 416-231-6824.

DID YOU KNOW?

You can access the 'members only' section of the RNAO website to update your e-mail and mailing address.

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Monday, Oct. 20, 2008
12:00 p.m. to 7:00 p.m.
London, ON
248 Pall Mall Street

Tuesday, Oct. 21, 2008
2:00 p.m. to 8:00 p.m.
Barrie, ON
92 Caplan Avenue Suite 516
Sudbury, ON
1361 Paris Street Suite 102

Thursday, Oct. 23, 2008
12:00 p.m. to 8:00 p.m.
North Bay, ON
555 Oak Street E. Second Floor
Toronto, ON
10 Four Seasons Pl. Suite 200

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Sykes Assistance Services Corporation is an equal opportunity employer

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With over 35 years of experience, **Jarlette Health Services** cares for more than 1600 residents at 12 long term care homes in Ontario. In every way, we strive to do the right thing for all our residents and family members from the beginning to the end of every working day. Our Vision, Purpose and Values attract great people to our organization. These people have been key to the growth of Jarlette Health Services and will continue to be the reason for our future success. We invite you to see for yourself. Currently we are looking for...

Nursing Management, RNs & RPNs

We have homes located throughout Ontario including:

Alexander Place	Waterdown
Avalon Retirement Centre	Orangeville
Elizabeth Centre	Sudbury
Leacock Care Centre	Orillia
Meadow Park (Chatham)	Chatham
Meadow Park (London)	London
Manitoulin Lodge	Gore Bay
Muskoka Landing	Huntsville
Roberta Place	Barrie
Villa Care Centre	Midland
Southampton Care Centre	Southampton
Temiskaming Lodge	Haileybury

We offer an attractive compensation and benefits package, comprehensive training, professional development, and career advancement opportunities. If you would like to join a well respected organization that has built a tradition of developing mutually rewarding relationships with our employees and the communities we serve, please contact: **Ms. Mary Barber, Human Resources Manager, Jarlette Health Services, 689 Yonge Street, Midland, Ontario L4R 2E1 Fax: 705-528-0023 e-mail: mbarber@jarlette.com**

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Make more than a Living...
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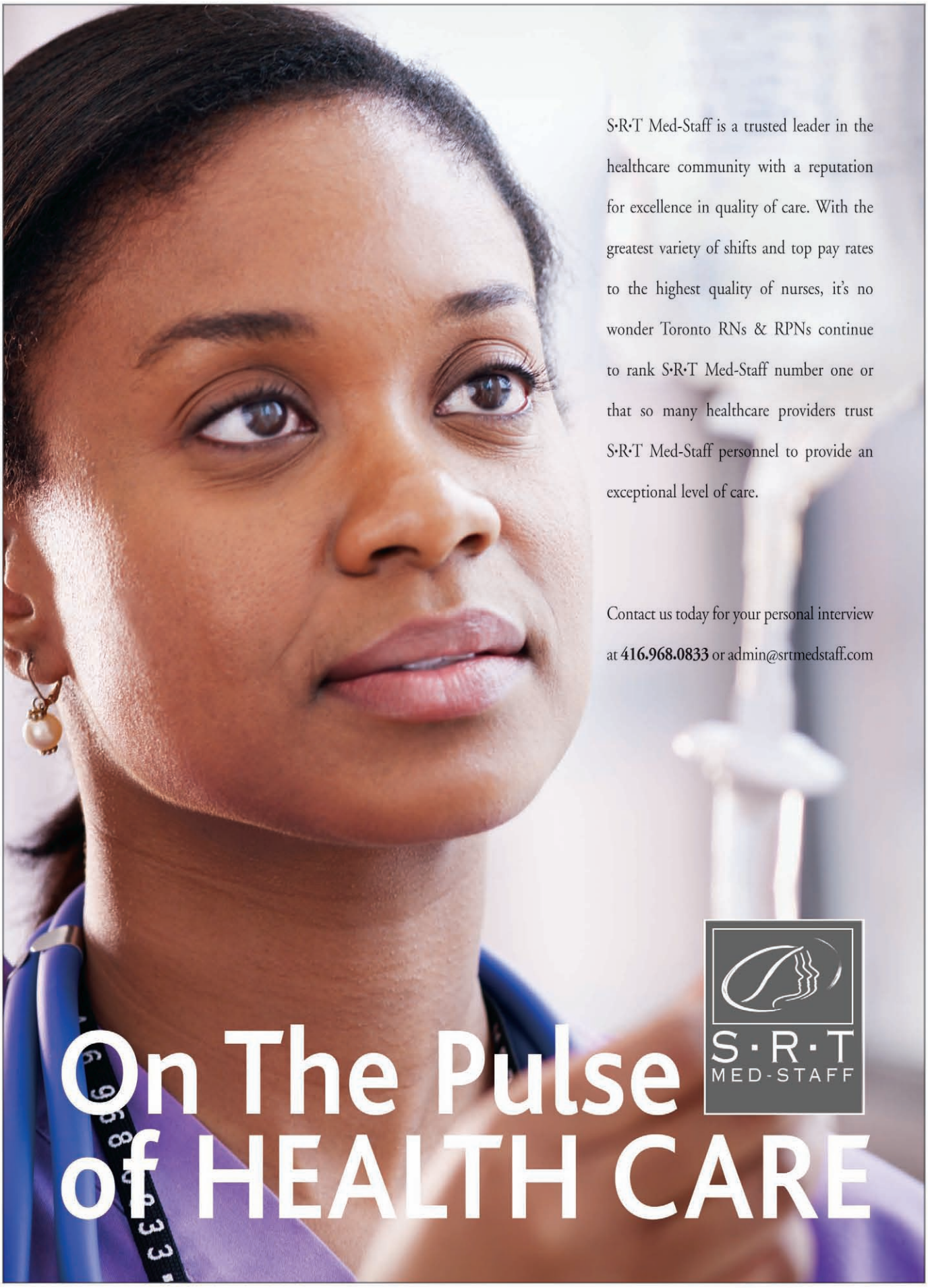
Jarlette Health Services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