

We are

Fall 2024

# Practical Nursing

**The Power of  
Research in  
Elevating RPN  
Voices**

**We RPN**

Registered Practical Nurses  
Association of Ontario



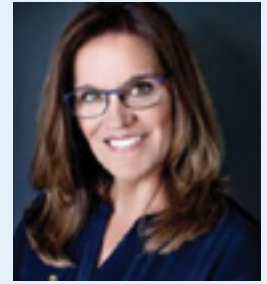
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## Inclusive Care: Creating a Safe and Equitable Healthcare Environment

# Contents

- 3 **CEO's Message**  
We Are Making a Difference
- 4 **President's Message**  
Reflections on Leadership, Progress and the Future of RPNs
- 6 **Nursing, Research**  
The Power of Research in Elevating RPN Voices
- 7 **WeResearch**
- 9 **FEATURE**  
**Inclusive Care**  
Creating a Safe and Equitable Healthcare Environment
- 11 **We are Advocates**  
Dispatches from Queen's Park
- 13 **We are Representatives**  
2024 Board of Directors
- 14 **FEATURE**  
**From Caregiver to Patient**  
An RPN's Journey
- 16 **FEATURE**  
**Artificial Intelligence**  
Revolutionizing Nursing Education and Practice
- 20 **Exploring Career Pathways for RPNs**

# We Are Making a Difference



Over my nursing career, I've had the unique privilege of experiencing firsthand the profound impact that Registered Practical Nurses (RPNs) have on the lives of their patients. One of the most touching aspects of my role is meeting the fellow nurses I represent.

There is nothing I love more than when a nurse introduces themselves and tells me their nursing story. These moments, whether in restaurants or healthcare settings, remind me of the extraordinary work RPNs do every day and just how lucky I am to not only be a part of this amazing profession but to also be able to serve you in my current role.

The most profound way that I have learned the value of what RPNs do is in the times when I or a member of my family has needed care. On the few occasions when I've accessed healthcare services, it's always heartwarming to encounter someone who whispers, "I know who you are, and I'm going to assign you an RPN to care for you." It's a testament to the respect and admiration that all nurses know I have for RPNs.

Reflecting on my own experiences, I remember giving birth at the hospitals where I worked in labour and delivery and feeling immense trust and confidence in my colleagues. As a childbirth nurse, I knew my care providers well, which eliminated one significant source of anxiety. This familiarity and trust in our nurses allowed me to focus on what mattered most, feeling secure and cared for by those I knew and respected.

We nurses speak the same language and share a deep understanding of the healthcare landscape. This connection allows us to exchange vital information effortlessly, knowing it's not about seeking special treatment but about mutual respect and shared commitment to excellent care.

Recognizing RPNs through chance encounters or being recognized by them has always been an honor that reinforces my belief in their exceptional capabilities. We nurses speak the same language and share a deep understanding of the healthcare landscape. This connection allows us to exchange vital information effortlessly, knowing it's not about seeking special treatment but about mutual respect and shared commitment to excellent care.

The theme of this Fall Journal, "Our Care Makes a Difference," resonates deeply with me. I lost both my parents to cancer in their 50s and took that journey with each of them. My dad received excellent care in the hospital, while my mom, who

was also a nurse, preferred to be at home for her final days. In Kincardine, we had VON nurses visiting every day to provide exceptional care that both my mom and I cherished.

Despite my extensive nursing background, I struggled to separate my roles as a nurse and a daughter. I vividly remember an incident where my mom's dressing was soaked, and I felt an overwhelming sense of guilt for not noticing it earlier. The nurse kindly reminded me, "You are not the nurse here; you are the daughter." It was a powerful reminder that in times of personal crisis, we don't have to be both the caregiver and the family member. The nurses who cared for my mom gave me the incredible gift in that moment of allowing me to be a daughter first.

Even now, 27 years after my mom's passing, I remember fondly these nurses who supported us. They ensured I had their phone numbers and responded immediately to the house when I called at 4 in the morning to let them know my mom had passed. Their compassion extended beyond their duties as well when they attended my mom's funeral, nearly an hour away. Their kindness left an indelible mark on my heart and was an important part of my healing through my grief, demonstrating the lasting impact our interactions can have on patients and their families.

As nurses, we often don't realize the profound influence we have on those we care for. Our patients may not remember our names, but they will never forget the care and compassion we provide. The legacy of our work lives on in the hearts of those we touch, creating a ripple effect of gratitude and appreciation that can last a lifetime.

As RPNs, our care truly makes a difference. It's a privilege to be part of such an extraordinary profession, where the bonds we form and the care we provide can transform lives. Let's continue to honour and celebrate the incredible work of RPNs, knowing that our care leaves an everlasting impact on those we serve.

A handwritten signature in cursive script that reads "Dianne Martin".

**Dianne Martin, RPN**  
CEO, WeRPN

# Reflections on Leadership, Progress and the Future of RPNs



As I reflect on my time as President of the WeRPN Board of Directors, I am filled with a profound sense of pride and gratitude. Serving in this role for the past two years has been an incredible journey, one that has allowed me to witness firsthand the resilience, dedication and compassion of Registered Practical Nurses (RPNs) across Ontario. I am deeply honoured to have had the opportunity to represent such a remarkable community.

Throughout my tenure, I have seen our profession evolve in ways that are both exciting and challenging. The healthcare landscape is changing rapidly, and as RPNs, we are at the forefront of that transformation. I am proud to have had the opportunity to represent Ontario's RPNs and to advocate for our profession at every turn. Whether it was joining forces with MPP Frances Gélinas and other nursing leaders to support the Patient-to-Nurse Ratios for Hospitals Act or speaking up on behalf of RPNs across various platforms, I have always been committed to ensuring our voices are heard. It has been a privilege to advocate for you, and I am confident that together, we will continue to advance the role of RPNs in healthcare.

As we look to the future, one of the most significant developments on the horizon is the integration of artificial intelligence (AI) into our work. As we discuss in another article in this issue, while AI is still in its early stages within the nursing profession, it has undeniable potential to enhance the way we deliver care.

AI can revolutionize how we approach patient care, making it more personalized and efficient. From predictive analytics that help us anticipate patient needs to decision-supported tools that aid in clinical judgment, AI is gradually becoming a valuable ally in our practice. Although I haven't yet seen AI fully integrated into Emergency Departments, the discussions around its potential are growing. I believe that in the coming years, AI will be embedded into our education programs, equipping the next generation of RPNs with the tools they need to navigate a rapidly changing healthcare environment.

As we embrace new technologies, we must also remember that the essence of nursing lies in the human connections we form with our patients. AI can assist us, but it can never replace the empathy, intuition and compassion that you bring to your role. As we move forward, it will be crucial to strike a balance between leveraging technology and maintaining the personal touch that is so integral to the care we provide.

In addition to the impact of AI, another trend that has caught my attention is the increasing variety of career opportunities available to RPNs. When I first entered the nursing field, the traditional path often led to pursuing a Registered Nurse (RN) designation. However, I am delighted to see that many RPNs today are choosing to explore the vast array of roles within our scope of practice, finding fulfillment in the unique opportunities that being an RPN offers.

Throughout my career, I've had the privilege of wearing many hats — from working in Wealth Management at a major bank to serving on the ski patrol at Blue Mountain. I was even a firefighter for a time and worked as a first responder. Each role taught me valuable lessons, but it was my journey through these varied experiences, especially following an injury that required multiple surgeries, that ultimately led me to nursing.

As an RPN, I have found my true calling, where I can combine all the skills I've acquired to make a difference in the lives of others. This diverse background has given me a deep appreciation for the varied paths that RPNs can take. Whether in community care, mental health, long-term care, or the fast-paced environment of the ER, there is no limit to what RPNs can achieve.

I have spoken with many of you who have shared your stories of finding purpose and passion in roles that are uniquely suited to your skills and interests. I am continually inspired by the innovation and creativity that RPNs bring to their work, and I believe that our profession is stronger because of the diversity of experiences that each of us brings to the table.

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## President's Message

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As my tenure as President ends, I am confident that the future of our profession is bright. We are entering a new era in healthcare, one that will require us to be adaptable, forward-thinking and united in our commitment to providing the best possible care for our patients. I have no doubt that the RPNs of tomorrow will rise to the challenge, just as we have done time and time again.

Finally, I would like to express my deepest gratitude to each one of you, especially my fellow Board members and our CEO, Dianne Martin. It has been a privilege to serve as your President, and I am proud of all that we have accomplished together. I look forward to seeing the continued growth and success of our profession, and I am excited to see how AI and other advancements will shape the future of nursing. Thank you for your unwavering dedication to our patients and our profession. Together, we will continue to make a difference.



**Dickon Worsley, RPN**  
President, WeRPN

# The Power of Research in Elevating RPN Voices

Victoria Pringle, BScN RN, RPN, Sherry Espin, PhD, RN, Alyssa Indar, PhD, RN and Sue Bookey-Bassett, PhD, RN

Victoria Pringle started her career as an RPN on a surgical ward a decade ago before deciding to pursue a graduate certificate in Perioperative Nursing. Through this experience, Victoria gained a range of surgical knowledge and expertise working in operating rooms at Hamilton General Hospital and McMaster Children's Hospital.

**IN 2021**, Victoria returned to school to pursue her Bachelor of Science in Nursing (BScN) and recently graduated with her BScN from Toronto Metropolitan University and has begun her career as a RN working in the operating room.

As part of her studies, Victoria partnered with Dr. Sherry Espin through a WeRPN-funded research fellowship which explored the optimization of the role of RPNs in the operating room. This research was co-led by nursing faculty and knowledge users allowing Victoria to contribute her important perspective from the lens of being an RPN actively working in the operating room.

"It has been eye opening hearing from other RPNs in the province and understanding that the struggles are not limited to one geographical area," reflects Victoria.

“We need to ensure that leadership understands what RPNs can do and create policies to support better RPN utilization.”

Her biggest takeaways were the need to expand the RPN scope of practice in the operating room, especially amid the current health human resource crisis, and the need for enhanced support for RPN practice from organizational leadership. "We need to ensure that leadership understands what RPNs can do and create policies to support better RPN utilization."

This research has also helped Victoria to feel connected with participants, many RPNs, who expressed feeling the need for practice to change. The research process gave them a space to speak up and bring their voices forward. "I feel that this research has helped to use our collective voice to drive change together."

Victoria valued the opportunity to have her voice heard in such a unique way by stepping into this fellowship and engaging in relevant research that draws on her clinical expertise.

"Doing the research and analysis helped me understand the gaps, but also to understand what kind of evidence we need to improve practice for RPNs in the operating room," explains Victoria "Engaging in research was a way to break barriers that exist for RPNs like me. That was extremely important and meaningful."

By providing funding support and important opportunities for RPNs to lead research and drive meaningful change in the RPN practice, WeRPN is helping to lead change for the profession and healthcare in general. Through this study, researchers were able to provide useful recommendations to better utilize RPNs in the operating room that will create ripple effects for those working in practice, leadership, policy, education and research.

"We are positioned for continued engagement with RPNs in subsequent work that will continue to elevate RPN voices and include their perspectives in evidence that shapes their practice."

For RPNs who want to be involved in research that has a direct impact on both patient care and the health system, Victoria recommends embracing opportunities to engage in research and look for those mentorship opportunities, like the WeRPN fellowship: "Building a strong mentor-mentee relationship can enhance your learning experience. Don't be afraid to get out there and know that your voice is important and valued. You can create change and meaningful impact in practice."

Victoria feels profoundly grateful for having this opportunity that included being supported through her own research journey. Her parting advice to RPNs who are considering research is to "Take the leap. Don't be afraid to speak up. There are people here to support you and the opportunities exist."

For more information about the WeRPN-funded research study, *Optimizing the Role of the RPN in the Operating Room: Exploring Facilitators and Barriers to Facilitate Career Opportunities*, please email: Dr. Sherry Espin - [sespin@torontomu.ca](mailto:sespin@torontomu.ca) or [research@werpn.com](mailto:research@werpn.com).



# We Research

Over the past three years, WeRPN has sponsored 10 research grants, supported 7 RPN research fellows and facilitated 28 recruitment and partnership initiatives. These efforts have generated 15 scholarly publications and over 30 professional and academic presentations. Each piece of research has contributed to one of four key priorities in our 3-year strategic research plan (SRP): the valued role of RPNs, delivery of care, excellence in practice and health human resources and workforce planning.

Together with RPNs across the province, collaborators, and key partners, we have established a new WeRPN research program infrastructure governed by a research advisory council.

Looking ahead, our next SRP will focus on driving an evidence-informed practice. Our goal will be to continue increasing the representation of RPNs in the literature to provide a better understanding of our profession, address issues, maintain up-to-date knowledge of emerging evidence, and inform our practice and care delivery.

We've received a fantastic response to our fourth call for research and RPN fellowship proposals, and following a thorough evaluation process, WeRPN approved funding for seven new research studies and three new RPN research fellows for 2024-2025.

Each of these studies includes RPNs as key members of the research teams. The projects align with WeRPN's research priorities and aim to produce applicable, usable, and relevant outcomes that will benefit our profession.

## RESEARCH TOPICS INCLUDE:

- **Registered Practical Nurse leaders' experiences of managing and responding to workplace violence and harassment in home and community care** led by Sonia Nizza at VHA.
- **Registered Practical Nurse and role clarity: A qualitative study of the lived experiences of RPNs and interprofessional collaboration in an inpatient rehabilitation hospital** led by Sonya Canzian at Unity Health.
- **Optimizing the Registered Practical Nurse role in acute care: Generating evidence to inform nursing workforce retention strategies** co-led by Dr. Alyssa Indar and Dr. Sherry Espin at Toronto Metropolitan University.
- **Registered Practical Nurses' knowledge and experience with post-stroke spasticity in long-term care** led by Dr. Amanda McIntyre at Western University.
- **New graduate Registered Practical Nurses' readiness for practice in acute care settings** led by Mary-Jan Ducsharm at Conestoga College.
- **Examining the implementation and impact of introducing Registered Practical Nurses in acute care hospital setting** led by Dr. Marianne Saragosa at the University of Toronto
- **Supporting data-informed and person-centred care planning by RPNs in community-based transitional care: A multi-method participatory study** led by Dr. Margaret Saari at Saint Elizabeth Health

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Research grants

7

Research fellows

28

Recruitments & partnerships

15

Scholarly publications

30

Professional presentations

**IN ADDITION TO THESE RESEARCH STUDIES, WE ARE THRILLED TO ANNOUNCE THREE NEW RESEARCH FELLOWSHIP PROJECTS:**

- **Palliative care for persons with dementia micro-credential training for BEGIN recipients working in their new roles in long-term care or home care.** Attila Kovacs, RPN is the research fellow and will work closely with his mentors and have support of his executive sponsor.
- **Registered Practical Nurses knowledge and experience with post-stroke spasticity in long-term care.** Jennifer Walker, RPN is the research fellow and will work closely with her mentors and have support of her executive sponsor.
- **Emotional Model of Care.** Oghenefegor Uwejeja, RPN is the research fellow and will work closely with her mentors and have support of her executive sponsor.

These projects highlight the exceptional contributions of RPNs across various health sectors. Nursing research is crucial for developing knowledge about health, care of people and communities, and for identifying evidence that can address health challenges and inform practice and policy.

Throughout my career in healthcare, I've witnessed the remarkable contributions by RPNs, but I have also been frustrated by the lack of understanding about our roles. It has been an honour to help drive evidence forward and build a repository of RPN resources and publications. This work fosters a better understanding of our profession, keeps us informed about emerging evidence, and provides practice evidence for better care.



# Inclusive Care

Creating a safe and equitable healthcare environment



## Inclusive Care: Creating a Safe and Equitable Healthcare Environment

Access to healthcare that is patient-centred and inclusive is a basic human right. Inclusive healthcare considers the needs of each patient individually including people living with HIV, those in at-risk communities, members of the 2SLGBTQI+ community, people with addictions or mental health disorders, Indigenous populations and others who may face unique healthcare challenges that are further compounded by who they are as a human being.

Canadian newcomers are another population who often face barriers to healthcare due to language, culture and religious beliefs that create additional challenges when accessing medical coverage or appropriate translation services become additional hurdles. Indigenous populations may seek care that integrates their traditional practices, such as smudging or healing circles; and connecting underserved individuals like those experiencing homelessness can be challenging due to complex health needs and a significant lack of resources within the healthcare system.

The obstacles to equitable healthcare for the 2SLGBTQI+ community often include heteronormative assumptions made by medical professionals — for instance, asking if a patient has a “girlfriend” or “boyfriend” instead of a “partner.” Such assumptions can discourage individuals from seeking care due to fears of discrimination. Even the materials in waiting rooms often use binary language, categorizing sexuality into two groups — heterosexual or homosexual, creating an unwelcoming or potentially stigmatizing environment for those who identify differently.

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When I encountered a doctor who asked for my pronouns and respected my journey, I finally felt seen as a whole person, not just a patient.

“As a transfemale, finding a healthcare provider who truly understands and respects my identity has been a challenge. There were times I felt invisible, dismissed, or judged in medical settings. But when I encountered a doctor who asked for my pronouns and respected my journey, I finally felt seen as a whole person, not just a patient.” — Anonymous

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Deanna Clatworthy, RN, and WeRPN Board Member notes, “If [a patient doesn’t] don’t feel comfortable in the waiting room, they won’t stay.” This illustrates why inclusive language is crucial to creating a healthcare environment that ensures all individuals, regardless of their background, receive the quality of care they deserve.

Beyond learning the proper terminology, healthcare providers must communicate effectively with patients to ensure they feel safe and comfortable during appointments. It is acceptable to ask patients if they have a preferred pronouns for example. This gesture signals respect and can help break down barriers, leading to better communication and more successful patient interactions. It’s also important to focus on relevant health issues for the population you are serving. If a patient presents with a sore shoulder, their gender or country of origin may not be relevant and should not become the exam’s focal point.

Training for all healthcare staff, not just nurses, is vital to overcoming barriers to inclusive healthcare. Clatworthy emphasizes the importance of educating everyone, from paramedics and nurses to front-desk staff and doctors. Comprehensive training across all roles in healthcare ensures everyone is prepared to offer inclusive, quality care.

“Patients shouldn’t have to go to specialized clinics,” Clatworthy argues. “All healthcare professionals should be trained to provide inclusive, quality care to everyone.”

Although education is key to promoting inclusivity in healthcare, many current healthcare providers did not have the opportunity to learn these skills during their initial training, as inclusive healthcare education was not widely available in nursing and medical programs 10–20 years ago.

### **Currently, more schools are incorporating comprehensive inclusivity training into their curricula to bridge gaps and better prepare future healthcare professionals.**

Clatworthy, who is currently pursuing her Nurse Practitioner (NP) degree, is encouraged by the growing emphasis on inclusive healthcare in educational settings. “There’s quite a focus on it,” she says. “There’s even an entire textbook on inclusive healthcare now, which is exciting! It’s becoming a mandatory part of healthcare education programs.”

For those unable to return to school, many online courses, such as those offered by Rainbow Health Ontario, provide easy to access education about inclusive healthcare. WeRPN also offers resources promoting inclusive healthcare, such as our cultural competence learning modules.

Inclusive healthcare is not only impacted by gaps in educational training but also by the lack of opportunities for healthcare professionals to learn the specific skills needed

to meet the evolving and diverse needs of all patients. While healthcare providers frequently update their technical skills, not all have the chance to gain expertise in areas like gender-affirming care, which is vital for the 2SLGBTQI+ community. Finding a family physician can be challenging enough, but for those in the 2SLGBTQI+ community, locating a primary care provider who offers services such as hormone access is often even more difficult.

“It’s reasonable to presume that when physicians with a roster of more than 2,000 patients engage in their yearly education, they’re going to focus on topics that frequently arise in their practice, such as diabetes,” Clatworthy explains. “As a result, they may not have the time to learn how to prescribe hormones for gender-affirming care.”

While progress has been made towards a more inclusive healthcare system, significant work remains to ensure that all patients, regardless of their background, receive the care they need and deserve. Emerging trends within platforms like telehealth, could offer opportunities to meet the needs of diverse populations, by reducing barriers for patients living in remote areas, those with mobility challenges as well as those with language barriers.

### **For healthcare to become truly equitable, healthcare providers, policymakers, and communities must collaborate to create a system that embraces inclusivity.**

This includes advocating for policies that promote health equity, investment in research on health disparities and fostering a culture of inclusion within healthcare institutions.

Inclusive healthcare is not just a moral imperative — it is essential for better health outcomes for all. By understanding and addressing the unique needs of diverse patient populations, healthcare providers can offer respectful, compassionate and effective care in safe, welcoming and judgment-free environments. Improving access to services will also help to alleviate the strain on hospitals and emergency departments by preventing patients from resorting to the ER when inclusive care is unavailable. As we move forward, it is crucial to continue to strive for a more inclusive and equitable healthcare system where every patient feels seen, heard and cared for.

# QUEEN'S PARK DISPATCHES

We are continuing our advocacy efforts for RPNs across Ontario, focusing on key issues like nurse-to-patient ratios, improving working conditions, and addressing burnout.

In late 2023 and early 2024, WeRPN travelled to five cities around the province to host the Leading Change: RPN Community Conversations town hall series, providing opportunities for members to gather and discuss the issues they continue to face every day at work. The events allowed RPNs to engage directly with their local elected officials about the challenges in Ontario's healthcare system and to provide information on meaningful solutions and improvements based on RPN experience.

We started in Brampton, where WeRPN members met with Don Valley East MPP and Liberal Health Critic, Adil Shamji, to discuss how RPNs can maximize their skills and transform the healthcare system when given the proper tools.

Our second stop was in Ottawa, where we were joined by Ottawa-Vanier MPP Lucille Collard and Ottawa Centre MPP Joel Harden. The discussion focused on the nursing profession in

Ontario post-pandemic and the range of issues that limit RPNs are from delivering optimal care — from burnout to issues in home care.

Next, we hosted our first town hall of 2024 in Kitchener-Waterloo, where local members met with Kitchener Centre MPP Aislinn Clancy, Guelph MPP and leader of the Green Party of Ontario Mike Schreiner and Waterloo MPP Catherine Fife, who all commended WeRPN and our members' ongoing advocacy toward improving nursing wages and workload.

For our final stops in late February and March, we visited Niagara Falls and Kingston. In Niagara, we were joined by Niagara Centre MPP Jeff Burch and a staff member of Niagara Falls MPP Wayne Gates, and in Kingston we were joined by Kingston and the Islands MPP Ted Hsu.

At all of our town halls, local WeRPN members discussed and provided real-life examples of all the issues we have been advocating for: professional development for RPNs, reduced reliance on nursing agencies, addressing burnout and implementing fair wages. These discussions made a profound impact and we look forward to more opportunities to share our experiences at future in-person engagements.





## LEGISLATION

### Bill 192, Patient-to-Nurse Ratios for Hospitals Act

One of the most pressing issues affecting RPN retention-rates is a lack of mandated nurse-to-patient ratios. Legislating these ratios would ensure that RPNs are able to provide the appropriate level of care for all our patients instead of being forced into decisions about what care to provide within a limited time frame, often leading to moral distress.

Our Private Members Bill, championed by Nickel Belt MPP France Gelinas, aimed to introduce these ratios by targeting Ontario's Health Protection and Promotion Act. If passed, it would have added a section that sets out clear patient-to-nurse ratios for hospitals based on the British Columbia and other international models that the Ministry of Health must ensure are not exceeded. The bill is focused on ratios in hospitals as a starting point, but we are actively continuing to advocate for these ratios to be instated across sectors including long-term care.

In early June, we held a press conference alongside MPP Gelinas and our sector partners, the Ontario Nursing Association, the Ontario Public Service Employee's Union and SEIU Healthcare, to detail the need for this legislation and urge the government to pass Bill 192.

Although the bill did not progress successfully, it presented the opportunity to raise awareness of proven solutions to support nurses and our healthcare sector. We made it clear that nurse-to-patient ratios are a win-win for nurse workloads, Ontarians' quality of care and fiscal efficiencies. In doing so, we have successfully articulated and created a proven record of our efforts to support RPNs and provide concrete solutions to nursing staffing shortages – and we will continue the advocacy fight.

The Ontario healthcare system must truly value its nurses to retain them. We will continue to demand better for RPNs, because all nurses deserve a manageable workload and healthy environment, and Ontarians deserve the high-quality healthcare that RPNs provide.



## ADVOCACY

### Looking forward – Fall Advocacy Day

Our 2024 advocacy work is not over yet – we are planning a fall advocacy day this November at Queen's Park. There is no better way to amplify our advocacy than to host an entire day of bringing RPN voices right to the doorstep of government.

Through meetings with elected officials and a reception, we will share the lived realities and experiences of RPNs in hospitals, long-term care facilities, retirement homes and local communities to ensure government understands how important each of you is. WeRPN Board of Directors, staff and a select group of members, will be holding meetings with MPPs to explore how we can work together towards creating a stronger, more resilient healthcare system that provides the best care possible and affords RPNs the work environment they deserve. This opportunity for face-to-face interaction and sharing of personal experiences from RPNs will be crucial for having our voices heard and action taken. Keep an eye out in your inbox for a registration form to indicate your interest in participating, and in our spring edition of the magazine, a recap of the fall advocacy day.



# 2024 Board of Directors

Welcome to our newest acclaimed board members!



**Vanessa Trent, RPN**

Region 7

North East & North West – North West area

Vanessa has been an RPN since graduating from Bow Valley College in 2007. She brings a diverse experience from across acute and primary care.

After spending 13 years in urgent care settings in Calgary and Moose Jaw, she transitioned to primary care with a Family Health Team in Kenora, Ontario in 2017 in pursuit of a better work-life balance.

The pandemic led Vanessa to join the front lines, where she took on a role at Waaseghiizhig Nanaandawe'iyewigaming, blending clinical nursing with holistic care. She is a strong advocate for the advancement and autonomy of RPNs, with a passion for leadership and professional growth.

In addition to her clinical work, Vanessa is passionate about the advancements and autonomy of the RPN scope of practice. She is a strong advocate for these areas and is interested in furthering this advocacy through board membership. Nursing in a geographically challenging area has helped Vanessa develop resourcefulness and adaptability, qualities that drive her commitment to professional growth.

When not working, Vanessa is a proud mother of three and enjoys outdoor adventures with her children.



**Lydia Mead**

Region 2

North East & North West – North West area

Lydia grew up in Port Hope, Ontario, in a family of seven children where helping others was a core value. Known for her strong work ethic, she started working at a young age, helping her father repair pipe organs and continued to balance part-time jobs throughout school.

After saving for post-secondary education, she earned her Practical Nursing diploma from Conestoga College in 2022, gaining healthcare experience while working at a local retirement home.

Lydia now works at Grand River Hospital on an in-patient surgery floor, where she is known for her dedication to patient care and mentoring new staff.

She joined the WeRPN board in 2021 as a student representative and currently serves as the Board Member at Large, advocating for RPNs across Ontario. Lydia plans to run for the Region 2 board position in 2024.

# From Caregiver to Patient: An RPN's Journey



In the world of healthcare, Registered Practical Nurses (RPNs) are a vital part of the healthcare continuum, providing essential care and support to their patients. But what happens when an RPN finds themselves on the other side of the bedrail, as the patient?

Norma, an experienced RPN and Director of Professional Practice with WeRPN, recently had this experience after a severe ankle injury required both surgery and a hospital stay. Her story provides a unique insight into the healthcare system from the perspective of a healthcare provider turned patient.

## **THE INCIDENT**

Norma's ordeal began in the most unexpected way. One morning, as she was leaving her house to work at WeRPN, she fell down three steps in her garage, resulting in an open, displaced fracture of her ankle. Already in significant pain, Norma had the presence of mind to avoid looking at her injured foot, called for her son to come assist her and quickly called 911. Living in a rural area, Norma faced an 11-minute wait on hold before her call was answered, followed by a 35-minute wait for the ambulance. The reality of rural healthcare became starkly clear: delays that could exacerbate a serious injury were a terrifying possibility.

## **EMERGENCY RESPONSE AND HOSPITAL ADMISSION**

Once the paramedics arrived, Norma's journey took a more reassuring turn. Despite the initial fear and uncertainty, the paramedics provided immediate and professional care, which continued once she reached the hospital emergency department. Here, the severity of her injury was confirmed through X-rays, and she was heavily sedated for pain management. Norma, with her background in healthcare, understood the implications of her injury – the potential for long-term disability – which added an emotional burden to her physical pain.

## **A UNIQUE PERSPECTIVE IN THE POST-SURGICAL UNIT**

After her surgery, Norma found herself in a post-surgical unit where many of the nurses were fellow RPNs. One of her primary nurses was familiar with her through her work at WeRPN. "It was an honour to be taken care of by someone who understands the challenges and rewards of our profession," Norma recalls. This connection and Norma's work with WeRPN allowed for insightful conversations about job satisfaction and staffing levels of the nurses caring for her. She was pleased to learn that despite the broader challenges in healthcare, her caregivers felt supported and happy in their roles.



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It was an honour to be taken care of by someone who understands the challenges and rewards of our profession.

At Cortellucci Vaughan Hospital, where Norma was treated, she observed excellent leadership and a well-staffed unit. “I never had to wait long for anything,” she says. I felt so cared for, which is a different narrative than what we often hear, but it was my experience.” Norma’s stay highlighted that, despite systemic issues, there are pockets of excellence in nursing management, which allows healthcare workers to feel empowered to provide top-notch care.

#### THE EMOTIONAL TOLL AND SILVER LININGS

Norma’s experience wasn’t without its emotional challenges. The initial shock of her injury, compounded by her knowledge of potential complications, was profoundly distressing. However, the empathy and professionalism of her healthcare team provided immense comfort. “When you’re a nurse, there’s a bit of a connection when you say, ‘I’m a nurse.’ It didn’t change the level of care, but it was a nice bond,” she explains. This sense of camaraderie among healthcare professionals was a significant positive aspect of her experience.

Throughout her five-day hospital stay, Norma encountered numerous healthcare providers, many of whom were RPNs. These interactions gave her hope and reaffirmed her belief in the importance of

the nursing profession. “Despite the hard experience, those small encounters with so many dedicated providers were uplifting,” she reflects.

#### THE BIGGER PICTURE

Norma’s journey from caregiver to patient underscores the complexities and challenges within the healthcare system. Her experience reveals both the strengths and weaknesses, particularly in rural healthcare access and the critical role of leadership in creating supportive work environments. “It still worries me that there is work to be done,” she admits. The delays she faced in emergency response highlight the urgent need for improvements in rural healthcare infrastructure and resources.

**As healthcare providers, we must strive to ensure that every patient, whether a fellow caregiver or not, receives the care, respect, and dignity they deserve.**

However, her story also emphasizes the dedication and resilience of healthcare workers who strive to provide the best care possible despite systemic challenges. The excellent care she received, the support and happiness of

the staff, and the leadership at Cortellucci Vaughan Hospital offer a glimpse of what is possible when healthcare systems function optimally.

Norma’s experience is a powerful reminder of the impact of healthcare professionals’ work and the importance of continued advocacy for improvements in the system. As healthcare providers, we must strive to ensure that every patient, whether a fellow caregiver or not, receives the care, respect, and dignity they deserve. Norma’s journey has reinforced her commitment to making a difference, advocating for better support for healthcare workers, and striving for a healthcare system that meets the needs of all patients.

Norma’s story is not just about an injury and recovery; it’s about the broader narrative of healthcare in Ontario. It’s a call to action for better rural healthcare resources, stronger support systems for healthcare workers, and an enduring commitment to patient-centered care. As RPNs, we are reminded that our care truly makes a difference, both on the giving and receiving ends.

# Artificial Intelligence: Revolutionizing Nursing Education and Practice



No, robots are not about to take over nursing, but the rapid advancement of artificial intelligence (AI) is predicted to transform nursing across all areas of practice, including administration, clinical care, education, policy, and research.

As AI Health Technologies (AIHTs) continue to evolve, there is a need for curricular reform and the development of competencies that will enable Ontario's nurses to thrive in an AI-driven healthcare environment.

## **THE GROWING INFLUENCE OF AI IN NURSING EDUCATION**

Researchers have identified two key areas where AI is expected to have a profound impact in nursing: academic institutions and clinical practice. In academic settings, AI is already being used to enhance simulation-based learning, with technologies such as humanoid robots, cyborgs, and face-tracking software becoming more prevalent.

These tools allow nurse educators to create more realistic and tailored simulation experiences, helping students to develop critical clinical judgement and decision-making skills.

For instance, face-tracking software has the ability to analyze students' emotions during simulations, providing educators with valuable insights into their stress levels, engagement, and

understanding of the scenarios. While not in use yet, this information could enable educators to adjust the simulations in real-time, ensuring that each student receives the support they need to succeed.

Closer on the horizon, predictive analytics, powered by machine learning (ML), can be used to assess students' clinical decision-making processes, allowing educators to identify areas where additional training may be required.

Richard Booth, an assistant professor at the Arthur Labatt Family School of Nursing in London, Ontario, says there's a critical need for nurses to understand and engage with emerging technologies.



He told *Canadian Nurse* that if the nursing profession does not take an active role in the development and implementation of these technologies, both the profession and patient care could be negatively impacted.

“If we don’t mediate this technology, someone will do it for us,” he said, stressing that nurses must be proactive in shaping the future of their work, particularly as some predictable and less complex nursing tasks are likely to be automated.

Booth advocates for nurses to take the lead in determining which aspects of their roles can be automated and which should remain under human control. By guiding the integration of AI and automated systems, nurses can ensure that the more holistic and compassionate elements of patient care are preserved.

“We need to give technology nurses’ roles in a deliberate manner to ensure it fits the needs of our patients.”

Certain tasks, such as information management and physical tasks like portering and supply delivery, could be appropriate for automation, he added.

Increased involvement in the technological evolution of healthcare could also offer career benefits for nurses. Booth predicts that nurses who embrace these changes will likely see greater opportunities for career advancement, similar to what has been observed in industries like food services and manufacturing. As automation becomes more prevalent, Booth envisions many nurses will transition into higher-level roles, overseeing patient care and coordinating the activities of other workers and technologies to ensure that care is delivered effectively and appropriately.

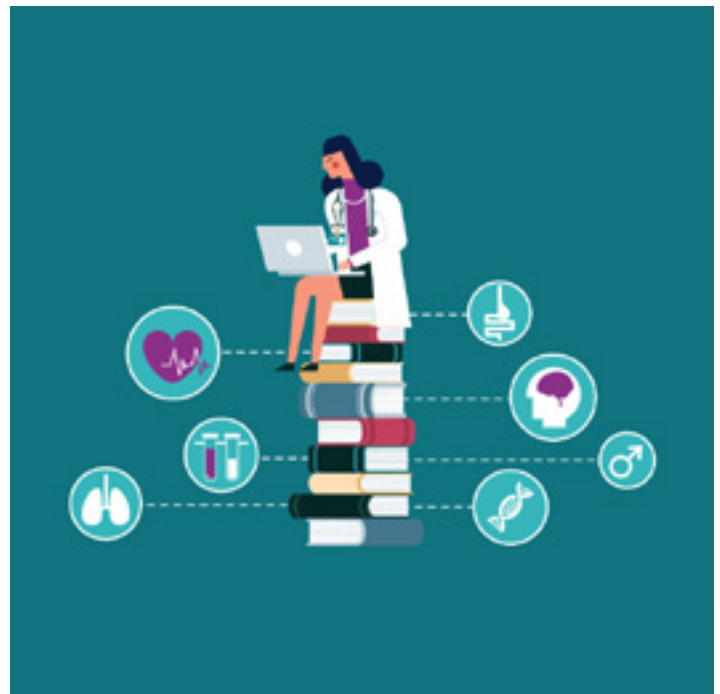
#### **CURRICULAR REFORM AND THE INTEGRATION OF AI IN NURSING EDUCATION**

To prepare nurses for the future, curricular reform is urgently needed in both academic institutions and clinical practice settings. Courses and training must be updated to include AI and digital health technologies, ensuring that nurses are equipped with the knowledge and skills required to work effectively in an AI-driven healthcare system. This includes integrating informatics, digital literacy, and ML into the nursing curriculum, as well as possibly developing new specialties such as a nurse-engineer role.

A nurse-engineer role could combine nursing principles with engineering concepts, allowing nurses to co-design AIHTs and contribute to their development and implementation. By involving nurses in the design process, healthcare organizations can ensure that the technologies being developed are practical, user-friendly, and aligned with the needs of both patients and healthcare providers.

In addition to curricular reform, nurse educators must incorporate AI to better support students at all levels of education. This might involve collaborating with information technologists, robotics experts, and computer programmers to create multidisciplinary learning experiences.

By working together, these professionals can bridge skills gaps in nursing and support the development of new roles, such as clinical data scientists, medical software engineers, and digital medicine specialists.



Among these recommendations, it identified 8 areas for immediate action, including:

- Identify new care delivery models, responsibilities and competencies for nurses in all roles and sectors to support the interface between nursing science, person- and family-centred compassionate care and AI.
- Conduct a thorough review and reform of nursing curricula to ensure congruency of the nursing role with present needs and future demands of emerging AIHTs.
- Develop a strategic plan to build capacity for basic informatics skills and data/digital literacy in the existing and future nursing workforce.
- Implement new and revised professional codes of ethics and standards of practice that articulate nurses' responsibilities and accountabilities in relation to the use of AIHTs.
- Prioritize rigorous, nurse-led interprofessional research to inform policies and procedures to support the co-design, development, implementation and evaluation of AIHTs in nursing.

## THE ROLE OF PROFESSIONAL DEVELOPMENT IN PREPARING NURSES FOR AI

As AIHTs become more pervasive in the healthcare system, ongoing professional development will be essential to ensure that practicing nurses maintain relevant competencies and skills.

Professional development opportunities, such as courses and workshops, should be tailored to the specific needs of different groups, including point-of-care nurses, nurse educators, and nursing informaticians. For example, nurse educators may require training on how to incorporate AI into their teaching practices, while clinical nurses may need support in using AI-powered predictive analytics to improve patient care.

Nursing informaticians, in particular, will play a crucial role in establishing a strong foundation of evidence regarding the necessity of nursing data. This data can be used to inform professional development workshops and clinical competencies, ensuring that nurses are prepared to work with AIHTs in their practice settings. Moreover, examining predictive analytics models in the clinical setting can help build capacity among less experienced nurses, enabling them to understand and apply AI's personalized decision-making processes.

In 2020, The Registered Nurses Association of Ontario released a report with 15 recommendations intended to “support efforts to prepare nurses and nursing students to leverage AIHTs to augment the patient experience while ensuring the delivery of high-quality, clinical, person-centred compassionate nursing care; and facilitate the successful interface of relevant emerging AIHTs within the nursing profession.”

## THE FUTURE OF NURSING: BALANCING TECHNOLOGY AND COMPASSIONATE CARE

While AIHTs have the potential to revolutionize nursing practice, it is essential that the nursing profession does not lose sight of its core values, including compassionate care.

As AI technologies become more integrated into healthcare, nurses must be equipped with the skills to balance the human caring needs of their patients with the technological advancements at their disposal. This will require a deep understanding of how AIHTs can be used to support, rather than replace, the nurse-patient relationship.

For example, virtual avatar apps that simulate human conversations can be used to provide patients with additional education, coping strategies, and mental health support. Social robots with natural language processing abilities can offer companionship to residents in long-term care homes, helping to alleviate feelings of loneliness and isolation. However, it is crucial that nurses remain actively involved in these interactions, using their expertise and empathy to ensure that the technology is being used in a way that enhances, rather than detracts from, the quality of care.

Dr. Alex Wong, Canada Research Chair for Artificial Intelligence, told CBC that rural Canadians will see “an even greater impact” as the science helps doctors, nurses and specialists in regions with fewer staff and resources are even more limited.

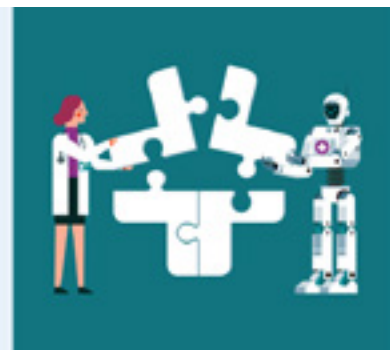
“That’s where AI can really come into place,” Dr. Wong said.

According to Dr. Wong, some of the areas where AIHTs will change the workplace include:

- Organizing the mountain of paperwork that human staff have to handle currently.
- Taking stress off the system by making patient records and histories much easier to access.
- Assisting with staff scheduling, with a focus on anticipating when shortages will crop up.
- Examining X-rays, MRI scans, CT scans and other digital images that doctors and specialists now study, and providing extremely accurate diagnoses.

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By guiding the integration of AI and automated systems, nurses can ensure that the more holistic and compassionate elements of patient care are preserved.



He added that some of those tasks are already being carried out by AI health systems in Toronto and Montreal.

One example is the work of José Côté, a professor at the Université de Montréal, who has pioneered a virtual nursing platform named TAVIE (Traitement, assistance virtuelle infirmière et enseignement).

This innovative system uses pre-recorded nurse videos to help patients manage their health conditions and make behaviour changes. As patients interact with the platform by answering multiple-choice questions, an algorithm selects the most appropriate video to play. The personalized nature of these videos, combined with the empathetic expressions of the virtual nurse, has resonated deeply with patients. She says that patients work with the virtual nurses and that the system has been effective in helping HIV patients improve their medication adherence.

Côté views technology as a valuable ally in nursing, one that enhances rather than diminishes the role of the nurse. She believes that virtual interventions like TAVIE are most successful when they are integrated into traditional care, with nurses encouraging patients to engage with the technology during routine visits.

This integration not only complements the care provided by nurses but also strengthens the bond between nurse and patient, she told Nurse Magazine. Looking forward, Côté

envisions a future where interconnected home and hospital systems enable nurses to provide more timely, personalized advice based on ongoing patient feedback, thereby extending the nurse's role beyond the confines of the hospital.

#### **EMBRACING AI IN NURSING EDUCATION AND PRACTICE**

The emergence of AIHTs presents both challenges and opportunities for the nursing profession. To ensure that nurses are prepared to meet the demands of an AI-driven healthcare system, significant changes are needed in nursing education and professional development.

At the same time, it is essential that the nursing profession remains committed to its core values of compassionate care. By striking the right balance between technology and human interaction, nurses can ensure that they continue to provide high-quality, person-centered care in the age of AI.

As the largest group of regulated health professionals in Canada, nurses have a unique opportunity to shape the future of healthcare by embracing AI and using it to enhance their practice and improve patient outcomes.



## EXPLORING CAREER PATHWAYS FOR RPNs

As healthcare continues to evolve, so do the roles within it. Registered Practical Nurses (RPNs) play a vital one, providing skilled and compassionate care across diverse healthcare settings. RPNs have access to a wide array of fulfilling and specialized career pathways. This profession offers not just a job but a dynamic career filled with opportunities for personal and professional growth.

### DIVERSE CAREER OPTIONS FOR RPNs

One of the most compelling aspects of being an RPN is the various career paths available. Whether you're drawn to the fast-paced environment of acute care, the steadfast support in LTC, the intimate setting of community nursing, or the specialized focus of mental health or palliative care, RPNs can find a niche that aligns with their interests and strengths while pulling from a variety of skill sets to meet their client's needs.

In acute care settings, RPNs are integral to hospital operations, providing bedside care, administering medications and supporting patient recovery. Those who thrive in high-energy environments may find fulfillment in emergency departments or surgical units, where RPNs have become more present and play an important role.

For RPNs with a passion for community health, opportunities exist in public health units, schools, or home care. These roles allow RPNs to build lasting relationships with patients, offer preventative care and health education while supporting and managing chronic conditions. Community health also provides the chance to significantly impact population health, particularly in underserved communities.

Mental health nursing is another specialized area where RPNs can excel, whether in psychiatric hospitals, addiction treatment centers, or community mental health programs. This specialization requires a deep understanding of mental health issues, strong communication skills and the ability to build trust and rapport with patients.

Palliative care is another area where RPNs make a significant impact, providing compassionate end-of-life care that requires clinical skills, empathy and understanding. RPNs provide a variety of care interventions some of which include pain management, emotional support, and ensuring dignity and comfort for their patients and their family members during difficult times.

### CAREER SUPPORTS FOR RPNs

The journey of an RPN is supported by a wealth of resources and opportunities for continuing education and professional development. Many organizations, including WeRPN, offer webinars, courses, and mentorship programs designed to help RPNs enhance their skills, stay current with healthcare trends, and explore new areas of practice. WeRPN also provides valuable guidance and support to RPNs who are exploring new career directions or seeking new professional opportunities.

Continuing education allows RPNs to specialize in areas such as wound care, infection control, or diabetes management. These development opportunities not only enhance patient care but also open doors to new career opportunities for nurses. Mentorship programs provide invaluable guidance, helping newer RPNs navigate the complexities of the healthcare system by pairing up with a more experienced nurse. These relationships can provide RPNs with the confidence and support they need to pursue their career goals.



I think there is a stigma among RPNs that to advance your career, you have to go into a degree program. But when I look at all of the things I've accomplished as an RPN, it makes me feel so proud and honoured to be an RPN!

SUE STRUTH, RPN

Sue Struth, RPN, Nurse Facilitator at Conestoga College, reflects on her journey: “I think there is a stigma among RPNs that to advance your career, you have to go into a degree program. But when I look at all of the things I’ve accomplished as an RPN, it makes me feel so proud and honoured to be an RPN!”

In addition to formal education and mentorship, RPNs benefit from a strong network of peers and professional organizations advocating for their interests. These networks foster collaboration, knowledge sharing and collective growth, ensuring RPNs are well-equipped to meet the challenges of their profession. Many nurses leverage these supports to move into leadership positions or transition into specialty areas where there is high demand for skilled practitioners.

#### **REAL-LIFE STORIES: RPNs WHO FOUND THEIR NICHE**

Many RPNs have built fulfilling, impactful careers within their scope of practice, without feeling the need to transition to an RN or NP role. These nurses embrace the unique opportunities available to RPNs, finding joy and fulfillment in their chosen specialties. The career profiles of these RPNs are both inspiring and empowering.

Some RPNs have found their calling in long-term care facilities building deep, meaningful relationships with residents while providing consistent, compassionate care. Others have pursued careers in

perioperative nursing, assisting in surgical procedures and ensuring patients are cared for throughout their surgical journey. Some RPNs venture into leadership roles, managing teams of healthcare providers or overseeing specific units within healthcare facilities combining their clinical expertise with strong leadership to improve patient care and drive innovation in their workplaces.

Regardless of the path, these stories are a testament to the flexibility and diversity of the RPN role and underscore that RPNs will find a career path that aligns with their passions and goals.

#### **THE FLEXIBILITY OF THE RPN ROLE**

One of the greatest advantages of being an RPN is the flexibility in career development. RPNs can easily transition between different specialties, explore new areas of practice, and adapt to changes in the healthcare landscape. This flexibility is particularly valuable for those balancing work with family responsibilities, further education, or other personal commitments. It allows RPNs to continually evolve in their careers, ensuring long-term satisfaction and fulfillment.

Blanche Durocher, RPN, Director of Personal Support Care, reflects on how the role of RPNs has evolved: “From where I started 25+ years ago to where we are now, nothing is truer regarding RPNs than the infamous slogan, ‘You’ve come a long way, baby!’ I think the respect has grown exponentially.”

#### **PRACTICALLY ENDLESS POSSIBILITIES FOR RPNs**

The variety of roles and settings available to RPNs ensures that they can find a career path that aligns with their passions and professional goals. With a constant emphasis on growth and learning, RPNs are also encouraged to pursue education and professional development through formal education, workshops, or on-the-job training.

The stories of RPNs who have found joy and success in their careers are a testament to the unique and rewarding opportunities available. With the right support, education and resources, RPNs can explore a multitude of career options – the possibilities are practically endless. By embracing the diverse opportunities within the profession, RPNs can build a lifelong career that brings them fulfillment, satisfaction and a sense of purpose.