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Spring 2022

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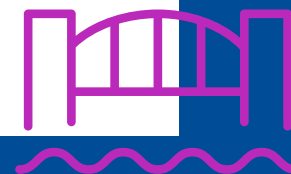
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We are Practical Nursing

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Putting
Yourself First



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Grace Felix

Are you an RPN enrolled in Continuing Education?

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may be available!



As an RPN, you are eligible to apply for an education grant from the **Nursing Education Initiative (NEI)**— a program developed by the Ministry of Health (MOH). Under NEI, RPNs enrolled in professional development courses are eligible to have their base tuition course fees reimbursed. This includes registration fees for conferences, seminars, and workshops! You could be eligible to earn up to \$1500 per fiscal year!

This program is open to RPNs registered to practice in Ontario and enrolled in courses or programs that enhance the quality of care. You must apply within 90 days of the last day of your course or exam.

Check out [werpn.com/learn/funding/nursing-education-initiative](https://www.werpn.com/learn/funding/nursing-education-initiative) to learn more!

The Risk of Normalizing Deviance



“Workload” has become a buzzword – and it’s no longer an adequate word to describe what we’re experiencing in nursing.

In every profession – and not just in health – people are experiencing worker shortages and longer hours.

Yes, nurses are working those extra hours too, but the problem is much bigger. The real issue we’re seeing is a normalization of critically low staffing.

It used to be that a nurse calling out a deviance in standard protocol – something that could increase the risk posed to a patient, client or resident – was a rarity but an important aspect of our role. It used to be that if we were on a unit that was identified as having a critically inadequate nurse-to-patient ratio, you’d have to close that unit; you’d have to transfer patients.

Now? We cross our fingers and carry on. And nurses are doing it every day and in every sector.

Under our post-pandemic “new normal,” deviance from safe staffing is now the norm. Unsafe nurse-to-patient ratios, extra-long shifts, and extra-long shifts *without a meal* are now commonplace. And that’s terrifying.

I think it’s safe to say that nurses get a lot of our self-esteem from doing the job we were taught to do and doing it well. And yet, our ability to spend time listening to a patient and provide the proper assessments, make proper care decisions, and act with compassion that studies show radically improves health outcomes have all gone out the window.

Not only do we work 12 hours often *without a meal*, but we also go home with the moral distress of having cared for double the patients we were supposed to and know that every one of those patients is facing added risk because we couldn’t give them the attention they needed. We’re exhausted from making endless ethical decisions about which patient we treat first, knowing we may not have time to get to who’s next. It’s the “Sophie’s Choice” of nursing.

Nurses are facing more than just the added hours. It’s this added emotional and ethical burden that’s really wearing us out and wearing us down.

None of us got into nursing because we thought it was an easy job. We’re in the business of caring for human beings,

and there’s nothing simple about that. But I know that none of us ever expect to enter a profession that doesn’t allow us to care for people safely or holistically.

There are recognized ratios and standards that outline the minimum requirements to treat patients safely. And we’re being forced to deviate from those best practices day-after-day-after-day-after-day.

So what do we do about it?

With this new government mandate, we have to change the conversation. We have to stop talking about workloads and start talking about this normalization of deviance from safe patient assignments. We are normalizing reduced patient safety across the province and all aspects of care. Patients, clients, residents – and their families – need to be clear about this. Because it’s a terrifying thought.

The Ontario Hospital Association has shared that the third-highest shortage of care providers in the hospital system is RPNs. RPNs are leaving the profession because they can’t stand by and watch patient safety put at risk. It’s not that they can’t handle a few extra hours. They can’t continue to make this sacrifice to our own health and mental well-being and not even have a wage that reflects the current cost of living.

And for those sticking with it – either because we have to or because we care about this job too much – we need to keep raising the alarm bells so that deviance from safe staffing doesn’t remain the new normal in this new government mandate. Nurses are naturally optimistic, but we can’t keep hoping for the best.

Dianne Martin, RPN
CEO, WeRPN

We Are Reimagining Nursing



As an instructor in the Practical Nursing Program at St. Lawrence College, I always ask my students why they decided to pursue nursing as a career. The most common response is that we want to use our talents, skills, and compassion to care for people – especially when they're at their most vulnerable.

Isn't that what drives us all? When a patient, client, resident or family member looked at you with all sincerity and expressed their gratitude. Maybe it was through a hand-squeeze. Or perhaps it was a heartfelt "Thank you" or "I couldn't have gone through this without you."

It's been hard to hang on to these moments over the last two years. We have seen things and felt anguish we could never have imagined. Many of us witnessed exceptional hardships. Many had or needed to take a break. Some of us left the profession. It's safe to say that we all struggled in some way.

But still, we cared. For our patients, our clients and our residents as best we could. Even when we thought we couldn't handle any more, we raised the bar.

And amidst all the politics, there are days when it's hard to believe that anyone noticed us. But they did. And as we move into a "new normal," I look back and can confidently say that I have never been prouder of my profession and my fellow RPNs.

What does our future look like? How will we see things in a month or a year from now? I know some of us are asking ourselves that question.

I see us finally being valued for the talents and skills we've done so well for such a long time because we've demonstrated

how essential we are to the health of our communities. I imagine a world where RPNs, RNs, NPs, and physicians work together, valuing the work and scope of each other, all with the common goal of providing quality care.

I imagine RPNs being able to show compassion for ourselves – while supporting our colleagues across disciplines. I imagine RPNs lending a hand when we need help, a shoulder when we're in crisis, and an ear when someone needs someone to listen to them.

We were presented with an enormous challenge – and we rose to the occasion. We have all the skills, talent, and fortitude to make Ontario and Ontario's nursing profession the best it was supposed to be. We can create the world we hoped for when we left nursing school.

A handwritten signature in black ink that reads "Suzanne Schell". The script is fluid and cursive.

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ambassador](http://www.werp.com/join/ambassador)

Nursing *Outside the Box*

Opportunity is everywhere with an education in practical nursing. We talked to nurses who have used their nursing education and experience as the launching point to many different careers.



While the careers of these RPNs are diverse, there's one thing they have in common: they all believe in seizing an opportunity when it arises, and the need to never doubt yourself.



An Innovator

Medha Saraiya, RPN
Founder and CEO at ConnexHealth Inc.

Medha Saraiya is an innovator who, after graduating from nursing as a mature student, is now working with artificial intelligence to match patients to caregivers. She spoke of the importance of pivoting a newly-formed business as the pandemic first hit.

‘There has to be a better way.’

That’s what innovator Medha Saraiya said to herself when she was a PSW supervisor and saw the discrepancy between what clients were paying for services and the amount PSWs were earning - which was sometimes less than minimum wage.

She had elderly parents at the time, and realized that if one of her parents needed private care services it would cost as much as \$160,000 a year - and she couldn’t afford it. She realized the system was broken.

In 2018, Medha conceptualized ConnexHealth, a company that uses artificial intelligence to connect patients with affordable, reliable and pre-vetted care. The site was up and running in February, 2020.

A month later, the pandemic hit, and Medha found herself having to alter the company’s offerings. Innovation was again borne out of necessity.

“At that point, all home care came to a standstill. We could not put people in people’s homes just because of safety and security. So we started doing ABA therapy virtually. We started doing pharmacy deliveries. And these are some of the services ConnexHealth continues to offer today.”

While she knew very little about the field when ConnexHealth launched in 2020, autism therapy is one of the company’s largest service offerings on the site, which today serves the Great Toronto and Hamilton area.

Being agile and able to pivot the business was something Medha credits to her nursing school experience. She was

a mature student, and began her practical nursing education after she had married and had children.

“Going back to school was a great lesson in time management, resource management, and skill management for me. This helped me with the business as well, because we actually got ConnexHealth up and running on a very small, shoestring budget,” she says.

Key to getting ConnexHealth off the ground was the right partnerships. While nursing was her second degree, Medha didn’t have a computer programming background. Before nursing, her education was in art.

So she partnered with Durham College’s artificial intelligence lab, and continues to work with them today. Her company employs technology students, as well as marketing students from the college and the Toronto School of Management.

“Someday I want to work directly with colleges, because at Connex we want to empower everyone to be an entrepreneur. We encourage everyone on the Connex platform to have their own business.”

The company continues to innovate. This summer, ConnexHealth will launch its newest product, ConnexLearn. The platform will provide online training - one stream for autism therapy for parents, caregivers, school teachers and early childhood educators, another stream will be PSW micro-credentials.

Medha says she had no idea when she entered nursing school that she would graduate, work a few years in hospitals, pharmacies and as a PSW supervisor, and then go on to launch a healthcare technology company at the age of 32. But she’s happy she’s able to help as many people as possible.

Her advice to nursing students is to think beyond traditional nursing opportunities, and be true to themselves.

“Nursing is an amazing field. With the amount of things you can do, you just have to see where your heart is. If your heart’s in it, if you’re passionate about it, things just fall in place.”



A Health Policy Leader

Samantha Salatino, RPN
Oak Valley Health

Samantha Salatino is a health policy leader who is looking to improve the quality of patient care through research and accreditation. About to graduate with a Masters in Healthcare Quality, she wants to have a greater impact and believes nurses should research all options and find what is best for them.

As the Accreditation Lead at Oak Valley Health in the Quality and Patient Safety, Samantha leads the organization in the accreditation process.

Samantha was first exposed to the accreditation process as a frontline RPN, while working at William Osler Health System. In addition she's also on the Research Advisory Committee at WeRPN.

After completing her diploma in practical nursing, Samantha says she knew she wanted to continue her education. So she began to research what her next steps would be.

She stumbled upon York University's Bachelor of Health Studies program, where she would be able to study health policy, management, and informatics.

"I was sort of drawn to that. I thought, okay, 'this is a lot longer than what some of the certificates in this specialization would take, but I have to do it.' After speaking to other individuals, including networking with others who had completed the program, reading descriptions online about the program, I absolutely fell in love with the degree program. I ended up pursuing it, and really enjoyed it.," she says.

Samantha graduated from York with honours and did a specialized honours in healthcare management.

"It's a great feeling when your patients ask 'are you going to be my nurse tomorrow? Because I really want you to be.' And I loved having that impact on people. I knew I wanted to continue to make a positive impact in the healthcare system, and wanted to continue my education, so it inspired me to continue my education in my undergraduate degree."

After taking a quality improvement course at York University, and working on quality improvement projects in healthcare organizations, she really enjoyed the type of work she was doing. She then enrolled in a Masters of Science in Healthcare Quality program at Queen's University. She is in her last course for the degree and will be graduating this year.

As a nursing student, Samantha says she was always curious – and looking for ways to improve processes for better, more

efficient patient care. Even in her first nursing placement, she noticed an inefficiency and ended up working with the facility on a quality improvement project during her clinical placement.

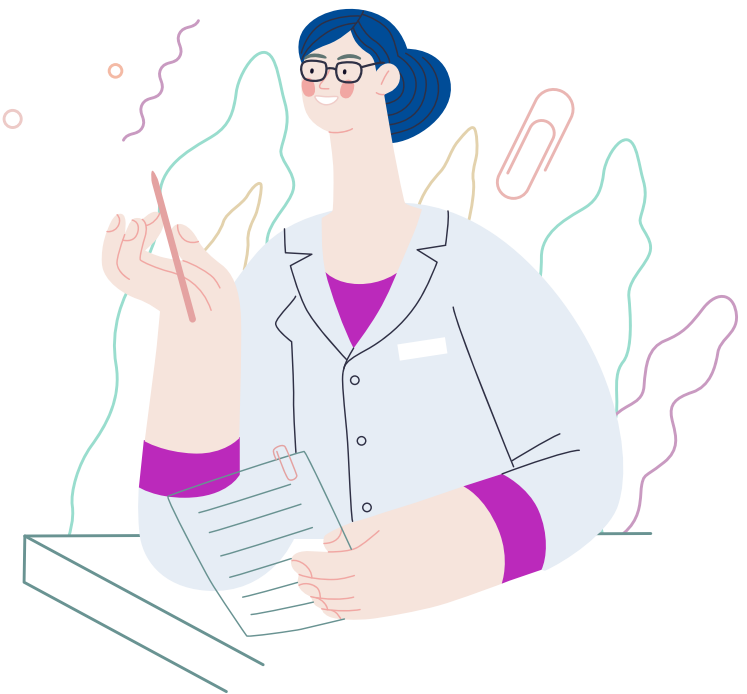
Her advice to the practical nurses she speaks to today is be curious, ask questions, and network with others – you may stumble upon an area in healthcare or nursing you hadn't known about, but would fall in love with and be passionate win too.

"There are endless opportunities as a nurse. There is not just the clinical aspect of nursing that people think of immediately when they think of nursing. There are nurses in so many different roles."

Learning about all these different roles requires research.

"What I did was I looked at the websites of every single school, college, and university that I was interested in, examining their health care programs after completing my Practical Nursing diploma. I scrolled through many different schools. My family has been a huge support in my education, and my mom encouraged me to talk to several other nurses as well to get their insight. I spoke with other staff members to get a sense of their thoughts on the different types of nursing."

"I had great role models, who I saw as amazing leaders. And I knew I wanted to also be a great leader like them, and continue to make a positive impact in healthcare."





An Educator

Anita Plunkett, RPN
PSW Lead/QA Coordinator, Adult and Continuing Education in Ontario School Board

Anita Plunkett is an educator who works with the province to ensure educational standards are addressed. She also helps PSWs transition to RPN programs. Being told she wasn't 'academic' has helped her empathize with her mature students' insecurities.

Being a champion for school board adult PSW education and its graduates is appropriate for Anita Plunkett, who began her own nursing education in her forties.

As the PSW lead and quality assurance coordinator for all school board programs in the province, she helps with program development to meet provincial training standards. She also advocates for school board PSW programs, the role of PSWs, and she meets with different ministries, including the Ministry of Health and Long Term Care, as well as the Ministry of Education. She was a part of the advisory group that developed the province's four-year staffing plan for long term care.

After a number of businesses, one marriage, and three children later, Anita began work as a PSW in long term care and community care. After a few years, she decided she wanted to do more. So she bridged on to do her practical nursing education as an adult learner.

Eighteen years later, she's grateful she made the career move, as it provides so much opportunity and different fields, including mental health, hospital, long term care, and other areas.

"I did clinical nursing, including staying in long-term care and community care, as well as taking my advanced and diabetic foot care training and starting my own businesses. I was even signed up to do my advanced wound care practice training because I thought wounds were where I was going to land. The messier, the dirtier, the more complicated the better."

Messy wounds might have been calling Anita, but it was an opportunity as a PSW instructor with the Catholic District School Board of Eastern Ontario that caught her eye 11 years ago.

"I thought, 'well that's really interesting.' So I applied and was offered a position and fell in love with education. I knew I liked to teach, but being in the classroom day to day with students was so rewarding; and with most school board programs - the instructors do it all. They do the theory, the labs, and then the clinical supervision. Most school board PSW programs are really a niche of adult learners, Anita explained.

For a woman who in her twenties 'didn't feel smart enough' to go into nursing, she says she understands how students entering a new program might be feeling.

"I know what it's like to feel you're academically not prepared, or that your whole perspective on how intelligent you are or how well you're going to do in the future could be based on your four years of high school."

Anita's most recent career pivot was one she helped design herself a year ago. When the pandemic hit, she realized the increased need in advocacy for school board PSW programs as well as the need to develop a solid quality assurance process. As a proud graduate of a school board PSW program who graduated to attend an RPN program, she and another volunteer colleague developed the job description for a full time advocacy role. After applying and going through the interview process, she was selected.

Today, she's busier than ever working with provincial ministries and school board programs.

"The job is about looking at education for adult learners and health care, connecting with other organizations, asking how we can better serve the communities we're in? How do we support the learners? How do we better liaise with the Ministries?"

When asked about advice she'd offer to current RPN students or recent graduates, she says she'd tell them to just soak it all in.

"The education part can be a bit of a whirlwind. I'd say just take that moment for the dust to settle and see what opportunities are out there. Something may come along your path that you weren't even aware of."





An Entrepreneur

Erin King, RPN
CEO of Feet for Life Medical Food Care Ltd,
Author

Erin King owns a clinic that specializes in foot and lower limb health. She has also opened a school of podortho nursing challenging students to take their nursing careers to the next level, like she has.

Erin King's journey into the nursing sub-discipline of medical foot and lower limb care began with a kick. A lot of kicks, actually.

She was about to graduate nursing school, and was working in a long term care facility. It was the first foot wound she had treated. Her first foot patient was kicking her the whole time she was treating the wound.

Erin knew the importance of caring for feet and lower limbs - particularly among an aging population. But she didn't feel confident in the area, and took postgraduate studies in diabetic foot care, laser, shockwave and orthotic therapies, analysis, biomechanics of the lower limb, compression therapies, wound care, and reflexology. She also started to work on family and friends.

Then, 22 years ago, she opened her own business. Feet for Life Medical Foot Care in Barrie, ON is a private clinic that marries Erin's passion for caring for her patients with an entrepreneurial spirit that runs deep in her family.

"I come from a long line of entrepreneurs. My grandparents, my own parents, even my brothers are entrepreneurs."

Erin found that the long-term care institutions she was working at limited how she could treat her patients.

"In the public system, you're often overloaded with large patient loads. That can compromise care. And it's not because you don't want to deliver really good care. It's just you simply can't."

The public health care system can also be prescriptive in the way patients are treated, she explains. A wound has to be treated a certain way, with a particular dressing. Erin says she found that frustrating, especially when she felt there might be a better way to treat the patient.

"So for me, I just had to start my own business and have my own practice," she says. "This way I can offer patients superior products and get them better, faster."

Four years ago, Erin opened an educational division of the business, the Feet For Life School of Podortho Nursing, which



offers specialization in foot and lower limb care for RPNs and RNs. She wrote the textbook that is part of the curriculum. As a nursing entrepreneur, she acknowledges that launching a business can be scary, but worth the reward.

"My philosophy has always been 'if you build it, they will come.' If you're offering good care and quality services, they'll keep coming to you. Foot and lower limb care is a significant need within our communities everywhere," she says

Erin is also quick to point out that her training as a practical nurse means she is able to look beyond feet and lower limbs when working with clients.

"Nursing prepares us to understand every system in the body and what types of care plans we can create for our clients. We're not just looking at the foot in the lower limb. We're encompassing the whole patient," she says.

"For example, when a patient comes in, we go through the medication list because we have that knowledge from our pharmaceutical learnings. If I see someone on Lipitor, I'm like, yes, they've got high cholesterol, which tends to compromise the lower limb integrity and the circulation of the lower limb. That helps me determine what's going on in the whole body. We provide more of a whole patient care approach."

Decades after opening her doors, Erin still has some of her original clients coming back. She says they have become almost like family.

"You gain a good sense of community and you feel really appreciated in the work that you're doing," she says.



A Clinical Researcher

Barbara Ward-Dagnon, RPN, CCRP
CEO of Medicor Research Inc.

Barb Ward-Dagnon is a successful clinical researcher and healthcare entrepreneur. Barb believes her success is due to the variety of skills she picked up during her nursing education, and that nursing brings with it a world of possibility.

To say that Barb Ward-Dagnon likes a challenge is an understatement.

While working for a general physician's office two decades ago, the doctor asked her to take a look at a proposal to run clinical trials and give it some thought. She thought it was a great idea, and from there, her life as a clinical researcher began.

But when the doctor retired, Barb knew the need wasn't going away. She saw a business opportunity, and at the age of 43, she launched Medicor - with a team of one.

"I started with no money, so I did it all," she says. "I did everything from bringing in new studies, signing on new doctors, writing all the policies and procedures, recruiting and seeing patients, drawing blood, processing and shipping it, completing all the paperwork, and the regulatory pieces."

All of it came from a determination to succeed, she says.

"When you're starting your own business you can't have any fear, and you can't have any doubt. You have to just put on the blindfold and go for it."

Seventeen years later, Sudbury-based Medicor has grown to a team of eight permanent, full-time employees, and four people who work part-time. In addition, the company takes on students and internships from a nearby university. She laughs and admits, "We have a lot of different things going on."

Barb credits the variety of skills that nursing provided for setting her up for success. One of the jobs Barb took after graduation was as a clinical researcher, allowing her to gain experience drawing blood, running ECG monitors, spirometry and some diagnostics. Sprinkle in some experience running businesses outside of nursing and she knew she could wear many hats. But the opportunity of launching Medicor excited her.

Two years ago, Barb's plans to expand the business to North Bay were put on hold. It wasn't prudent to open up a new clinic while in a pandemic lockdown, she explains.

The pandemic also made things challenging for how she ran the business. Patient and staff safety was always the top



goal - and challenging - especially with an unknown virus that carried a lot of unknowns in early 2020.

"We didn't really know what we were dealing with. Some of the patients I'm dealing with are healthy, but some are immunocompromised. And you can't just stop a drug study.

These patients need to be treated. So we were constantly looking for different ways to see patients, but not in person."

In some cases this meant telemedicine, and using cellphones for dermatologists to do assessments.

Barb says even as a clinical research CEO, she has always kept her nursing license up to date. At first it was so she could always go back to nursing if she had to.

"And thank goodness, because right now I have two big vaccine studies going on and I'm the one giving the injections," she says.

Being a clinical researcher and business owner is one of the many things Barb feels practical nurses can do with their degree.

"There's a very wide range of things we can do as an RPN. It's good for a nurse to get as many different experiences as they can to see what speaks to them, because it is really broad. What's important is just to see what interests you, because it's wide open right now. If you took a job on a medical floor in the hospital and it's not speaking to you. Be creative and look elsewhere. You could even start your own business, like me.



An Activist

Sharon Hunter, RPN IIWCC SWAN
WeRPN Board of Directors- Region 5

Sharon Hunter is an activist who uses social media to connect with and be the voice for RPNs in the Champlain and Southeast region of Ontario, discussing the issues they face in the workplace. She believes in being brave and speaking out on issues that matter, when others might not have the courage to speak their concerns.

Sharon Hunter found her voice early in life, speaking up on issues that mattered to her. Today, she uses that voice to represent nurses and share their concerns.

As a child, she would enter public speaking competitions in grade school. Then in high school she took part in debates and spoke to the media on various issues - like offering a student perspective on a teachers' strike. In college, she was a member of the student board of directors, working to ensure nursing students had a seat at the table.

"I've just always been the person who had a lot to say, and I believe we have to do what's right, and sometimes that requires someone like me who has a big voice and a little bit of courage. I can be brave and bring it to someone's attention, when others might not feel as brave."

As a member of the Board of Directors for WeRPN, representing nurses in the Southeastern Ontario and Champlain region, Sharon says she is an advocate for nurses in the region.

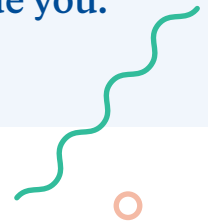
"RPNs are looking for an action plan. Too often when we look at problems, we look for solutions that bring instant gratification. And in a situation like a pandemic, in a situation of burnout for nurses, long hours and staffing shortages, this isn't a short game. There isn't an immediate solution. I'm hearing from my colleagues that they want to know what steps employers are taking to be able to help with nursing retention, to be able to address shortages in staffing, and to be able to address wage disparity."

Sharon says she stays connected to RPNs in her region through social media, reaching out to most of them through Facebook, LinkedIn, Twitter and Instagram (You can find Sharon on Instagram @hunterhuntfordchow and on Twitter at @butternut79).

When the pandemic began, Sharon says she and a lot of her nursing colleagues would use social media to interact and share information. For those in community nursing, she explains, it was a natural progression from the virtual visits they were doing with some patients.



What I learned along my career is that to stay in nursing and to enjoy nursing, you're going to need to find what you're passionate about. So don't be discouraged if when you take your first job is not lighting the spark. Keep learning and you're going to find the thing that ignites the spark inside you.



"My last regional report to the WeRPN board had more depth to it and was much more representative of Champlain & Southeast because I was able to reach more nurses thanks to social media."

Sharon says nurses are telling her they are looking for education and mentorship.

"During the pandemic, because patient care became front and centre, the education and mentorship of nurses became something that was put on the back burner. And that's what nurses are now looking for."

Sharon says her advocacy work is the spark that drives her. She encourages those on her team of 30 nurses between Belleville and Kingston to find what it is that excites them in nursing.

"What I learned along my career is that to stay in nursing and to enjoy nursing, you're going to need to find what you're passionate about. So don't be discouraged if when you take your first job is not lighting the spark. Keep learning and you're going to find the thing that ignites the spark inside you."



An Association Manager

Kimberley Reid, RPN
Case Manager Coordinator at BEGIN, WeRPN

Kimberley Reid is an association manager who helps nursing students find the funds and support they need to pursue nursing programs. She's proof that taking a risk in your career can lead to greater rewards.

A change in career can be unexpected and scary, but the risk can pay off.

After almost a decade as an ER nurse, Kimberley Reid found herself in a full-time job she loved. She excelled in the role, and put her skills into applying herself the best she could to forward her career. She thought she was going to retire from the job.

And then Covid hit.

Everything changed - but with it, came opportunity. Kimberley found herself leaving her full time job for a six-month contract in a new program.

The pandemic highlighted a gap in care where support is needed, explains. She decided she wanted to help with the fledgling program, which aims to address that gap. At the same time, she knew leaving a full-time job for a short-term program was a risk.

"I took the risk because how else would I get the opportunity where you're getting paid essentially to learn a new skill? There was some risk required, but I was willing to do that."

Two years later, Kimberley is still in the role and says it's one of the best decisions she has made in her career.

Today, she loves being a case manager for WeRPN's BEGIN program, which has her supporting candidates as they apply for full tuition to become RNs and RPNs in sectors of need for long term care and home and community care - In return for tuition, the programs asks candidates for return of service for each year they receive funding.

As a caseworker, Kimberley's role isn't just to help with applications and determine whether or not candidates get a reimbursement. She's also coaching and guiding them through their path to their new profession - assisting them with finding a long term care and community care job, supporting them with exam preparations.

All case managers were nurses themselves and are walking with the candidates early in their careers. "This helps with understanding the program, the requirements, and we can support them on multiple levels."

As someone who worked in long term care for the first five years of her career, Kimberley says it was working with Alzheimers' patients that really taught her patience, and she shares that with the people she works with.

Kimberley says it was the openness with which she approached her RPN education at Humber College that prepared her for the role she has today.

"Going through school and having these clinical placements and all these opportunities, it really exposes you to a wider variety. You meet your different professors along the way. It's important to ask questions, find out how they got into their role, how they got their interest in what they're currently doing," she says.

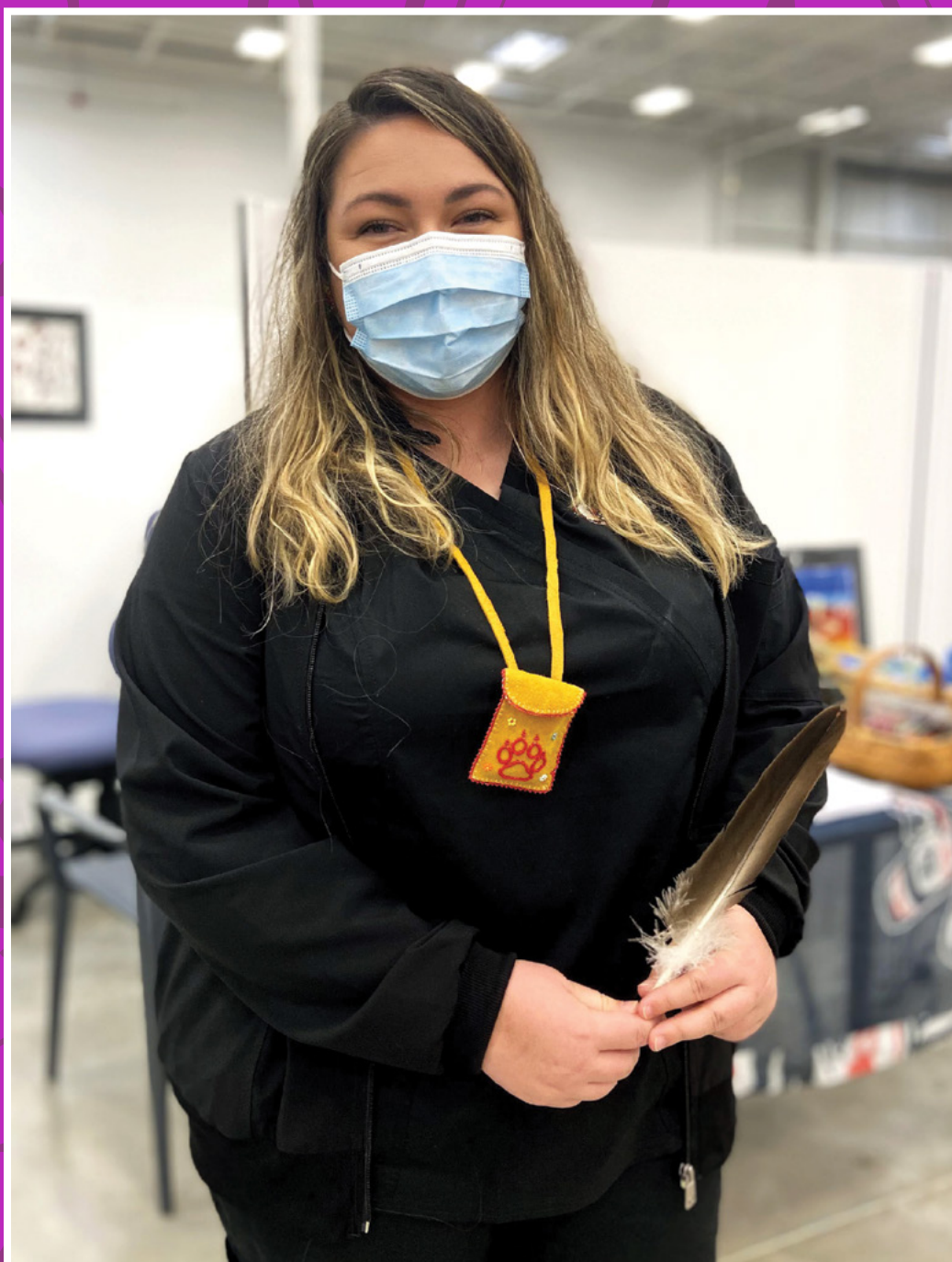
That exposure to opportunity in school opened her eyes to the profession, and the different ways to apply her learning. After asking a lot of questions, being open-minded and staying positive, Kimberley found it was possible to do more with your RPN. And she wants to share that with others on their journey.

"There's a lot of negativity in the nursing profession right now. My key thing is really staying positive, staying true to yourself and staying driven, because if there's a will, there's a way and I can really speak to that. I'm living proof of that," she says.

"If you really apply yourself and put yourself in positions where you can take risks with your career and be open to learning, there are endless opportunities."



Building trust and connecting *with Indigenous patients*



More Indigenous RPNs and PSWs a good thing for Indigenous healthcare

Morgan French is an Indigenous RPN from Chippewas of The Thames First Nation whose first experience with the Southwest Ontario Aboriginal Health Access Centre (SOAHAC) was as a patient.

French became an RPN in 2018, and began working as a member of the SOAHAC Chippewa Site Integrated Care Team in 2020. Even before she began her career in healthcare, the centre's purpose resonated with her.

“One of the many reasons that I aspired to become a nurse was to work specifically within the community and with my aboriginal population was to help break down the barrier that can exist between Indigenous people and the healthcare system,” French explains.

SOAHAC's purpose is to improve access and quality of health services for first nations people by empowering indigenous individuals through promotion of wholistic health and respecting traditional values.

SOAHAC aims to provide high quality, holistic health and wellness services by sharing and promoting traditional Indigenous and western health practices. With several locations, SOAHAC's purpose is to improve access to and the quality of health services for First Nations, Inuit and Métis peoples.

“SOAHAC has always been a part of my life, my family's life and the lives of many community members. It is a place that is respected within the community and it has always been a place I wanted to come and work at,” says French, who is proudly a member of the Chippewa First Nation.

Centres like French's on the Chippewa site are part of the Aboriginal Health Access Centres (AHAC) network. They provide innovative, aboriginal-specific, Indigenous-informed health care through a combination of health and social services including traditional healing, primary care, dentistry, physiotherapy, health promotion services, aboriginal midwifery, dietician, cultural programs, community development initiatives, and social support services to First Nations, Métis and Inuit communities in southwestern Ontario from Windsor to Waterloo Wellington and north to Owen Sound.

Being an Indigenous nurse in the community means French can better connect with her patients because of the shared



history between them. French describes the benefits of this connection, “The lasting negative effects of residential schools and resulting intergenerational trauma are still present in many people's lives. Having a place like SOAHAC where our culture and practices are respected and valued is an important part of trust we build with our patients.”

And there are about to be more Indigenous nurses and PSWs in Ontario's healthcare system. In March 2022, the province announced it was investing \$34-million over four years to increase enrolment in nursing and personal support worker programs at six Indigenous Institutes.

The province said the funding will help the Indigenous Institutes expand their existing programs or create new ones to support training of approximately 340 practical nurses, 60 registered nurses and 400 PSWs over the four years.

“Providing additional pathways to health care education close to home will also result in more nurses and PSWs who are training, working and staying in their communities,” Jill Dunlop, the province's Minister of Colleges and Universities said in a release accompanying the announcement.

The extra funding is great news and will allow more nurses to offer culturally-aware care, says Andrea Racette, a Metis RPN who grew up in Duck Lake, Saskatchewan, who now works in SOAHAC's London Integrated Care team.

Racette graduated as an Aboriginal LPN (Licensed Practical Nurse) at Bow Valley College in Calgary. Throughout her program, she learned cultural approaches to healing.

“We learned about different ceremonies and learned about sweat lodges. We got to smudge every day if we wanted to.”

Racette says she loves being a role model to younger Indigenous people who want to move into healthcare. She says there aren't many Indigenous health care providers.

“It’s really important to get more Indigenous people like me into the healthcare field. I always try to promote it. There are not many of us at all. It’s important to get our faces out there so that our communities feel more comfortable with the healthcare system. We’ve had a lot of trauma from being in the healthcare system because of residential schools, the Indian hospitals, etc.,” she says.

Being a Metis RPN means she has a special connection with her Indigenous patients, Racette explains. And she can offer a different kind of care. She points out that all nurses at SOAHAC have a smudge kit available to them to use with their patients.

“At SOAHAC we always try to help with the spiritual, the mental, and the physical aspects of healing - all together. When you come to our location, we have primary care, we have dietitians, dental, mental health and addictions experts - but we also have traditional healers,” Racette explains.

That builds trust and connection, Racette says. “If I’m with a patient and they’ve had a miscarriage, for example, and they start crying and become vulnerable, I have sweet grass and sage available, which are our sacred medicines. We can do a smudge with the patients. I love these different aspects of care that we can offer that are different from a normal clinic.”

Racette points out that at its new location opening in December 2022, SOAHAC’s London Integrated Care site will have a sweat lodge for patients looking for spiritual and physical healing.

Nadia McCormick, an RPN who works on SOAHAC’s Owen Sound Integrated Care Team, says the province’s

announcement will lead to more Indigenous nurses who will be able to better treat Indigenous patients.

“Being Indigenous has allowed me to connect with clients in different ways. It tends to be a topic of conversation early on in the relationship building phase. I can relate to my clients, as historical trauma and intergenerational trauma affects Indigenous people in many ways,” says McCormick, whose ancestors come from Serpent River First Nation.

She says at SOAHAC they strive to not only recognize the barriers keeping our clients from accessing safe and equitable health care, but to remove those barriers as much as possible.

“Members of our team sit on committees and work with health care institutions to update policies and add an Indigenous perspective. While also working hard to amplify the voices of the community members from the two First Nations that we serve as well as the Urban Indigenous population in Grey-Bruce.”

As a patient navigator, McCormick is sometimes a liaison between the Owen Sound Hospital and the two First Nations it serves. She says the most important role she has is to advocate for her patients.

For Morgan French, who always wanted to work at the Chippewa site, culturally aware care means better care for Indigenous patients.

“Sometimes people come in and they’ll just be super comfortable and know what you’re talking about. It is good for them to see a familiar face. It’s good for them to see another Indigenous person caring for them. It provides them a lot of comfort to have that.”





Considering a *new future* for nurses

By Norma Tomlin, RPN



In Canada, nurses (registered nurses, nurse practitioners, licensed practical nurses, and registered practical nurses) represent the largest single group of health care providers. They are trusted practitioners, knowledgeable leaders, and agents of change. In rural and remote areas, they often deliver the majority of patient care.

(FPT Committee)



And yet, the nursing profession is facing several serious challenges: exacerbated existing staff shortages, a system laboured by heavy workloads, and individuals overburdened by burnout and compassion fatigue. The Ford government's Bill 124 suppressed wage increases for nurses to a maximum of 1% total compensation.

As an RPN and Professional Practice Manager at WeRPN, I know that nurses care deeply for their patients, but many do not feel cared for in this climate. Many are asking, why stay?

Nurses today are being asked to do more with less – and it's taking a toll. A 2021 study found that nurses have experienced a significant increase in anxiety and depression over the last two years (Havaei et. al, 2021).

Amid this crisis, many RPNs feel forgotten. PSWs have made their pandemic pay permanent – an action supported by RPNs – but it has closed the wage gap between the two groups. In some cases, RPNs' wages differ only by a few cents from the PSWs they supervise and support in practice.

RPNs' voices tend to get lost, especially regarding their wages. Many are considering dropping their registration, working as a PSW, bridging to an RN, or leaving health care altogether.

To maintain a standard of care in this province, the biggest challenge Ontarians face is how to retain our current nurses while recruiting and educating new nurses quickly. As we transition the COVID-19 crisis from pandemic to epidemic, the health care system must focus on recovery and, perhaps most importantly, rebuilding the nursing profession.

So what should the future of nursing look like?

There are a number of priority issues. In its report, "A Vision for the Future of Nursing in Canada," the Federal/Provincial/Territorial Committee on Health Workforce states:

"Transformation is required to develop new approaches that address the realities of changing patient and population health needs and escalating health care costs to support the evolution and sustainability of the health care system."

It's not only the general population that's aging. In Ontario, 20.1% of nurses are over 55 and on the brink of retirement, according to the College of Nurses of Ontario's (CNO) 2021 Statistics Report. With a significant portion of the nursing workforce soon leaving – and taking their skill and expertise with them – we must implement effective ways to recruit and educate new nurses.

Interestingly, what started as a quick response to changing pandemic circumstances has become a new opportunity for the nursing profession. Online education is being used more widely and makes learning more accessible to nursing students. Redesigning the delivery of nursing education will help expedite nurses through programs and into practice. With many nurses ready to retire or leave health care for other reasons, modernizing nursing education by expanding virtual offerings is an essential new solution.

Other policy initiatives seek to make the system more sustainable and effective. To achieve this end, the FPT Committee recommends creating an infrastructure that promotes greater intraprofessional unity.

There is a real opportunity to increase the collaboration among nursing programs, which would optimize the role of nurses in health care delivery and better serve the needs of individuals, families, and communities. Certain courses teach many of the same accountabilities to practice for RNs and RPNs – bringing them together would create role clarity and better utilize existing resources to educate nurses.

Variation in regulatory implementation and interpretation has led to an ill-defined and unclear scope of practice.

Considering a New Future for Nurses



Looking forward, it's important to focus on clarifying the roles of nursing groups. This would support the critical contribution of nurses and also foster a common understanding among other health care professionals and the public.

Nurses' scope of practice is expanding and must be supported by the modernization and alignment of nursing regulation and education. The FPT committee recommends the "development of evidenced-informed models of care that optimize the role of the nurse to provide high-quality, cost-effective care." (FPT)

Another key strategy will be shifting care out of institutions and into home and community settings across urban, rural, and remote environments. As nurses collaborate with diverse partners across the care continuum, expanding nurse autonomy will improve access to quality care. This can be achieved through an enhanced, authorized nursing scope of practice – as seen with registered nurses now prescribing in several jurisdictions (Pitman, 2019; CNA).

Care settings and scope of practice continue to expand and diversify. In this context, it's crucial for the nursing profession

to focus on intercultural competency, conflict resolution, human rights, and anti-racism, including Indigenous healing practices in line with the Truth and Reconciliation Commission, Calls to Action (Villeneuve 2020).

Over the last few years, the COVID-19 pandemic has strained an already taxed healthcare system. But despite these challenges, the future remains bright for nurses. As unwavering frontline workers, they have carried the healthcare system and continued to deliver quality care. Now is the time to focus on the nursing profession.

As nurses in Canada continue to improve patient care across health sectors, we must prioritize their voices, focus on implementing policies and strategies from which they will benefit and encourage new students to join the profession. This is what it means to consider the future of nursing in Canada. Patients and their families deserve better, and we must start focusing on taking care of nurses so they can take care of us.

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Innovation Comes to WeRPN's Annual General Meeting

On October 28th 2021, WeRPN hosted its 63rd – and second virtual – Annual General Meeting (AGM). This year we embraced an innovative virtual platform to deliver an informative and inspirational event for our members.

After logging onto the platform, attendees found themselves in a virtual space that resembled a conference centre lobby and exhibition space. They were able to access the Info Desk and visit the Exhibition Hall or Lounge for some old-fashioned networking, albeit virtual.

In the Lounge, conference-goers engaged with fellow RPNs and WeRPN's Board of Directors in group chats that covered topics including: Sharing Tips for Self-Care, Supporting Cultural Competency in Nursing, and Exploring Career Laddering.

At 6pm, attendees were directed to the Conference Hall where they were welcomed by video greetings from the Minister of Long-term Care Rod Phillips and the Province's Deputy Premier and Minister of Health, Christine Elliott. Their remarks recognized the courage that RPNs have demonstrated while working on the frontlines battling the global pandemic, and emphasized the government's plans to invest in the health and long-term care sectors.

In the CEO Report, Dianne acknowledged the enduring challenges that nursing professionals face everyday as the COVID-19 pandemic continues to sweep through the province. In spite of these challenges, nurses work with determination and compassion while delivering the highest quality care to patients, residents, and clients across the care continuum. "We remain inspired by each and every one of you for showing us the true meaning of resilience and perseverance during the most challenging of times."

After reflecting on this difficult year, Dianne discussed WeRPN's exciting future. Over the 2020-2021 period, membership grew to 16,554, an increase of 9% from the previous year. There's strength in numbers and this increase allows WeRPN to continue to be the most powerful voice advocating for RPNs in Ontario.

Ben Nemtin joined us live as the evening's keynote speaker. Ben struggled with depression growing up and was forced to drop out of college. Searching for purpose, he decided to only surround himself with people who inspired him and, with the help of his friends, he created a list of '100 things to do before you die.'

For every bucket list item they accomplished, they would help a stranger accomplish something on their list. He shared stories of perseverance, strength and maintaining an optimistic outlook in the face of adversity.

Then it was down to the business of the Annual General Meeting. The Board of Directors' reports provided members with updates on key organizational financial and membership activities. CEO Dianne Martin highlighted how WeRPN continued to engage and support RPNs as COVID-19 raged on.

The evening concluded with one of the most anticipated parts of the AGM - the WeRPN Awards of Excellence Ceremony. This was an important moment to shine light on the incredible work RPNs do every day, by recognizing members and those who champion RPNs in their nursing practice.

The Awards of Excellence Ceremony acknowledged individual RPNs for their exceptional work and seeks to inspire the entire healthcare community by highlighting the profound importance that RPNs play every day in the Ontario Health Care system.



Championing Inclusive Health Care

Q&A with Dr. Isaac Bogoch

Dr. Isaac Bogoch has become a familiar face during the COVID-19 pandemic. In an interview with WeRPN, he reflects on what the pandemic has taught us about public health in Ontario – and how RPNs play a role in strategies moving forward.

WeRPN: In the early days of vaccination, you were on the committee that drove Covid immunization, and when you realized there were no nurses in the group, you took it upon yourself to meet every Monday with the four main nursing organizations, including WeRPN. Why was it so important to you to make sure they had access to that committee?

Dr. Bogoch: When we're thinking about immunizing the province, it is extremely important to have all the relevant stakeholders at the table. This is truly a team effort. Nurses bring so much to the table in terms of healthcare delivery, health care policy ideas as to how health care can be equitably rolled out to communities. I thought it was extremely important to get input and advice from the nursing organizations in Ontario, and that would help drive some of the decisions and policies that we would ultimately make at the level of the task force.

In a perfect world, nursing representatives would have a seat at the table. In the absence of that, I worked very closely with nursing leadership in the province to at least get input into how we could best roll out vaccines in a data-driven and equitable manner. And their input was invaluable. I really learned a lot from our regular meetings, where information

would flow in both directions. It was a lot of work, but I think it went a long way in shaping the vaccine roll out in the province.

What have been your biggest learnings from this pandemic? Recognizing, of course, that it's not over.

No it's not. There really are a lot of lessons learned in terms of how to work closely. At the end of the day, health care is delivered at a very individual level and that's done locally. That involves good local partners and good local leadership with public health. This is a massive province with close to 15 million people. You can't sit in the Ivory tower and make decisions for 15 million people. I think you really have to get good input from the communities. You have to communicate and work with local communities. You have to have very strong local community leadership and interaction with community leadership as well.

If you really want to have public buy-in and public trust, you have to get everyone involved, keep everybody informed, and have very broad engagement in terms of creating valuable solutions as to how vaccines are going to be rolled out or how health care is going to be delivered.

In the early days of the pandemic health care professionals, including yourself and nurses, saw huge support from the general public banging pots and pans every night at 7 p.m. Sadly, it turned and the perception changed with some groups - they saw healthcare professionals as the bad guys. Did that surprise you?

For many people in healthcare, we're very proud of what we do and we take a lot of pride in our work. Obviously there was some fright and anxiety-provoking times very early on in the pandemic when we just weren't sure what we were dealing with. How deadly was this? How do you catch this infection? How do you protect yourself? We worked a year in the



pre-vaccine era putting ourselves at risk, caring for patients on the wards, and certainly there was some strong appreciation of that, and there still is strong appreciation of that. I think there was a lot of attention paid to some protests and people who weren't as impressed. But honestly, I think that's a small percentage of a very vocal minority of individuals. Obviously you don't want to see that, but I think at the end of the day, most healthcare workers just roll up their sleeves and get to work.

How prepared do you think we are for the next pandemic?

Poorly prepared. It's really unfortunate. We can say all the right things, but we haven't actually done that at a global level. At a global level, we really need to focus very much on early detection systems, and that means bolstering laboratory capacity in many parts of the world. We need better and faster data sharing so that if we do see an emerging pathogen, we can rapidly respond to it. We need to really bolster the public health capacity in many low income countries around the planet as well. So sadly, there's been a lot of talk but not a lot of action. There are some moves in the right direction in terms of we now have technology where we can rapidly create pretty impressive vaccinations in a short period of time. And we've seen some moves to get that technology in lower income countries and for example, in African settings, production plans for vaccination. So there are steps that will help out. But I think we're a long way away, unfortunately.

What would you say to RPNs and practical nursing students who are working or starting to begin working in year 2.5 of the pandemic?

Thank you. I mean, it's such a noble profession and such a wonderful job. And we know that it hasn't been easy over the last two and a half years of the pandemic. But the whole

healthcare team, that's not just doctors and it's not just nurses. Everybody working in healthcare has really done a remarkable job rolling up their sleeves and really taking care of the Canadian population.

All the pots and pans are nice, the accolades are nice, but that's not why we do it. It's a wonderful job, and you can truly transform people's lives for the better. You can help provide the health care that Canadians deserve. There's a bright future in healthcare, and it's an absolutely wonderful profession. So I only have the strongest words of encouragement for anyone going into the field.

When you think about the changes in the healthcare system and how we as a society changed in the past two years, what gives you hope?

During the pandemic, we had not just the public appreciation of infections and epidemiology, but also equity. It's not every day you see on every major media outlet the cry to push for greater vaccines in racialized neighborhoods or low income neighborhoods or among essential workers who couldn't stay at home when everyone else was staying at home.

It was wonderful to see that momentum, that push for better health care to those who would be considered more on the marginalized end of the spectrum. And again, the cries to really improve health care for seniors and in our long term care sector, I don't want to lose that momentum.

I think by shining a light on that, many people became aware of it. They were able to look outside of their bubble and look at the challenges that others face. And this is not somewhere overseas. This is right here in our backyard.

We had a lot of momentum this time last year, and I think we need to keep that momentum up because we're obviously caring for 38 million Canadians, not just a select few. That means providing exceptional health care for everybody.



Driving Evidence

RPN-relevant research for evidence-informed decision-making

Since Spring 2021, WeRPN has been implementing a strategy to accelerate and scale its research initiatives. Through facilitating collaboration with RPNs, researchers, academics, and employers provincially, nationally, and internationally WeRPN is creating a pathway for research-related activities that will elevate the profile of RPNs in Ontario - and advance career prospects.

To build research capacity for RPNs and inspire a research culture, WeRPN introduced the 2021-22 RPN Research Fellowships. In August 2021, a *Call for RPN Research Fellowship Proposals* valued at \$12,500 each was made to four principal investigators whose studies were previously approved by the WeRPN Research Advisory Council. The two successful research teams embedded an RPN into the research project as trainees.

Barriers and Facilitators to the practice of RPN role in academic acute care hospitals.

Lyra Nartia, RPN Research Fellow



Nartia is an RPN from Unity Health, Toronto, Ontario, collaborating with Principal Investigator Sonya Canzian of Unity Health on this research project.

This study aims to examine the lived experiences of RPNs being re-integrated into a Dialysis unit in an academic acute care hospital and identify current and potential strategies to support a seamless transition.

Because of increased acute care demands due to staff shortages and fiscal constraints, nursing teams are overwhelmed, and new nursing care delivery models have been developed and implemented across Ontario. RPNs are now being introduced into interprofessional teams not previously seen within acute care settings.

Ongoing changes in educational requirements for RPNs to meet evolving standards of practice have enabled an increase in healthcare competencies and clinical skills training. Furthermore, an expansion in scope of practice accredits RPNs to deliver high-level care to patients with complex acute care needs. But as RPNs are reintroduced into these settings, it is essential that they feel supported and equipped to be successful.

There is a wealth of knowledge to support nursing teams within acute care settings. But much of it focuses on RNs. Nartia's research study aims to evaluate how RPNs adjust to working within an acute care setting, examine the suitability of the professional environment for role fulfillment and completion, and understand what strategies affect confidence and readiness to care for various patient assignments across differing units.

A validated survey tool focusing on role clarity, team functioning, and communication (The Assessment for Collaborative Environments – ACE-15) is being administered to participants in tandem with in-depth, semi-structured

interviews, guided by Jonathan Smith's Interpretative Phenomenological Analysis (IPA) methodology.

This research study directly aligns with WeRPNs' strategic plan. It will contribute to the growing body of evidence showing that better-staffed hospitals have improved patient outcomes, reduced mortality, and lower readmissions, resulting in cost-saving measures for the Ontario healthcare system.

Nartia is scheduled approximately two days every week to build applied research knowledge and capacity using a stepwise approach to conduct a qualitative study using an Interpretative Phenomenological Analysis (IPA) lens. She works closely with the project's principal investigator, the research coordinator and the study team members through all stages of the project to learn how to complete a background literature search, conduct in-depth semi-structured interviews, code interview data using NVivo software, conduct a thematic analysis in preparation for manuscript writing, and manuscript development. Her hands-on experience in advancing this research highlights the value and impact of RPNs in providing optimal care within the health system context.

Nartia is also receiving research mentorship through Unity Health Toronto's Interprofessional Practice Based Research (IPBR) program. The IPBR team assists nurses and health disciplines professionals in engaging in the identification, implementation, and evaluation of best practices through research.

To stimulate a culture of innovation, the research results will be shared in highly accessible ways, including a website to allow for multidirectional knowledge exchange and through open-access academic journals and presentations at academic conferences. Results will also be shared through various forums and networks within the clinical and academic community.

Finally, audio-visual material will be developed by Unity Health Toronto's media department that will include excerpts from the RPNs' narratives that will describe their experience and work in acute care settings within multidisciplinary teams.

This will give RPNs a voice to advocate for the profession, influence positive changes in nursing practice and, ultimately, advance patient care.

“At first, I didn’t have much confidence in my capabilities, but working with such a supportive team has boosted my self-esteem,” says Nartia. “This work is key to ensuring RPNs’ voices are heard.”

The use of evidence to inform practice is necessary for practice competency. Learning these skills requires nurturing and support. By having time to devote to research, Khan and Nartia will develop a robust skillset in conducting research through theoretical and practical training. The established resources, infrastructure, and programming at these sponsoring agencies will enhance research capacity and capability.

Building capacity in Rehabilitation services: mapping Rehabilitation nursing care practices in Geriatric and Stroke Rehabilitation Units.

Christina Khan, RPN Research Fellow



Kahn works in Stroke/Neurological rehabilitation at the Parkwood Institute in London, Ontario and is participating in this project with Principal Investigator, Dr. Denise Connelly of Western University. “When I was asked to participate in this amazing research project, I immediately felt enthusiastic and excited,” says Khan. “I feel honoured to be invited into this amazing

research team because it will allow me to advance my nursing career through knowledge and understanding of what research means in nursing practice.”

Khan’s research project aims to explore and examine the perceptions of RPNs’ roles in rehabilitation units and map the RPNs’ rehabilitation practices to those outlined in existing frameworks. RPNs are well-positioned to assist rehabilitation patients with achieving their goals by supporting daily activities and promoting continuous and coordinated care. But despite these contributions, the rehabilitation practices of

RPNs are undervalued, underutilized, and poorly described in Canadian literature.

Compared to rehabilitation nursing competencies and standards of practice in the United States, United Kingdom, and Australasia, little is known about the roles and perceptions of RPNs working in inpatient geriatric and stroke rehabilitation units in Canada. Gaining a better understanding of the rehabilitation practices of RPNs could improve the rehabilitation of older adults in stroke and geriatric rehabilitation units and provide better insight into the contributions of RPNs to rehabilitation in Canada.

Khan’s fellowship focuses on engaging all aspects of the research process to provide exposure and training in conducting research and applying theoretical research methods related to RPN practice.

For instance, Khan is a member of an interdisciplinary and international research team. This includes academics, clinicians, research trainees, and research support staff from three sites in Ontario, Canada, and international members from the United Kingdom, Australia and the United States of America.

Khan’s clinical practice in a rehabilitation unit and as an RPN health care professional means she can contribute to conversations about all aspects of implementing the selected research theory and methods in her clinical setting (i.e., stroke and geriatric care units at Parkwood Institute).

Khan will collect observational data within the hospital inpatient clinical settings. Following each interview, she will contribute her insight and expertise in interpreting and analyzing observational data, provide input into creating research deliverables, and disseminate findings. She will be included as an author and engaged in writing/ contributing to published materials from the research project providing feedback and revisions to presentations, abstracts, manuscripts, and other deliverables.

“I feel that together as a research team coming from different medical backgrounds and expertise, we will be able to successfully collaborate to capture rehabilitation that nurses perform on our patient population,” says Kahn.

Putting Yourself First.

“Take care of yourself so that you can care for others.” This is an adage often forgotten in our demanding personal and professional lives. But it’s an important one to remember, especially for nurses who play a critical role in the operation of the healthcare system, who deliver care despite increased workloads, and who always put patients’ needs first.



Focusing on self-care might feel like the last item on a long list of to-do's, especially today when nurses increasingly feel the strain of COVID-19. The risk of burnout in healthcare has always been high, but the stress caused by staff and bed shortages, limited resources, and increased health anxiety have made it almost inevitable.

On a daily basis, nurses are confronted with the needs of those in their care. But to be effective in our roles as healthcare providers, we must begin with self-care. We're all rethinking how we balance life and work, so this is the time to re-introduce positivity, mindfulness, and reflection into our routines.

This is the time to create healthy habits and practical coping strategies that refresh, reset, and refocus our attention. WeRPN is committed to supporting nurses' well-being by providing access to resources and support to strengthen resilience and mitigate burnout. We've even developed a Self-Care Workbook specifically to support RPNs, available for download on the WeRPN website.

So, where do we begin? Self-care can often sound easier said than done, but starting with small exercises can have a noticeable impact. Try integrating these quick tips from the Self-Care Workbook, designed to help reframe your thinking, cultivate mindfulness, and start putting yourself first.

Let Go.

Refocusing our attention and feeling refreshed and revitalized is as much about the positive strategies we add to our daily lives as it is about what we let go of. Letting go can be one of the most challenging concepts to integrate, but practicing positivity can happen in small increments. In moments of reflection, start by thinking: what am I holding on to?

Author and coach Jill Sherer Murray offers these prompts to get us started on our positivity journey:

- Let go of taking things personally.
- Let go of what other people think.
- Let go of trying to be something you're not.
- Let go of the need to be perfect.
- Let go of "not yet."

Practice Gratitude.

Research shows that increasing gratitude improves psychological well-being and can even reduce the impact of COVID-19-related stress. Start by practicing gratitude in

small ways: every day, take a few minutes to think about the people or things you are grateful for, recite a positive mantra, or write an encouraging note to yourself in the mirror.

Refocus.

We can often get bogged down by the many stressors – both big and small – that we experience. It's natural to ruminate on the negative, but consider how we might begin to reframe these situations, to actively focus on the possibilities they might generate.

So, how do we refocus our attention? Before you go to bed, write down three things that went well for you that day and include a quick explanation of why it happened. In this exercise, we train our minds to focus on the good.

Practice Positivity.

A positive mindset must be actively maintained. But it can be achieved by integrating a few quick exercises into your schedule. Something as easy as repeating positive affirmations first thing in the morning can start your day on a positive note. Here are three statement prompts to get you started:

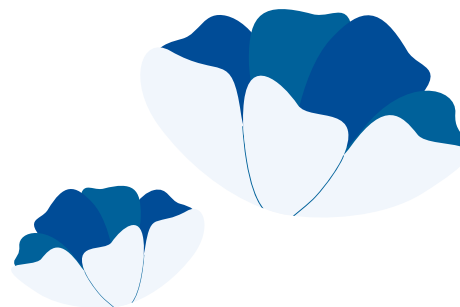
Today I am grateful for . . .

Today I will let go of . . .

Today I will focus on . . .

Research shows that healthcare providers are so focused on the care they provide others that they often neglect to adequately care for themselves. But during this difficult time, nurses need a way to manage the ongoing stressors they experience at work.

Integrating these techniques encourages us to prioritize self-care to optimize our mental and emotional well-being. We need every nurse in the healthcare system at their best to sustain the quality of care Ontarians' deserve, and self-care is the first step.



Awards of Excellence Recipients 2021

Each year, WeRPN honours the professionalism, commitment and passion of Ontario RPNs and their employers. During this challenging time for healthcare providers, we were pleased to celebrate these outstanding Awards of Excellence winners.

Holland Bloorview Kids Rehabilitation Hospital Employer Award of Excellence

This award recognizes an employer that has demonstrated outstanding achievement in improving the utilization of RPNs and fostering a safe, respectful and empowering work environment where RPNs can work to the fullest of their knowledge, skill and judgment.

This year, we were proud to honour **Holland Bloorview Kids Rehabilitation Hospital** for its dedication to the preceptorship and mentorship of RPN students and new hires. To date, Holland Bloorview has 30-trained RPN preceptors who help support nursing student placements each year.

Cheryl Latondress, RPN Preceptor Award of Excellence

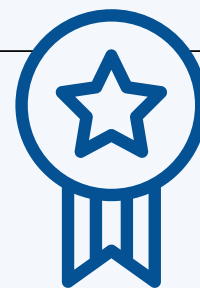
This Preceptor Award honours an RPN who has contributed in a significant way as a role model for a practical nursing student. **Cheryl Latondress**, an RPN at Hospice Simcoe, is recognized for her dedication to her students and her ability to create an open, welcoming, positive learning environment.

Samantha Diceman, RPN Award of Excellence and Innovation

The Award of Excellence and Innovation is presented to an RPN who has contributed in a significant way to practical nursing in Ontario and whose efforts have demonstrated exemplary nursing practices. **Samantha Diceman**, RPN is described by colleagues as a warm and caring advocate, who is dedicated to excellent patient care and committed to innovation in telemedicine. Samantha holds a leadership role at the Perley and Rideau Veterans' Health Centre as the Manager of Resident Care for the Rideau Building. She is a strong advocate for excellence in nursing and empowers nurses to be champions of evidence-based practice.

Cassandra Kahrs, RPN The Michael & Werner Geidlinger Award for Palliative Care

In honour of the memory of Michael Geidlinger and Werner Geidlinger, this new award recognizes the unique character and tremendous care delivered by RPNs to patients at the end of life. **Cassandra Kahrs**, this year's winner, is described by colleagues at VHA Home Healthcare as caring and sensitive. She is an asset to the palliative care team.



Kimberlee Newman

Excellence in the Care of Older Ontarians (The Martha Award)

The Excellence in the Care of Older Ontarians Award celebrates the dedication of an RPN who provides exceptional care to older adults in a manner that is respectful, compassionate, and professional. **Kimberlee Newman** is a thoughtful, hard-working RPN who is dedicated to providing excellent patient-centered care at Victoria Hospital. Her personalized approach-to-care has a tremendous impact on the quality of life of her patients and their families.

Dr. Isaac Bogoch

Honorary Member Award

This award is given on occasion to individuals who go above and beyond to support RPNs and the broader nursing community. This year, we recognize and celebrate **Dr. Isaac Bogoch** with a WeRPN Lifetime Membership Award. In 2021, as Ontario managed one of the largest vaccination campaigns in our province's history, Dr. Bogoch highlighted nurses' voices and recognized the pivotal role that nursing professionals would play in ensuring the success of the vaccination plan.

Leigh Chapman

President's Award

This award honours an individual, group, or organization that demonstrates outstanding commitment to furthering the utilization and recognition of RPNs in Ontario. This year's recipient, Leigh Chapman, respects and values RPN knowledge in palliative care. She is being recognized for her collaborative work to develop competencies that reflect nurses' specialized expertise and contributions to end of life care for patients and families.

Grace Felix

RPN, WeRPN Ambassador, BEGIN case manager



As an RPN, WeRPN Ambassador, and BEGIN case manager, Grace Felix knows first-hand how important it is to recruit and support nurses in the Long-Term Care and Community Care sectors.

Ontario's nursing shortage has been an issue for many years. In fact, in 2020 Ontario had the fewest nurses in Canada – nearly 22,000 short per capita – an issue which has only been exacerbated by the COVID-19 pandemic. Nurses are a crucial part of the healthcare system, but pandemic-burnout, higher workloads, and longer shifts are making their work unsustainable. Despite these challenges, Grace remains optimistic – PSWs and RPNs continue to deliver exceptional quality of care, and the government is taking note.

It's in this context that the provincial government has asserted its commitment to recruit nurses to the Long-Term Care (LTC) and Home & Community Care (HCC) sectors. The BEGIN (Bridging Educational Grant In Nursing) program is a new initiative that supports PSWs and RPNs advancing to RPN and RN roles, respectively. BEGIN provides significant tuition support for those enrolled in an accredited bridging program. Eligible PSWs will receive up to \$6,000 a year, and RPNs up to \$10,000 a year in financial support. This is part of the Ontario government's Long-Term Care Staffing Plan, which will add 2,000 nurses to this sector by 2024-25.

This investment will allow long-term care homes to increase the amount of hands-on care for each resident by about an hour and twenty minutes per day. According to Minister Paul Calandra, "The BEGIN program will help personal support workers and nurses who want to take the next step in their professional journeys and further their careers in the long-

term care sector. This initiative is just one of several ways we will recruit and retain thousands of new health care staff, so that long-term care homes can provide an average of four hours of direct care per resident per day by 2024-25."

Grace sees the program is an investment in the future of nursing. As a BEGIN case manager, she knows the importance of supporting nurses both professionally and personally. Not only will BEGIN allow PSWs and RPNs to advance their careers, it ensures that these health sectors have the skilled workforce best equipped to deliver high-quality care to their patients. But there's another reason Grace is excited about this new program. In the wake of the pandemic that rocked an already fragile healthcare system, BEGIN signals a chance at recovery and prosperity.

In her role as a WeRPN Ambassador, Grace champions the professional advancement of nurses as a made-in-Ontario solution to the staffing crisis. Investing in nursing professionals not only supports careers, but also ensures that patients can access quality care when they need it. "This is such an important program. It will improve the retention of nurses in long term care, home community care, and hopefully in time, in all other healthcare sectors."

For Grace, being part of WeRPN, the organization chosen to partner with the government on this \$100 million initiative, means improving the future of healthcare delivery to the residents of Ontario. The province's nursing profession has a bright future.

Nominations for the WeRPN Board of Directors

Dear WeRPN Member:

WeRPN is seeking nominations for our Board of Directors, and we would love to hear from you!

We are currently recruiting members to represent regions 2, 4, 6 and Member-at-Large for a two-year term. We are also hoping to find someone to represent Region 7 for a one-year term. All terms begin in October 2022.

To be eligible, nominees must:

- have maintained a membership in the Association for a minimum of two consecutive years prior to their nomination;
- meet the requirements for director in the Act;
- be a member of the College of Nurses of Ontario in good standing.

Nominators must be current members of WeRPN and must reside or work in the same region(s) as the nominee. In the case of the Member-at-Large, nominators must simply reside or work in Ontario. Nominators must complete and submit a nomination form, along with a brief biography of the nominee.

Incumbent directors who wish to be re-elected must submit a nomination at the end of each two-year term. Directors may be elected to a maximum of three consecutive terms.

Board members must commit to a two-year term and are expected to attend meetings five times per year. Board members may also be expected to chair a committee and prepare reports and recommendations for board discussion. Board member positions are voluntary, but are reimbursed for mileage and other approved expenses that may incur.

Board members will be elected prior to the Annual General Meeting (AGM), which will take place on Thursday, October 20, 2022.

Completed nominations forms are due no later than Wednesday, July 13, 2022. You can also submit your nomination by form or online by visiting <https://awards.werpn.com/nominations-for-the-werpn-board-of-directors/>.

We appreciate your participation in this electoral process and look forward to receiving your nominations.

Bylaws

1.0 Division Into Regions

1. The Association shall be divided into seven (7) regions, with each region representing the geographic areas covered by two Local Health Integration Networks (LHINs).
WeRPN members can find what LHIN they are in by logging on to www.lhins.on.ca and using their postal code to find their appropriate LHIN.

Currently, there are four regions – region 2, 4, 6, 7 and Member at Large – that are up for election for the board of directors of WeRPN.

WeRPN Region	LHIN Numbers	LHIN Names
2	3, 5	Waterloo Wellington & Central West
4	7, 8	Toronto Central & Central
6	9, 12	Central East & North Simcoe Muskoka
7	13, 14	North East & North West
Member-at-Large *one year term		

1.02 Qualification for Directors

1. Each Director shall:
 - a) Have maintained a Membership in the Association for a minimum of two consecutive years preceding his or her nomination;
 - b) Meet the requirements for directors in the Act;
 - c) Be a member in good standing of the College of Nurses of Ontario

1.03 Election of Directors

1. Directors shall be elected for a two-year term at an Annual General Meeting (AGM) of the Association members.

The role of the Board of Directors is to represent the member in issues of Governance for the Association.

Competencies include but are not limited to:

- Working with people;
- Consensus-building;
- Conflict resolution;
- Teamwork;
- Leadership and motivation;
- Ambassadorship;
- Ethical conduct and conflict of interest;
- Knowledge of today's nursing environment; and
- Engagement.

Please Print Form Details

Nomination Form for WeRPN Board of Directors Regions 2, 4, 6, 7 and Member at Large

Nominee's Name _____

Address _____

Postal Code _____ Phone _____ Fax _____

WeRPN Region _____ (Note: Only for Regions 2, 4, 6, 7 and MAL)

WeRPN Reg # _____ College of Nurses # _____

E-mail Address _____

Signature of Nominee _____

Nominator's Name _____

Address _____

Postal Code _____ Phone _____ Fax _____

WeRPN Region _____ (Note: Only for Regions 2, 4, 6, 7 and MAL)

WeRPN Reg # _____ College of Nurses # _____

E-mail Address _____

Signature of Nominator _____

Please mail to WeRPN, 5025 Orbitor Dr, Bldg 5, Suite 200, Mississauga, ON L4W 4Y5 or complete and email online form available in the **member's section** at www.werpn.com to kflores@werpn.com by July 13th, 2022. If you have any questions, please contact Kristel Flores, by email at kflores@werpn.com, or by phone at 905.602.4664/1.877.602.4664, ext. 234.

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We RPN
Registered Practical Nurses
Association of Ontario

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Johnson Insurance is a tradename of Johnson Inc. ("Johnson" or "JI"), a licensed insurance intermediary. Home and car policies underwritten exclusively, and claims handled, by Unifund Assurance Company ("UAC"). Described coverage and benefits applicable only to policies underwritten by UAC in ON. JI and UAC share common ownership. Eligibility requirements, limitations, exclusions, additional costs and/or restrictions may apply and/or vary based on province/territory. *As of March 1, 2021, \$960 combined savings available on home and car insurance if the following discounts are applicable: conviction free, multi-line (home and auto), multi-vehicle, winter tire, stability, and member (home and auto). Dollar savings may vary otherwise. *NO PURCHASE NECESSARY. Open May 1, 2022 to April 30, 2023 to legal residents of Canada (excluding Nunavut) who at the time of entry: (1) have reached the age of majority in their jurisdiction of residence and (2) are a member of an eligible recognized group of JI with whom Johnson Inc. has an insurance agreement. Twelve (12) prizes available, each consisting of \$2,500 CAD. One prize is awarded after each of the 12 months of the contest. Each draw includes all eligible entries since start of contest. Odds of winning depend on the number of eligible entries received. Math skill test required. Rules: <https://pages.johnson.ca/2500prize>