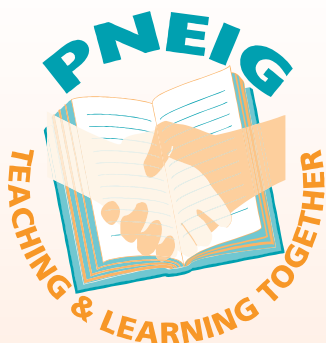


# Spring 2007

Volume 1, Issue 3

# the PNEIG CONNECTION

Provincial Nurse Educator Interest Group  
An interest group of the Registered Nurses Association of Ontario



## PRESIDENT'S MESSAGE

Dear PNEIG  
Member:

The New Year of 2007 has been very cold and it has been challenging to keep warm! So it has been for your Interest Group Executive however on a very positive note we closed 2006 with the accomplishment of creating a new yearly bursary award now offered through RNFOO. This Research Award is for \$5000 and is offered to a Registered Nurse and member of PNEIG who is pursuing, at the Graduate or Doctoral level, research in education in either an academic or clinical setting. (Check our Website for a link to the application form). Please consider if you might wish to apply for this new award. We plan to offer this award on a yearly basis.

In the Fall, I had the pleasure of attending the 3rd International Nurse Educators Conference: Embracing the Future of Nursing: Educating Tomorrow's Nurses. I had the privilege of being the moderator for 5 of the Concurrent Sessions. Although each was very beneficial, of particular interest to me was the utilization of Concept Mapping as a tool of learning and developing critical thinking skills. I obtained many new ideas which I'm attempting to

incorporate into my personal use.

I was pleased to attend my 8th Annual Day at Queen's Park and had opportunity to listen and speak with our elected officials. I facilitated a meeting with MPP Frank Klees. He was very interested in our perspectives and welcomed our discussion. Please see Janice's column on her experience of attending as we both enjoyed the experience.

Our new year for PNEIG begins April 2007 and the Executive will see some changes. I want to express my deep thanks to those who have volunteered their time and worked with me during the past two or three years: Ann Brokenshire (Past President/ Chair), Marian Smith (Communications), Dixie Goetz (Finance), Jackee Higgins (Membership), Beverley Tezak (Education & Services; Newsletter Editor), Janice Elliot (Policy/Political Action) and Lily Klein (Student Liaison, NSO).

With such a change over, I have agreed to stay on for one more year as President/ Chair. As a result, there are many opportunities to get involved with PNEIG in the following Executive Network Officer (ENO) positions:

- President/Chair-Elect,
- Communications & Public Relations,
- Membership & Services,
- Finance/Treasury, and
- Student Liaison.

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Colleagues have expressed interest in serving on the Executive and positions will be decided by vote of the membership in attendance at our Annual General Meeting of PNEIG on Saturday April 21st, 2007 in conjunction with the RNAO AGM. If you are interested in becoming more involved with your IG, please contact me for further details and check our Website for an outline of each ENO's description and expectations.

I sincerely look forward to working with fellow colleagues who have an interest in seeing PNEIG further develop and serve the membership. Please consider how you might become involved. It is a great experience.

Professionally yours,  
Marianne Cochrane, President/Chair.

### **FINANCIAL REPORT/UPDATE:**

*Submitted by Marianne Cochrane,  
President/Chair, PNEIG*

Your Interest Group continues to stand in a very positive position financially. We were able to sponsor the "Healing the Learning Environment" workshop at the CNSA January 27th. This reached student attendees from across Canada. It was well received and will be included on the agenda for next year with a strong possibility of it being offered annually at their meetings.

We continue to sponsor two \$1500 bursaries and one \$5000 bursary (first time offered in 2007), both available through RNFOO.

Given the financial strength of the group and its significant balance of funds we can continue to bring quality workshops, seminars or symposiums to the membership and interested nursing educators (who may not yet be members!). The Executive is very

conscious of the accountability of spending the membership's finances in a responsible way and seeks interested individuals who would like to work with others in bringing forth another symposium in the fall of 2007. Not only is money required (which we have) but people to devote their time and skills to help bring a quality event to pass. If interested, please contact

### **IN JUST A BLINK OF THE EYE...**

A Book Review: View from the Bedpan by  
Beverley June Richmond,  
*Submitted by Beverley Tezak  
Education and Services ENO*

View from the Bedpan is a poignant view of one individual's experience in Ontario's health care system. The author, Ms. Beverley Richmond, provides us with her history of access to the health care system and the impact on her life following a traumatic motor vehicle accident.

Ms. Richmond guides us through the securities she felt for the health care system from childhood needles to cardiac surgery. The safety she felt in the health care system was through her experiences with health care providers. With each encounter Ms. Richmond entrusted the health care professionals to take her from illness to health.

Then in just a blink of the eye ... Ms. Richmond's life changed. Although she looked both ways and crossed the street at the green light, she was not aware of the van that ultimately hit her in the intersection. Ms. Richmond explains that she has no recollection of the accident therefore relied on witnesses and immediate responders for clues of the accident and the accident scene. It was identified that she repeated "Tell the doctor I am on blood thinners" while she awaited the ambulance. The significant injuries sustained resulted in considerable amount of time spent in the Intensive Care Unit, in and out of consciousness. The road to

recovery resulted in transfers to other units within the hospital, stays at other health care institutions and care at home.

Ms. Richmond outlines in detail how her long recovery period impacted her life, her career, her family and her friends. She explains the personal and individual responses for managing, coping, and living with the long term effects of trauma, both physical and psychological. Ms. Richmond then takes it one step further to provide tips and advice to other patients who are required to enter the health care system. Throughout the book Ms. Richmond repeatedly stresses the importance of family and friends to provide the cards, gifts, and laughter. Time spent with loved ones was one of the most important elements in the healing and coping with the day to day realities of health care and recover.

Then in just a blink of the eye....Ms. Richmond's faith in the health care system changed. Sadly, Ms. Richmond outlines one incident which destroyed her faith in the health care system. Not only was it the care she received but the communication that she felt was troublesome. It was then that she began to question the care, the medications, the treatment plan, and demanded answers to her questions. Ms. Richmond became the ultimate patient advocate, for herself.

Ms. Richmond writes about more than the recovery from the physical injuries she sustained. The accident impacted her career, lifestyle, self care, and trust in herself. Ms. Richmond was a career woman working in advertising. She has never, and will never, return to her career based on her physical and psychological limitations. Her lifestyle is now focused on gardening, writing, and volunteerism. Although she is able to care for herself at present, Ms. Richmond was required to rely on others to assist with her self care in the months following the accident. Ms. Richmond writes of her feelings of defeatism, frustration, and fear of the future. Her sense of humour helped her cope with the

changes in her life. She values being a clear thinker with a goal and dogged determination as a combination for survival.

The story explains the necessity to be a self driven advocate for the care the patient requires. Nurses and health care professionals are required to understand the patient context of the situation of care, the health care needs, the psychological impacts, and the ongoing care needs to assist the patient to cope with their new normal life. Nurses and health care providers must allow clients to express their wants, follow up on their needs, and understand the inconsistencies in verbal and non-verbal communication. It requires the health care professional to go deeper into understanding a life-changing event.

The impact on health care providers is significant. It is essential for nurses in particular to seek to understand the patient and the patient perceptions of health care and illness to assist them to wellness. This includes recognition of a new normal for the patient and assisting the patient to understand their capabilities and limitations. It is recognizing that the patient needs a safe place wherever that may be. It is about communicating with the client on their level and being patient to ask the questions and promote an understanding of the health care experience. As we move to a patient/family centred care philosophy in health care we need to be open to the key learnings we can glean from patients through active listening.

## **HEALING THE LEARNING ENVIRONMENT...THE BEAT GOES ON!**

*Submitted by Patricia Patterson*

Irene Kousoukis and I were privileged to attend the AGM of the Canadian Nursing Students Association (CNSA) on January 27/07 to meet nursing students from across Canada in our third Restoring the Spirit of Nursing Through Healing the Learning Environment

workshop. The first was with educators at our Spring Symposium last May and the second was with nursing students at the AGM of the Ontario CNSA in Kingston on Oct. 28/06. This January opportunity was made possible by your generous support. That is to say, the generous support of PNEIG. CNSA invited us to come after confirming “bronze level” support, which was substantial. The executive agreed unanimously to approve the expense, since promoting the health of our learning environments and therefore the health of students, educators and other nurse colleagues is a priority for all of us. I was assured by the President of CNSA that because of the support, the Healing... workshop will have a permanent place on the agenda of their future AGMs.

We were late in getting on the agenda and were given the dreaded last event time slot; 1400 on Saturday, after an exciting and intense week. More than 40 students signed on but one by one notified the convener that they could not stay. Some went home, some went shopping, some were exhausted, and who could blame them? We’ve all been there. I had to smile when one young woman happily exclaimed, “I bought 5 pairs of shoes! We don’t have sales like this in Antigonish!” We ended up with 16 students from across the country. Although the group was smaller than we had hoped, it doesn’t matter when it comes to interaction. Every student has a lot to say. They appreciate being heard and appreciate talking to each other. We are always left knowing that there was much more to be said if we had more time. They continually amaze us with their stories and insights into human behavior. The flavor was an affirmative one...how can things get better? Our purpose with these workshops is to get people talking about the issue and we have made a good start. If anyone would like us to come to them to give a workshop for either students, educators or staff in a particular setting, or all at once, we’ll be happy to do that for our expenses. My email is ppatterson@fanshawec.ca. Irene and I presented at the CASN conference in Victoria in

November. We used data from the first two workshops to offer the nurse researchers ideas and inspiration for exploration. Thank you PNEIG for making the CNSA workshop possible. It is such a pleasure for us to meet and talk with people who feel as passionately as we do about healthy environments and healthy nurses!

## **8TH ANNUAL RNAO DAY AT QUEEN’S PARK**

*Submitted by Janice Elliott,  
Policy and Political Action ENO, PNEIG*

On Thursday, January 25th, RNAO sponsored the day at Queen’s Park where nurses from across Ontario lobbied politicians, parliamentary assistants and other staff about health and nursing issues.

A preparatory session was held on Wednesday evening where we met with the other members of our group. Groups were made up of approximately 5-8 RNAO members from different areas of expertise and from different geographical areas. Each group consisted of nursing students. There were about 30 nursing students present at the event.

Each group was assigned to meet with a MPP, parliamentary assistant or other staff member. Depending on the role of the government individual, questions were prepared for the group of RNAO members to ask the government official that would be most pertinent to his/her area of interest or role. Discussion about the health and nursing issues during this preparatory session with RNAO members provided good energy and enthusiasm for the following day.

There was a full day of lobbying on January 25th. George Smitherman, Minister of Health and Long Term Care was the first guest. Minister Smitherman highlighted accomplishments of his government such as the increase in full time nursing positions, the late career nurse initiative with the 80/20 division, the provision of simulation equipment for education, the support of the nurse anesthetist role, and the

introduction of blunt needles for safety of the health care worker. The RNAO members questioned Mr. Smitherman on a number of issues including the promise of the government to guarantee full time jobs for new nursing graduates. Minister Smitherman stated that an announcement will be made soon. On follow up, a nursing student emphasized that students were making decisions now about where they will look for jobs and that an announcement was required very soon. Other issues brought forward from RNAO members included increasing the minimum wage to \$10/hr, a database to include whether or not nurses can provide care in French, an increase in public health nursing funding, to improve the long term care legislation with minimum levels of nursing care to 3.5 hours/day, to adapt the Baby Friendly Initiative from WHO and UNICEF, to increase nurse scientist funding, to adapt more interprofessional models, and to appoint a chief nursing officer.

Mr. John Tory, the Leader of the Official Opposition Party was the next guest. Ms. Elizabeth Witmer, Health Critic for the Progressive Conservative Party accompanied Mr. Tory. Mr. Tory spoke about increasing the access to BScN and Masters education, keeping new grads in Ontario, and retaining the 80/20 initiative. He stated that he wants to see innovative ways to provide private vs public health care. He did state that he believed health care has to be universal and accessible and that the OHIP number will be the only requirement needed to obtain health care in Ontario. He spoke about social determinants of health but when questioned if he could support an increase in the minimum wage to \$10/hour, he stated that he could not support that and perhaps rent supplements may be another way to help those with limited income. He did state that he would support nurse led clinics. And he also announced as other politicians did that a provincial election is coming October 4th.

Mr. Howard Hampton, Leader of the New Democratic Party and Ms Shelley Martel, Health Critic of the New

Democratic Party were the next guests. Ms Martel spoke about the creeping privatization occurring with the private funding for building new hospitals. She stated concerns about whether the type of bidding for contracts that occurs in the community nursing sector could occur within the LHINs. She also raised concerns about hospitals with the possibility of outsourcing of housekeeping and infection control to private companies. She addressed the issue of keeping long term care as not for profit and discussed motions she had put forward about safety issues with N95 masks and supporting that the province go to a system of blunt needles for protection of the health care worker. Ms Martel was thanked by RNAO members for being an advocate for the Baby Friendly Initiative and for her letter of support for nurse practitioners that work in acute care to be identified under the extended class of CNO.

In the afternoon, approximately 18 groups of nurses and nursing students visited the government officials. Discussions went well as identified by group members during a debriefing session at the end of the day.

My group visited Mr. Peter Kormos, NDP House Leader and Labour Critic. We discussed the importance of full time jobs for nurses and the guarantee for full time jobs for new graduates. Since Mr. Kormos is the labour critic we discussed the importance of safety in the workplace and brought up the not for profit issue in long term care. Mr. Kormos was very knowledgeable about the report from the SARS inquiry by Justice Campbell. He is an advocate for organ donation and is proposing that giving consent for organ donation would occur automatically unless you sign your driver's license that you do not want to have your organs donated.

It was my first Queen's Park Day and I was very impressed with the RNAO members who presented their questions to the politicians. They were very articulate, knowledgeable and experts in their areas. I

also got the sense that RNAO has done a good job in educating the politicians over the past 8 years because the politicians were speaking for the most part about nursing in a knowledgeable way. Also the members represented the message on the banner that was hanging behind the front table, speaking out for health speaking out for nursing and this was evident and recognized when Ms. Martel thanked RNAO for not only speaking about nursing issues but also speaking about health and social determinants of health.

Other PNEIG executive members attending the Queen's Park day included Marianne Cochrane and Pat Patterson.

Thank you to RNAO for organizing this event and providing this amazing opportunity. I would encourage other members to attend this event.

## **GTA NURSING EDUCATION CONSORTIUM MEETING, OCTOBER 18, 2006**

*Written and Submitted by Ann Brokenshire*

The most recent meeting of the GTA Consortium focused on three issues: HSPnet, police checks and student orientation to placement settings. I continue to be pleasantly amazed at the openness of discussion and the relative ease with which the consortium members reach consensus on matters of mutual concern!

### **HSPnet**

You may recall that HSPnet is "a web-enabled system for coordinating and streamlining clinical placements for health sciences students" (<http://www.hspbc.net/>). The system has capacity for inter-professional placements and can address a large cohort of students in emergency situations. Most jurisdictions in Canada already have this system in test or are in a 3-year commitment. Ontario's three pilot regions are reporting such positive experiences that the Advisory Committee has recommended to COUPN/CAATS that

HSPnet be implemented on a long-term basis.

### **Police Checks**

A majority of clinical placements require that students show confirmation of the absence of a police record; schools of nursing have a variety of procedures in place to ensure their students are prepared for this. The only relevant legislation relates to a requirement for school boards to collect police records from all employees and from service providers who have direct and regular contact with students. (Student nurses are considered to be "service providers.") The College of Nurses requires a police check at registration (but CNO has provided no process on what it does with its findings).

There exist several levels of background check, multiple sources (local police, OPP, RCMP, Ontario Education Services Corporation) and wide-ranging timeframes for completion, all of which cause confusion and delays. Members of the consortium agreed they would like to develop guidelines for:

- necessary police level, depth of information/history, and frequency, and
- decisions of placement in cases of positive records, which they are presently evaluating on a case-by-case basis.

### **Orientation and Timelines**

Staff in placement roles at schools of nursing have many factors to keep in mind when making plans for student orientation to clinical settings. These are primarily a result of the requirements of the service organizations; they include confirmation of placement, computer training, and privacy/confidentiality agreements. Other factors include supplemental academic processes (exams/papers) that go into the middle of January, spending the first weeks of clinical in labs, signing of Workplace/Education Placement Agreement (WEPA – formerly WSIB) forms, and inadequate student attendance at the school's orientation day.

After identifying challenges, the group discussed approaches that would facilitate student and instructor transition into clinical placements. Because some participants have been told verbally by WSIB that each clinical group could submit one WEPA form, and both the academic and service members want a written response, a letter will be sent from the GTA Consortium enquiring about the necessity for individual forms. Finally, workgroups were set up to focus in the next weeks on key outstanding issues:

- Electronic patient record (challenges: training bottleneck, level of access, non-recognition of other hospital training)
- Preceptor recruiting, support, education, and
- Increasing student placements.

The capacity of the GTA Consortium to bring service and academic organizations together to resolve shared problems continues to be an inspiring example of collegial goodwill and determination to maintain quality education of professional nurses.

## **ANNOUNCEMENTS OF UPCOMING PROFESSIONAL DEVELOPMENT OPPORTUNITIES**

### **International Conference on Evidence-Based Best Practice Guidelines:**

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When: Wednesday, June 6, 2007 to  
Friday, June 8, 2007

Where: Hilton Suites Toronto/Markham  
Conference Centre and Spa, Markham,  
Ontario, Canada

For more information visit the RNAO website at [www.rnao.org](http://www.rnao.org)

### **OUR MEMBERSHIP IS GROWING**

PNEIG membership last year was 669 and in 2007 to date we have 737 members.

### **Older People Deserve the Best 6th International Conference**

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When: Thursday, September 27, 2007 to  
Friday, September 28, 2007

Where: Hilton Suites Toronto/Markham  
Conference Centre and Spa, Markham,  
Ontario, Canada

For more information visit the RNAO website at [www.rnao.org](http://www.rnao.org)

## **PROFESSIONAL DEVELOPMENT RESOURCES & E-LEARNING**

The RNAO offers several orientation programs, e-learning courses and books to assist in your learning, and suit your learning style. Below is a list of our offerings.

### **Preceptor Resource Kit**

This user-friendly resource is designed to assist staff nurses in their role as preceptors with nursing students.

The PRKit provides: in-depth information, case scenarios, quick tips and key points, bright ideas for immediate use, examples of tools you can use and an easy reference guide.

### **Telementoring Resource Kit**

The Telementoring Resources Kit is intended to be a comprehensive mentoring guide for nurses and other health care professionals.

Its goal is to support professional development and networking using a tele-mentoring relationship when ready access through face to face interactions is challenged.

### **Orientation Program for Nurses in Long Term Care**

This program incorporates an interactive learning strategy that serves as a template orientation program for organizations.

It can also be used for staff continuing education and development, and is an educational resource to address learning needs for specific topic areas.

### **Orientation Program for Nurses in Home Health Care**

This program is also a useful tool for nurses and other health-care workers pursuing a career in home health care.

It is also applicable for individuals already employed in these areas, and have specific learning needs and need up-to-date, easily accessible information for self-study purposes (e.g. a refresher for experienced nurses in targeted topic areas, meeting the College of Nurses of Ontario's reflective practice requirement).

### **Self-Directed Learning**

Find information about the steps for effective self-directed learning. This course covers topics such as learning plans, peer reviews and reflective practice.

### **Critical Appraisal of Research**

Critical Appraisal of Nursing Research is an independent e-Learning workshop intended to help nurses learn about research.

### **Helping People Quit Smoking**

Nurses have many opportunities to help people address their smoking habits. Learn enough to get you started right away on conducting brief interventions on smoking.

## **PNEIG BOARD OF DIRECTORS**

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