

Nursing Profiles

Where can a degree or diploma in nursing lead you? More places than you imagined. Below are profiles of three nursing graduates and their very divergent career paths.

Veronika Pulley, Blood Conservation, Windsor Regional Hospital

Like many who enter nursing, Veronika Pulley knew from a young age what her chosen career would be - she became an RN in 1975. Five years ago, she chose a nursing position that took her from being a bedside nurse into a very different clinical area of nursing.

She became the Blood Conservation Coordinator at Windsor Regional Hospital. She is one of 27 coordinators in 25 Ontario hospitals, funded through a Ministry of Health initiative that promotes improving/optimizing hemoglobin levels for clients during the pre operative period in order to decrease the need/risk of blood transfusions either during or after surgery.

With any surgery, there is loss of blood. "When one receives a blood transfusion, there may be potential health implications such as possible exposure to adverse effects, a longer length of stay in hospital and sometimes an increased risk of infection" explains Pulley. The cost of a single unit of blood may be as much as \$400. It is estimated that by decreasing transfusion rates for identified surgical procedures, the province could save up to 15 million dollars annually.

Hemoglobin (the part of the red blood cell that carries the oxygen) levels are assessed and alternatives/strategies are explained to the client to help improve these levels before surgery. Strategies/alternatives such as improved dietary intake of iron rich foods, the use of an oral iron supplement and a medication called "Eprex" are offered to the clients who have a lower hemoglobin level. Side effects, risks and benefits of these choices are explained to the client so that they, in collaboration with their surgeon, can have an active role in their surgical care. This program at Windsor Regional is a collaborative effort including the patient, their family, surgeons, nurses in preadmission, laboratories, pharmacies and an outside walk in clinic and their staff - success depends on everyone. "Working with clients is very satisfying and the additional aspect of research is also gratifying" states Ms Pulley

Since funding is through the Ministry of Health, quality assurance for the program is measured by data collection/research on those clients participating in blood conservation. Anonymous data collections (with patient consent) are conducted every year and submitted for analysis provincially to determine transfusion rates. Each participating hospital also receives its own analyzed data for review to measure program success. When this program started in 2002/2003 transfusion rates for joint (knee) replacement was 36% provincially, currently it has decreased to 16.5%. At WRH, the transfusion rate initially was 18.3% and has decreased to being consistently less than 10% over the last few years - the latest data indicates a transfusion rate of 6.1% for knee replacements. "In Ontario, blood conservation is a success story" states Ms Pulley.

Blood Conservation also provides increased patient satisfaction as the clients are involved in the decision making process for their own health care.

Until recently, Canada's blood transfusion rates indicated that Ontario had the highest utilization of blood products. In recent years, the blood utilization rate has been decreasing closer to the national average and since 2007/2008, Ontario's rate is below the national average. This information indicates that a blood conservation strategy is successful in Ontario.

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Debbie Kane, Nursing Professor, University of Windsor

Debbie Kane had some great mentors when she attended university. That drove her decision to try to provide that same service to the next generation of nursing students.

"I think I had some great mentors in my undergrad years - Dr. Sheila Cameron, for example. They really impacted my life as a nurse educator and I wanted to have that impact too."

Started at the University of Windsor in 1976. "I went into the field because always wanted to be a nurse. I thought it offered many opportunities to work with people."

After earning her BScN degree, she worked at the War Memorial Children's



Debbie Kane

Hospital in London in neo natal intensive care unit in 1980. "I worked there three years and it was very exciting but it could be very stressful with babies facing dire circumstances." However, Kane developed an allergy to the soap and had to consider other career options.

"Public health had always been an interest of mine, so I went to the London-Middlesex Health Unit and worked part-time on my master's degree because I knew I wanted to teach."

She finished her master of nursing degree in 1989 and accepted position at the University of Windsor.

"The great thing about teaching is that you have that time with students but also with clients and patients," says Kane. "When you're with students, they are practising under your licence. And in first year, when they are nervous about touching people, you end up doing a lot of hands-on nursing."

Kane teaches Community and Population Health, Women's Health, Health Promotion, Environmental Health and Research Methodology.

Her research interests include Quality of Worklife Issues, Recruitment and Retention of Nurses, Workplace Wellness, Work-Family Balance, Health Promotion through the Lifespan, and Women's Health.

For Kane, the challenge of teaching is staying current in the field. "You do it through your research in your area of expertise. My area is health promotion through the life span.

"I've done research with a variety of initiatives including quality of work life. People used to question the relevance of quality of work life for nursing in the 1980s. It seemed obvious to me that your worklife impacts your health and your patients. That when you feel happy and well, you provide better care."

Kane is currently doing a large project on violence in the work place at Hotel Dieu-Grace which should be completed this summer.

"If you're not feeling safe, it absolutely impacts the quality of care you're providing. Safe work places relates to a nurse feeling safe from co-workers and patients (nursing is one of the highest report of injury from patients and co-workers."

Drug reactions and side effects can lead a patient to behave in ways they normally wouldn't, putting a nurse at risk. As can a client who has dementia. "I once had a 16-year-old who had encephalitis who got confused and bit me. When she found she'd done it afterward, she was horrified. What can we do to help ensure safe workplaces for both clients and staff."

Kane enjoys the research component of her job because "it allows you to find answers - or identify more questions - to our clinical practice that isn't perfect. We develop knowledge through research. It is based on something in our clinical area where we've identified a problem. For example, the way we used to dress wounds was later found to be destroying tissue."

Only a very small percent of nurses go on to teach in university, says Kane, primarily because the majority want to do hands-on nursing.

"Also, it is a long process to get a master's and PhD and have family; it is not like other disciplines where the student can complete a PhD by age 28."

Nursing education has changed since Kane was in school: "The availability of clinical placements has greatly decreased... that has been a challenge to offer real-life experience. We have wonderful opportunities through our simulation labs but the thing about nursing is to get experience with real people," says Kane.

"There has also been a change in health care. We really are focusing on keeping individuals healthy so our curriculum has changed. We are including more public health, community health and health promotion. Students want to focus on "real nurs-



Liz Haugh

ing" and, while acute care is vital to nursing practice, the community is predicted to be where 70 percent of health care is carried out."

The most important lesson Kane hopes to teach her students is compassion, caring, the importance of hearing what your patients say, and being current in evidence-based practice.

"We don't teach things just because it's the way we've always done it. What we teach students today in first year will be outdated by the time they graduate. They need to know how they can be current versus memorization of data."

The reward for Kane is watching her students grow within their nursing knowledge. "To watch them learn and love what nursing is about is very rewarding."

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Liz Haugh - Director of Health Promotion, Windsor Essex County Health Unit

Liz Haugh has always evolved toward leadership. The Ontario Public Health Association president-elect notes that, "I usually end up chairing the committee or president of boards I'm on. It's a challenge but I enjoy them on that level."

Haugh works for the Windsor-Essex County Health Unit as one of two nurses that respond to community emergencies/out-

breaks in Windsor-Essex.

After earning her degree in 1971, Haugh went on to earn her master's degree in nursing.

"There was never any doubt that I would be a nurse. I grew up in a very medical family of doctors and nurses. It was genetically programmed into me."

She started off as a staff nurse in the public health unit in 1979, and then became a manager in different roles in different departments.

While working full-time, she was also involved in her union and in the College of Nurses. "I always found I enjoyed the stimulation and enjoyed working with people on that level."

She acknowledges that it is unusual for nurses to move into administration:

"It isn't typical. About 20 percent of nurses move into administration. But a lot of nurses really enjoy the frontline... that hands-on level of nursing. But if you want to see policy change and see that change through, you go into administration."

"A really good way to reinforce your own job is to be involved provincially - it enriches what you do on the home front."

Of her current position, Haugh says, "it's a great job; the people are fantastic. The challenge is time management - trying to juggle everything and do all the things we want to do. We don't have enough resources - a sign of the times. We have new standards to implement and need double the resources to do it right."

For those nurses hoping to break the barriers, Haugh advises getting the requisite education. A BSCN is the minimum.

"You have to really want to be in management to do well in management because of the challenges. Some nurses just really prefer one-on-one with the clients."

The benefits, says Haugh, are the ability to affect change.

"You have some limitations but you can make things happen to hopefully the betterment of the service being provided."

What is the key to being a good manager? "You need good staff. It is a team game. Everyone needs to work together. It's never top down; it's always bottom up."

Haugh herself is working to implement policies in regard to workplace issues. "We're trying to have some influence in terms of creating a positive culture from a nursing standpoint."

She also enjoys teaching a course at the University of Windsor, "Leadership and Management. "It is an exciting opportunity to see the students' hopes and aspirations."

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