THE REGISTERED PRACTICAL

WINTER 2015

NURSING JOURNAL

"Enhancing Professional Competency"

'All We See Is Love'

RPNs Share Stories of What It's Like to Work in a Paediatric Hospice

RPNAO to Launch Palliative Care SIG

New Group Reflects Growing Focus in Ontario

Compassion Fatigue

Learning How to Cope With the Psychological Impacts of Palliative Care Nursing

Guest Column: *Addressing Palliative Care*

by Dr. Mary Jane Esplen

Also in This Issue...

- Executive Director's Message *(Spotlight on Palliative Care)*
- Worldwide Nursing News
- President's Message *(Preparing for the Changes Ahead)*
- Policy Update *(Patients First)*

Not all malpractice insurance programs are created equal.

Since 1986, RPNAO members have relied on our partnership with Baird MacGregor to obtain high-quality, professional liability/malpractice insurance.

Here is how your program is a cut above:

- ★ As an RPNAO member, your insurance will cover you 24 hours a day, seven days a week — **worry-free**. And, all this comes with zero deductible, and applies whether you're practicing nursing as a paid employee at one job or more, or are volunteering as a nurse.
- ★ $1,000,000 limit for each loss per nurse and $2,000,000 limit for all losses per year per nurse — **meeting** the new mandatory CNO by-law requirement effective March 31, 2014 (CNO By-law 44.4).
- ★ 36-month reporting period extension due to cessation of practice, retirement, death or disability — **exceeding** the new mandatory two-year, extended-reporting-period coverage effective March 31, 2014.
- ★ Legal expense extension — access to competent and confidential legal advice, a **unique and valued** program benefit for RPNAO members. This is not required by the CNO by-law and may not be included with other insurance plans.
- ★ Criminal defense expense extension — if you are proven innocent. This **additional benefit** is not required by the CNO by-law and may not be included with other insurance plans.
- ★ Reimbursement up to a maximum of $250 per day for expenses to attend court proceedings. This **extra benefit** is not required by the CNO by-law and may not be included with other insurance plans.
- ★ Nurses can feel very vulnerable and frightened when faced with a complaint or a potential legal challenge. These situations are very stressful indeed. But, when a member of RPNAO calls to report an incident, they are always relieved that their program provides them access to **competent and confidential** legal advice under the legal expense extension of the RPNAO program.

Your program already meets — and in fact exceeds — the mandatory professional liability insurance requirements that came into effect March 31, 2014.

*For more information about your RPNAO Professional Liability Protection (PLP) insurance, please contact our offices at **(905) 602-4664** or **1-877-602-4664, ext. 221**.*

THE REGISTERED PRACTICAL
NURSING JOURNAL
"Enhancing Professional Competency"

A Quarterly Publication of the Registered Practical Nurses Association of Ontario

5025 Orbitor Drive, Building 4, Suite 200
Mississauga, ON L4W 4Y5

Phone: 905.602.4664, ext. 221 or 222
Toll Free: 1.877.602.4664
Fax: 905.602.4666

Email: membership@rpnao.org
Web: www.rpnao.org

Publisher
RPNAO

Editor-in-Chief
Warren Weeks

Advertising
info@rpnao.org

Circulation Manager
Rocio Lock | rlock@rpnao.org

Contributors
Mary Jane Esplen, Dianne Martin, Anne McKenzie, Jill Scarrow, and Searle Schonewille,

Creative/Art Direction/Digital Effects
Bill Dubs and Amitav Dash*

For subscriptions *($40 - 1yr; $60 - 2yrs)* call toll-free 1.877.602.4664

No part of this publication, in whole or in part, may be reproduced without written permission from the publisher. Editorials published in the RPN Journal do not necessarily reflect the views of the publisher. Information contained within RPNJ is believed to be accurate, but the publisher assumes no responsibility for errors. RPNJ will consider unsolicited, quality stories and pictures, but the publisher cannot assume any responsibility for the safe return of submitted material. Any submitted materials chosen for inclusion may be edited.

**Services of these personnel provided by The Dubs & Dash Group (www.d2-group.com).*

International Serial Number: ISSN 1710-8454
Publication Mail Agreement Number: 40032982

Return undeliverable Canadian addresses to RPNAO. For others, return mailing label only.

Proudly Created and Printed in Canada

©Copyright 2015 by the RPNAO

WINTER 2015

Cover & Page 6 *(below)*: Two RPNs talk about working in a paediatric hospice. **Justin Van Leeuwen Photos**

Page 12 *(below)*: Dr. Mary Jane Esplen shares her thoughts on the challenges of providing optimal palliative care. **Photo courtesy Mary Jane Esplen**

Departments

2 Executive Director's Message
Spotlight on Palliative Care
by Dianne Martin

3 President's Message
Preparing for the Changes That Lie Ahead
by Anne McKenzie

4 Worldwide Nursing News
Stories From Around the Globe on How & What Our Nursing Colleagues Are Doing

Features

5 Patients First: Ontario's Next Phase
An RPNAO Policy Update
by Searle Schonewille

6 'All We See Is Love'
First-Hand Stories From a Paediatric Hospice
by Jill Scarrow

8 RPNAO to Launch Palliative Care Specialty Interest Group (SIG)
New SIG Reflects Ontario's Changing Focus
by RPN Journal Staff

11 Compassion Fatigue
Coping With Palliative Care Burnout
by RPN Journal Staff

12 Guest Column: *Palliative Care*
An Urgent Call for Nurses to Keep Pace
by Dr. Mary Jane Esplen

Spotlight on Palliative Care

We at RPNAO are very pleased to share with you this issue of the Registered Practical Nursing Journal, which focuses primarily on palliative care. Why palliative care? Well, the reality is that the vast majority of the direct practice nursing roles in this province will use palliative care principles at some point in their practice. Even as a childbirth nurse, I encountered situations in which my role included providing support to a baby unable to survive or a family who were experiencing loss.

Nurses who work in direct palliative care and oncology will, of course, require a great deal of skill in palliative care. Having said that, however, so will home care nurses, long-term care nurses and nurses practicing in other areas of a hospital who, from time to time, care for those who are experiencing end of life.

On February 6th, the Supreme Court of Canada decided to allow people with 'grievous and irremediable medical conditions' to ask for physician-assisted suicide. This decision will give many Canadians additional choice in the event they find themselves facing terminal illness.

However, we cannot allow this new choice to detract from our focus on creating and delivering the very best palliative care possible. If we fail in this regard, we will actually be decreasing choice for Canadians, not enhancing it.

As we engage in a national dialogue about the new law, we also need to continue our important conversations about other palliative methods to ensure a good death for those who would not choose physician-assisted suicide.

We believe RPNs must be included in this conversation and that we need to engage in our own sharing of values and knowledge. That's why we are working to create a new specialty interest group for those interested in palliative care or whose practice involves some element of palliative care. This coming membership year, starting July 1, 2015, you will be able to choose to join that group while registering for your RPNAO membership.

As you read through this issue of The Journal, I hope you will be re-engaged to think about palliative care and the many roles that RPNs play in this important work. I hope you will also be inspired to further hone your palliative care skills so that patients, clients and residents have all the options and choices they deserve.

Dianne Martin,
RPNAO Executive Director
dmartin@rpnao.org

RPNAO Board of Directors & Staff Information

Dianne Martin, RPN RN BScN MA
Executive Director
dmartin@rpnao.org

Beth McCracken, RPN CAE
Practice & Outreach Specialist
bmccracken@rpnao.org

Gabrielle Bridle, RPN
Career Advisor, Recruitment & Retention
gbridle@rpnao.org

Rocio Lock, CMP
Mgr., Membership & Admin
rlock@rpnao.org

Pia Ramos-Javellana, BSc CGA
Director, Finance
pjavellana@rpnao.org

Annette Weeres, RN BScN MN
Dir., Professional Practice (PP)
aweeres@rpnao.org

Holly Smither, RPN BA
PP Project Co-ordinator
hsmither@rpnao.org

Heidi Birks, RPN
PP Associate
hbirks@rpnao.org

Olivia Vargas
Administrative Assistant
ovargas@rpnao.org

Searle Schonewille, MA
Director, Policy Development and Government Relations
sschonewille@rpnao.org

Renuka Kumar, BA
Government Education Initiatives Co-ordinator
rkumar@rpnao.org

Ruth Hernandez
Membership Associate/ Application Consultant
rhernandez@rpnao.org

Noura Osman
Application Consultant
nosman@rpnao.org

Kristel Flores
Application Consultant
kflores@rpnao.org

Rita Stasiuleviciene
Application Consultant
rstas@rpnao.org

Rachel (Qin Hui) Li
Accounting Administrator
rli@rpnao.org

Celine Dias
Exec. Assist. to Exec. Dir.
cdias@rpnao.org

Your 2015/16 RPNAO Board of Directors

Anne McKenzie, RPN
President;
(serving until 2016)

Brenda Mundy, RPN
Past *President*
(serving until 2015)

Linda Keirl, RPN
Board Member
RPNAO Region 1
(serving until 2015)

RPNAO Region 2
currently vacant

Lindsay Dracz, RPN
Board Member
RPNAO Region 3;
(serving until 2015)

Wesley Green, RPN
Board Member
RPNAO Region 4;
(serving until 2016)

Maxwell B. Hamlyn, RPN, ORT, UT
Board Member
RPNAO Region 5;
(serving until 2015)

Sherry Shanahan, RPN
Board Member
RPNAO Region 6;
(serving until 2016)

David Gladun, RPN
Board Member
RPNAO Region 7;
(serving until 2015)

Scott Morrison, RPN
Member-at-Large;
(serving until 2016)

Janice Dryburgh, PN Student
Ex-Officio Board Member
(serving until 2016)

Preparing for the Changes Ahead

It wasn't all that long ago RPNs were called assistants to registered nurses. Now, we make up one-quarter of the province's nursing workforce and each year, our roles and responsibilities expand and evolve.

I have no doubt that the changes will continue in the years ahead: changes to how RPNs work, where we provide care and the impact we have on the field of nursing.

One area of change that I believe will provide RPNs with the opportunity to play a significant role is the evolution of the community-based health care system. As demographics across the province shift, the needs of our clients, patients and residents are too. There is also a growing realization among health care leaders that something must be done to alleviate the pressures being placed on overcrowded, overburdened hospitals.

As a community-based nurse, I have seen firsthand how quickly this area of care is expanding and the potential it has to reshape the level and quality of health-care delivery across the province.

But as many RPNs can certainly attest, community-based nursing is also experiencing some major growing pains. The rapid expansion of care into local communities requires adequate funding and resources to ensure that nurses are able to deliver the best care possible. Without it, nurses feel overwhelmed and undervalued. It also makes it much more difficult to recruit RPNs into local community-based care practice.

We understand the challenges many RPNs are experiencing as a result of this. And that is why in 2015, RPNAO will be advocating at Queen's Park for the funding and resources necessary to ensure that all of our clients, patients and residents receive the right care at the right time and the right place. We are excited by the possibilities and new opportunities this year will bring and strongly believe that RPNs will be at the forefront of the shift toward a sustainable community-based system.

Anne M. McKenzie RPN

Anne McKenzie,
RPNAO President
amckenzie@rpnao.org

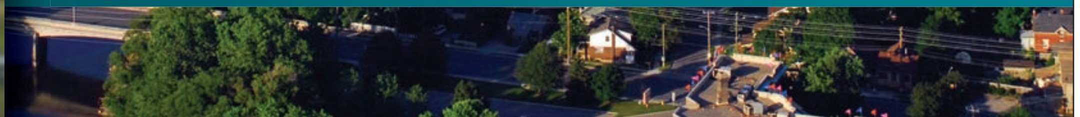
57th Annual AGM & Conference

Advancing Excellence in Nursing

Role Clarity • Quality Practice • Leadership

London, Ontario | October 29 and 30, 2015

For more information, visit www.rpnao.org



Worldwide Nursing News

A Look at What's Happening With Our Nursing Colleagues Around the Globe

With our constant focus on nursing in Ontario, it can sometimes be easy to overlook some of the issues and events that are happening in other parts of the nursing universe. Here are some of the more recent stories affecting nurses at home and abroad.

Nurses on front lines as world battles Ebola outbreak

SIERRA LEONE — The worst-ever Ebola crisis continues in West Africa. At the end of January, one year after the outbreak began, officials say more than 21,000 people were sickened by the virus and nearly 8,000 had been killed. About 500 health care workers who were part of the efforts to treat, control and contain the virus are among the dead. Nurses from around the world, including some from Canada, travelled to Sierra Leone, Guinea and Liberia to provide much-needed assistance to health care professionals in those countries, who often lack the infrastructure and funding necessary to control the spread of the virus. In December, United Nations Secretary General Ban Ki-moon praised the nurses and other health professionals who are helping to fight the outbreak.

English nursing students cry foul over exams

MONTREAL — A group of English-speaking nursing students in Quebec recently held a protest after many of them failed an important licensing exam. The nurses said the exam's English translation was poor, which is what caused many of them to answer questions incorrectly and fail the exam. They are concerned the results will put their careers in jeopardy and are requesting they be allowed to have a second chance.

The Quebec Order of Nurses said nearly half of the English nursing students failed the exam, while 80 per cent of those who took the test in French passed it. However, the Order of Nurses says poor translation is not the problem and that several other reasons could be to blame. For instance, most English students do not attend an exam preparation course because it is only offered in French. The Order says it will start to offer it in English as well. The nursing students are not satisfied with the explanation and argue that something should be done to address the discrepancy between French and English results.

Rotating shifts may put nurses' health at risk

ANN ARBOR, MICH. — Shift work is a fact of life for many RPNs. But new research suggests that working odd hours could jeopardize the health of nurses over the long-term. A new study published in the *American Journal of Preventive Medicine* found nurses who work rotating night shifts for five or more years may be more likely to die prematurely, while those who work those shifts for 15 years or more may have a higher risk of lung cancer death. The science around night shifts and their link to long-term health is not entirely understood, but researchers believe that circadian rhythm disruptions, hormone imbalances and other factors may all play a role. The study was based on data from 75,000 nurses in the United States. Many researchers say it's becoming clear that more must be done to negate the possible negative effects of night shift work, such as introducing more flexible schedules, improving lighting and allowing employees the ability to rest on night shifts.

Overwhelming majority of nurses struggle with pain

MUMBAI — A new study reveals that nearly 90 per cent of nurses suffer from lower back pain as a direct result of their jobs. Other nurses said they also regular struggle with wrist and/or leg pain. The study, based on a survey of nearly 250 nurses who worked in long-term care facilities, found that lifting patients was one of the major causes and triggers of pain among nurses. The researchers also noted that nurses often have little time to rest, which could contribute to or exacerbate symptoms of pain. It has long been known that nursing is associated with back pain and other long-term chronic joint problems.

(cont'd on p.13)

Patients First: Ontario's Next Phase

A Registered Practical Nurses Association of Ontario Policy Update

by Searle Schonewille

In early February, Ontario's new Minister of Health and Long-Term Care, Dr. Eric Hoskins, outlined the next phase of the government's plan to transform our province's health care system. We think there are a number of good ideas in this plan that Ontario's nurses can support as we work together with the government to improve access to quality care and the health outcomes of our patients, residents and clients.

The newly-released plan, 'Patients First: Action Plan for Health Care,' advances the priorities identified in Ontario's Action Plan for Health Care, which has guided our province's public health policy since its publication in January 2012. As the title of the new plan suggests, 'Patients First' builds on the government's ongoing commitment to create a more patient-centred health care system that makes the desire to improve people's lives the guiding principle of all decision-making.

'Patients First' focuses on four main priority areas that aim to improve the patient's experience by making care more accessible, integrating and connecting the various services that people need, making information easier to get and more transparent and protecting the universal public system to ensure that every person, regardless of economic status, receives the health care that she or he needs.

The plan outlines a number of good ideas for improving patient care, including expanding ways of engaging patients in care planning and improving the coordination of care for patients with complex health conditions. Like the government's former plan, 'Patients First' prioritizes the coordination and integration of care in the community so that people are able to receive health services as close to the home as possible. The plan pushes forward on the creation of new memory clinics for people living with dementia and the expansion of nursing, personal support, and home-making services for seniors and other people who prefer to receive care in the home.

The strategies for improving care for older adults include expanding geriatric training for more than 2,000 clinicians and providing seniors with an additional 10,000 rehabilitation therapy visits. The government also seeks to build on the commitment it made in the 2013 Ontario budget to reduce wait times for home care services by ensuring that clients receive nursing and personal support visits within five days of being approved.

Ensuring patients receive the right care at the right time and in the right place has been one of the government's main priorities over the past few years. 'Patients First' seeks to improve people's access to care by increasing the number of same day visits to primary care providers and by removing barriers to practice of nurses and other health care professionals. We think this recommitment to finding ways of optimizing the use of all of Ontario's health care professionals is especially encouraging, because our patients, residents, and clients deserve the best care possible.

When our Executive Director, Dianne Martin, met with Minister Hoskins in January, she spoke with him about how optimizing the use of Ontario's RPNs offers significant opportunities for improving people's access to quality care and enhancing patient health outcomes. There are 37,284 RPNs employed in nursing in Ontario – that's more than one quarter of Ontario's entire nursing work force – and almost 97 per cent of these nurses work in direct practice positions, caring for people at the beside. In Ontario today, six out of every 10 nurses who identify caring for older adults as their primary area of expertise are RPNs.

Despite the valuable contributions that RPNs make in the lives of the people they care for, there are a number of barriers restricting these nurses from working to their full knowledge, skill and judgment. 'It's All About Synergies', our 2014 report on RPN role clarity, demonstrates that confusion about the scope of practice and the role of the practical nurse in Ontario's health care system remains widespread. Today less than half (49 per cent) of Ontario's nursing directors, managers, clinical educators and direct practice nurses believe

(cont'd on p.13)

‘All We See Is Love…’

by Jill Scarrow

Roger’s House is an eight-bed paediatric hospice in the nation’s capital. In this issue of the RPN Journal, we hear firsthand from nurses who work there about their challenging, yet incredibly fulfilling work.

When nurses at Roger’s House paediatric hospice talk about their work, they don’t describe the pain of watching a child die. Instead, they talk about hope. Not for a cure to end a child’s disease, but for a life that is lived fully each and every day. They talk about the joy of caring for a toddler whose laughter filled the hallways. Or about a little girl who loved My Little Pony characters so much that hospice staff, in collaboration with Make-A-Wish Canada, arranged a visit from a real horse adorned with ribbons and toenail polish. Or they tell of helping a quadriplegic teen fulfill his dream of skydiving.

“All we see is love. Unconditional love,” says RPN Megan Sloan, who began working at Roger’s House eight years ago. “We are reminded every day how precious life is and how to make the most of it. There is loss and heartache, but that is such a small part of it.”

Helping families make special memories is just one component of the work. The much bigger part comes from being on a 35-person team that cares for children and teenagers at the eight-bed facility located next to the Children’s Hospital of Eastern Ontario (CHEO) in Ottawa. Nurses’ knowledge and skill make a big difference in the lives of these children and their families, who come to Roger’s House for respite care, pain and symptom management, bereavement support, perinatal hospice care and end-of-life care.

Many of the children suffer from neurological, neurodegenerative or genetic metabolic disorders with associated global developmental delay and shortened life spans. Others have cardiorespiratory diseases and some have cancer diagnoses. While many patients are from eastern Ontario, Roger’s House has also welcomed patients from as far away as Nunavut and Sault Ste. Marie. Many families have a relationship with Roger’s House that lasts years. Children can come and go for respite stays so family caregivers can take a break, or for pain and symptom management. Sloan says knowing families for so long helps her provide better care. When one of her patients had trouble breathing in the middle of the night, for instance, Sloan remembered that she loved the bathtub. Sloan helped the girl into the tub and let the water and steam calm her down and help her breathe.

“We may see that child a few times and we know our interventions work,” she says. “We provide comfort and the child is able to go home.”

RN Marion Rattray is the manager of Roger’s House and the palliative care team at CHEO. While some people may shy away from work that means watching young people die, Rattray has spent the bulk of her 45-year career caring for children. She says she is compelled to ensure all their physical and emotional needs are met because palliative care is not just about dying; it’s about helping the children lead full and complete lives.

“When your child is dying, it’s one of the most stressful things you can cope with,” she says. “There’s such a need for kind, compassionate care and knowledge and skills in this area.”

There are only six hospices for children in Canada, so the nurses are part of a relatively small group of paediatric palliative health professionals in Canada. The centre is named for Roger Neilson, a former assistant coach with the Ottawa Senators hockey club who died of cancer in 2003. He had worked with children throughout his life and before his death, Rattray says the Senators’ foundation approached CHEO looking to create a paediatric hospice in Neilson’s honour. Roger’s House opened in 2006 and has served more than 280 families since. The NHL team’s foundation continues to partly fund the

hospice and Senator's right-winger Chris Neil and wife Caitlin fundraise for the facility and visit the children.

When children are staying at Roger's House, they follow their daily routines as much as possible. Lynn Grandmaison Dumond, an advanced practice nurse in palliative care at CHEO and Roger's House, says if a child staying for respite can still attend school, they do so. They also interact with volunteers and an inter-professional team including child life specialists, recreation specialists, social workers, physicians, nurses and PSWs to name a few. Other professionals, such as respiratory therapists and pharmacists, are available through the CHEO Palliative Care team. Once they're in the house, they have access to one of the six rooms and two family suites that come with all the comforts of home, including handmade quilts on the bed, TVs and private bathrooms. There are also amenities a hospital can't offer, like the Snoezelen Room, a recreational area complete with a ball pit, light displays and a sheepskin hammock for snuggling. Grandmaison Dumond, a former neonatal intensive care nurse, says such comprehensive care embodies what she believes is a model of palliative care. By meeting children and families early on in their diagnoses, Grandmaison Dumond says the team can individualize the care to the families' needs.

"In my clinical life as an ICU nurse, there were times when being treated for an illness was painful and drawn out and sometimes it doesn't change the outcome," she says. "When we're offering palliative care, our goal is to make every day count and to enhance the lifestyle of a child and the experience of a family at the end of life."

Offering one-on-one care to families also attracted RPN Jackie Davis to Roger's House. She started working there as a personal support worker in 2009 and when she finished her RPN two years later, she wanted to stay. Davis loves her work because of the autonomy and leadership RPNs have. "We are encouraged to work to our full scope of practice at Roger's House," she says.

Both Sloan and Davis are part of a task force aimed at enhancing PSWs' skills and abilities to care for children and families. They are teaching about taking vital signs and how to give G-tube feeds and perform mouth care. "You get to have a say in everything that happens here and really feel like you're making a difference in the lives of our families," she says.

"When your child is dying, it's one of the most stressful things you can cope with," she says. "There's such a need for kind, compassionate care and knowledge and skills in this area."

Davis also enjoys the challenge of working with children who suffer from so many diverse conditions. Some are so rare, they don't even have names. But many of their symptoms, including seizures, respiratory disorders or global developmental delay, are similar. Her day might include G-tube feeds, giving baths, administering medications, providing acute end-of-life care and providing support to families along the trajectory of their children's illnesses. Staff meet each afternoon and Davis says her colleagues are always eager to share information with each other. For example, she can accompany a respiratory therapist into a patient's room while a new ventilator is being installed so she can learn how to use it right away. And if physicians need to be called to consult on a patient, Davis says they always take the time to listen to the nurses' assessments. Davis says the team needs to be strong because they rely on each other when a patient dies. Roger's House staff attend scheduled debriefs to talk about the experience of losing patients they've known for years. But Sloan also finds solace in her teammates in another way. She knows she's offered the children every resource her colleagues can offer and that brings her peace of mind when a patient dies. "It helps us to know we did everything we could," she says. "You were able to provide comfort and relief. You were able to do something really special for that family."

■ *(above, l to r)* Lynn Grandmaison Dumond, RN(EC), MscN, CNPCN(C), Advanced Practice Nurse (CHEO Palliative Care Program and Roger's House); Marion Rattray, RN, BN, CNPCN(C), Manager (CHEO Palliative Care Program and Roger's House); Megan Sloan, RPN, Roger's House; Jackie Davis, RPN, Roger's House.

■ *(opposite)* Roger's House RPNs Megan Sloan (l) and Jackie Davis (r) share a moment with three-year-old Mikayla Howse.

Justin Van Leeuwen Photos

RPNAO to Launch Palliative Care SIG

New Specialty Interest Group (SIG) Will Reflect a Growing Focus on Palliative Care in Ontario

by RPN Journal Staff

As of July 1, 2015, RPNAO members will have the chance to join a new Specialty Interest Group (SIG) the association is forming to focus on issues related to palliative care. In the words of RPNAO Board Member and RPN Linda Keirl, "It's an idea whose time has come."

Palliative care is a subject that has exploded in prominence of late, not only as one of the implications of our aging population, but also in part because of a renewed emphasis on the topic in the wake of the Supreme Court of Canada's decision to allow people with grievous and irremediable medical conditions to ask for doctor-assisted suicide.

"We know that people want to stay at home as much as they can at end of life, but when that time comes, almost 75 per cent end up in the hospital," says Keirl. "This is a complex and very important issue and it's one that will only continue to grow in prominence in the coming years. This new group will give RPNs across Ontario somewhere to go with all their questions about palliative care, to share the information that's out there and to share best practices with their colleagues throughout the province."

While the leadership and specific objectives of the group remain to be determined, its mandate will include promoting and supporting RPNs in palliative care, [and] providing members with access to...

Beginning July 1, 2015 (the start of the RPNAO membership year), new or renewing members will have the ability to opt in to the new palliative care SIG when they fill out their membership application. In order for the group to be sustained past the first year, it will need to meet certain criteria set out by the association, including maintaining a minimum 25 members, having objectives that are compatible with those of the association, meeting certain standards of quality with respect to marketing materials, newsletters and so on.

2015 CALL FOR ABSTRACTS

57th Annual AGM & Conference

London, Ontario | October 29 and 30, 2015

Advancing Excellence in Nursing

Role Clarity • Quality Practice • Leadership

We invite all interested nurses (RPNs & RNs) and organizations to consider submitting an abstract for either **concurrent session or poster presentation** that will take place on **Friday October 30, 2015**. This is a great opportunity to share with your colleagues across the province. The Conference Committee has developed a number of themes that will be addressed throughout the conference and are meant to stimulate you to share your knowledge & experience.

- **Innovative Leadership and Practice Initiatives**
- **Developing Nursing Practice**
- **Role Clarity**

SUBMISSION DEADLINE

All abstracts must be submitted online. All submissions must be fully complete by **Friday, April 17, 2015**. Incomplete submissions will be disqualified.

For more information and to submit an abstract, go to rpnao.org/news-issues-events/agm-conference/agm-conference-2015

While the leadership and specific objectives of the group remain to be determined, its mandate will include promoting and supporting RPNs in palliative care, providing members with access to continuing education opportunities, workshops, guest speakers, etc.

As it does for the other existing SIGs, RPNAO will provide the new group with meeting spaces at their offices for up to two meetings per year, display space at the annual conference, access to mailing services, space for articles or notices in its various publications and more.

As Keirl points out, nurses don't need to be in a defined palliative care role in order to be part of the group. "A lot of RPNs are already doing this kind of work [palliative care] as part of their jobs in hospitals, community and long-term care homes and don't realize it," she says. "They're caring for people with congestive heart failure, ALS, COPD and so on. They're caring for kids with developmental disabilities that a lot of us as community nurses are caring for. This group will be about advocating for these nurses and providing them with education and support. There are also some big variances in terms of palliative care knowledge and practice throughout the province. This group might provide us with an opportunity to address these gaps and make things a bit more cohesive and enable us to bring best practices in palliative care to other areas of Ontario. This is an opportunity for us to continue to advance practical nursing in Ontario and to also help more people at the same time."

RPNAO currently has three other SIGs: the RPNAO Operating Room SIG, the RPNAO Independent Business SIG and the RPNAO Gerontological Nursing SIG.

Once the group is formed on July 1, you will be able to join as part of your membership renewal process or on the Specialty Interest Group page on the RPNAO website (www.rpnao.org). If you have questions, please contact Beth McCracken, Nursing Practice and Outreach Specialist at (905) 602-4664 (ext. 227) or bmccracken@rpnao.org.

DO YOU KNOW A SPECIAL NURSE?

Readers are being asked to nominate a Registered Practical Nurse, Registered Nurse or Nurse Practitioner for the ***TORONTO STAR NIGHTINGALE AWARD 2015.***

Information on Award Criteria and where to send your nomination will be published in the Star and online at **thestar.com/nightingale**

Deadline for nominations is March 18, 2015. Award recipient and nominees will be announced during Nursing Week 2015.

2015

Nursing Education Grants

Subventions d'études en soins infirmiers

The Nursing Education Initiative (NEI) is a program funded by the Ontario Ministry of Health and Long-Term Care to provide nurses (RNs and RPNs) practising in Ontario with funding for professional development.

Visit your professional association's website today for more details on:

- The program
- Who is eligible
- The selection criteria
- How and when to apply

L'Initiative d'enseignement infirmier est un programme de subvention aux infirmières et infirmiers (autorisés et auxiliaires) pour le développement professionnel. Ce programme est financé par le Ministère de la Santé et des Soins de longue durée de l'Ontario.

Visitez le site web de votre association professionnelle pour plus de détails sur :

- Le programme
- Qui est admissible
- Les critères de sélection
- Le processus de demande

www.RPNAO.org

www.RNAO.ca

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

Compassion Fatigue

by RPN Journal Staff

Coping With the Psychological Impacts Associated With Palliative Care Nursing

Gregg Trueman didn't realize the psychological toll his job at a hospice was taking until the day he called the medical director an idiot. A fellow nurse took Trueman aside and asked him what was going on. That was the moment Trueman says he realized the emotional impact of being surrounded by suffering, death and pain on a daily basis was too much for him. He needed help.

Many nurses have likely found themselves in similar situations. Even if they don't specialize in palliative care, RPNs routinely face death, dying and suffering in the hospitals, long-term care institutions and homes where they work. And there is growing recognition that nurses are at risk of emotional burnout, stress, high blood pressure, depression and a host of other serious consequences as a result of working in such emotionally tense environments.

"It is a result of the emotional intensity of the work, there's no doubt about that," says Trueman, who is the President of the Canadian Hospice Palliative Care Nurses Group, as well as a nurse practitioner with extensive experience in hospice care. "We cope with the emotional burdens of our work very differently and that can create a lot of problems."

Mounting evidence is starting to confirm what nurses have long known: being witness to another person's suffering and death can have lasting consequences. It's a serious issue that can not only affect how well nurses are able to perform at their jobs, but can also impact their long-term mental health. Experts often refer to this condition as 'compassion fatigue', described by Christina Melvin, a clinical associate professor of nursing at the University of Vermont, as a debilitating weariness.

"It's really the result of repeated exposure to the trauma of others," Melvin says. "It's nurses being continually exposed to the pain, really the pain and the suffering of other human beings."

For instance, a 2006 study published in the *Journal of Hospice and Palliative Nursing* found that nearly 80 per cent of nurses caring for end-of-life patients are at risk for compassion fatigue because of their constant exposure to trauma, anxiety and feelings of empathy.

Melvin has also conducted extensive research on the topic of compassion fatigue. And she has discovered that in many cases, nurses have a hard time recognizing when they are at the brink. That is because, for the most part, nurses tend to keep these emotions to themselves and instead focus their attention on providing patient care. The problem is that over time, stifling these emotions can cause nurses to eventually lose empathy for patients, develop sleeping problems, depression or other serious side effects.

While it's not possible for nurses to avoid the emotional intensity that is often a daily reality as part of their roles, there are some coping strategies that can help them to avoid emotional burnout and compassion fatigue. For Trueman, the saving grace was a colleague who noticed that he was being uncharacteristically curt at work. At first, he didn't even realize he was experiencing burnout. It was only after taking a vacation and doing some intense self-reflection that Trueman recognized he had a problem.

Having a strong team comprised of members who watch out for each other can be vital to identifying potential problems and avoiding serious long-term consequences.

Melvin notes that it can be difficult for some nurses to show their vulnerabilities to team members that can act in supervisory roles. In those cases, it may be better for nurses to talk to other staff members in the organization, like a social worker or psychologist. When she was doing clinical work, she and fellow nurses would meet with a social worker on a weekly basis, something that was a major source of support. Health care institutions are increasingly turning to that system, which is referred to as 'debriefing', says Melvin.

It's also important that nurses have an outlet to deal with the daily stressors and challenging emotional scenarios they encounter at work. Trueman recommends exercise, meditation, even getting together with family or friends and finding ways to laugh.

Melvin, who also spent much of her clinical career working in a hospice before becoming a nursing educator, agrees that engaging in a healthy activity is essential to preventing compassion fatigue and burnout from setting in. In her case, she used to go for a long walk after a tough shift, something that helped to clear her mind and help her reflect.

Finding time to sit in a quiet room or go for a long walk might seem like an impossible task in between juggling the priorities of work and home life. But nurses have a responsibility to their patients to ensure they are providing the best care possible and that may not be possible if a nurse is feeling psychologically distressed or emotionally drained.

"You need to make time for self-reflection in this business or you will not be providing good or safe patient care," Trueman says. "I'm there for my patients. They're not there for me."

GUEST COLUMNIST

The Urgent Need to Address Palliative Care

by Dr. Mary Jane Esplen

Optimal palliative care impacts the trajectory of a patient's and family's experience, including the opportunity for staying at home, their quality of life and place of death. Palliative care is much more than end-of-life care. Models of palliative care and the literature suggest the benefits of earlier introduction of a palliative care approach in the management of terminal illness, both in terms of clinical outcomes and quality of life.

Current health care systems are challenged to provide optimal palliative care, as there is a shortage of specialized health care providers and few palliative care settings. Therefore, palliative care must be provided across all health care settings, including acute care, emergency departments, long-term care, and specialized settings, such as in cancer agencies. Community nurses will also be required to provide palliative care services, as more than 50 per cent of patients with advanced illness prefer to be cared for and to die at home.

There are a number of barriers to providing quality palliative care, especially earlier in an illness trajectory, including:

- The incongruence of palliative care philosophies with acute care models,
- Discomfort among health care providers and patients/families in approaching topics concerning palliative care,
- Lack of confidence and skill in conducting sensitive discussions around advance directives and end of life care, or in discussing the benefits and implications of opting for more treatment versus palliative care services, and
- A general overall lack of resources reserved for this phase of the patient journey.

Palliative care requires a complex set of skills and competencies. For example, the comprehension of pain pathways in the context of co-morbidities requires complex skill in assessment and evidence-based interventions. Symptoms, such as fatigue, dyspnea, delirium and alterations in appetite or bodily functions are persistent and challenging ones for health care providers with little specialized training to manage.

Second, nurses work in busy settings and need to respond to multiple demands with little time to consider the various options for pressing patient needs, so must employ time-sensitive judgment calls requiring a strong foundational set of skills. These pressures can undermine a nurse's confidence and lead to moral distress. Adding to the care provider's burden is one of the most challenging aspects of all. Complex physical care must be provided within an often highly emotionally-charged context, where the patient and family are expressing multiple concerns and fears around progressing illness and symptoms. Specific issues include the wish to maintain the patient's dignity and quality of life or the careful consideration to withdraw a treatment as the patient nears end of life. The psychosocial aspects of palliative care require that nurses participate in, manage and even lead sensitive discussions for Advance Care Planning to effectively address symptom control and emotional distress. These areas of competencies include complex communication and assessment skills to monitor and manage varying levels and types of distress, including existential concerns, depression and hopelessness. While interventions exist to address feelings of hopelessness, depression and symptom distress, few health care providers are well-prepared to provide them.

Finally, nurses need to cope with and manage the impacts of grief and loss on their own sense of self and well-being. To date, few health care settings provide opportunities to attend to issues such as burn-out or compassion fatigue, nor employ specific protective strategies to manage it.

Unfortunately, many patients have inadequate symptom relief, coordination and psychological and social support. At the de Souza Institute, a Knowledge Translation Centre which has provided continuing educational support to more than 6,300 nurses across Ontario across working in a range of settings, similar patterns have been found. Key issues reported by nurses include difficulty in the assessment of pain among patients with varying levels of cognitive impairment or with other communication barriers. More than 60 per cent of nurse learners (many of whom have worked in nursing for several years) demonstrate knowledge deficits in managing

(cont'd on p.13)

(Worldwide Nursing News; cont'd from p.4)

Nursing students win innovation prize for health care app

SYDNEY, N.S. — A new mobile app that allows patients to monitor for and prevent foot ulcers from the comfort of their own home has won a group of nursing students from Cape Breton University an innovation prize. The app connects diabetic patients with health professionals in real-time to diagnose potential foot problems quickly, before they escalate into more serious issues. Although the vast majority of foot ulcers among diabetics could be prevented with proper assessment, research shows only about half of Canadian diabetics have ever received a screening. The app, called FootChek, makes it easier for patients to monitor their feet on an ongoing basis and flag potential problems while they are still treatable. The award came with $25,000 the students are using to roll out implementation within area communities.

(Patients First... cont'd from p.5)

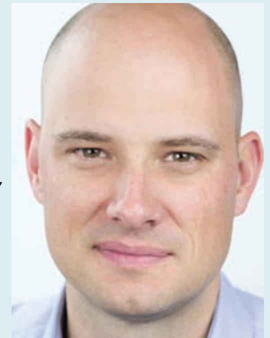
that our RPNs are allowed to function to their full scope of practice in Ontario's health care system. Only 41 per cent believe that the knowledge and experience that RPNs gain in educational programs are fully-utilized in the practice environment.

Removing barriers to nursing practice and optimizing the RPN role should therefore be top priorities for provincial planners seeking to improve access, reduce health system costs and enhance the quality of care provided to the people of Ontario. This is the reason that your association has been engaging so closely with government representatives and health care decision-makers to let them know what they can do to support Ontario's RPNs in all health care sectors.

In the coming months, we will continue working with the Ministry of Health and Long-Term Care to improve the coordination and delivery of nursing care in the long-term care sector in order to enhance residents' health and quality of life. We will also engage with government to increase the rate of full-time employment for Ontario's RPNs, which has decreased dramatically over the past two years, creating significant challenges for infection control, patient care and quality of life for nurses. And we will work to improve access to nursing care in the community sector, where more clients – with more complex health conditions – are seeking more care than ever before.

We think 'Patients First' provides a clear strategy for improving access to care and enhancing patients' health outcomes. The action items in this plan are urgently needed because Ontario's patients, their families and the nurses and other health professionals who care for them cannot wait any longer for the problems facing our health care system to be resolved. And for this reason, we look forward to continue working with our government as it drafts the 2015 Ontario budget and puts in place the structures and resources necessary to implement these polices.

And we encourage the Ministry of Health and Long-Term Care to continue engaging with Ontario's RPNs, who are leading the transformation of our health care system from the bedside.



Searle Schonewille, MA, is Director of Policy Development and Government Relations for RPNAO.

(The Urgent Need... cont'd from p.12)

intractable pain among palliative care populations.

Forty per cent of nurse learners report lack of confidence and skill in recognizing varying levels of depression or anxiety symptoms. In a course on Advance Care Planning which includes modules on the management of sensitive discussions, more than 60 per cent of nurses report being 'not confident' in advocating for the implementation of the advance care planning process earlier in the illness trajectory, despite recognizing it as an important role. Nurses also lack confidence in the ability to communicate with patients and families about advance care directives and recognize that they have most difficulty during transition points along a patient's illness trajectory.

These findings underline the need for nurses to engage in continued lifelong learning in order to provide quality palliative care. Specialty programs, such as the Lambton College certificate to support specialization may be particularly relevant to help prepare RPNs. At de Souza Institute, the learning pathway toward de Souza Associate/Nurse offers professional development in palliative care content expertise. The recent increased attention on health system and training needs to implement earlier and more effective palliative care will mean that nurses and employers will need to work together to prepare a quality work force to support patients and families with a difficult, but important aspect of their journey.

Dr. Mary Jane Esplen is the Executive Director of de Souza Institute, a professor in the Department of Psychiatry in the Faculty of Medicine at the University of Toronto and a Clinician-Scientist with the University Health Network.

AS A MEMBER YOU GET MORE. THEN YOU GET MORE

As a member of the RPNAO, you get more when you choose Johnson Insurance. On top of the extensive coverage, personalized service and bundled savings packages that Johnson provides, you get access to:

- Additional group discounts
- First accident forgiveness
- Vanishing deductibles
- AIR MILES® reward miles

Get your Home + Auto Insurance quote today![1]

Call 1-877-742-7490. (Mention your group code **QK** when you call.)

AUTO RATES FOR MEMBERS **JUST GOT LOWER. CALL TODAY.**

HOME+AUTO INSURANCE

P.S. THERE'S MORE.

Get a quote for a chance to **win BIG** and **win MORE** – a new BMW 3 Series, ***PLUS*** a dream trip to the Bahamas, ***PLUS*** $5,000 cash.*

*Visit **www.johnson.ca/MORE** for details.*

[1] Johnson Inc. ("Johnson") is a licensed insurance intermediary. Home and auto policies are primarily underwritten by Unifund Assurance Company ("Unifund"). Unifund and Johnson share common ownership. Eligibility requirements, limitations, exclusions or additional costs may apply. AIR MILES® reward miles awarded only on regular home and auto insurance policies underwritten by Unifund. At the time the premium is paid, one AIR MILES reward mile is awarded for each $20 premium (including taxes). ®™Trademarks of AIR MILES International Trading B.V. used under license by LoyaltyOne, Co. and Johnson (for Unifund). *Contest runs from Aug 1/14 to July 31/15. Contest open to persons who, at the time of entry, are: (i) members of a participating Johnson affinity group, (ii) residents of Canada (excluding QC, NU) and (iii) of age of majority in their province of residence. No purchase necessary. Eligible policyholders automatically entered. Limit of three (3) entries per eligible person. Chances of winning depend on number of entries received. A time limited skill-testing question is required. Total prize value is approx. $60,000 CAD. Vehicle may vary from illustration. BMW Canada Inc., including its parent company, subsidiaries, divisions and other operating entities, has neither authorized, sponsored, nor endorsed this contest. BMW, BMW model designations and all other BMW related marks and images are the exclusive property and/or trademarks of BMW AG. Full contest details at www.johnson.ca/MORE