

Making a career change

Local nurses follow their hearts with rewarding results

Carole Gill's story

You don't always get second chances in life. But for some, all it takes is a bit of determination to discover that you change your life for the better.

Carole Gill had worked at Hotel Dieu-Grace for more than two decades when she decided the time had come to switch directions.

"Palliative care has always been my passion," says Gill. "I finally decided to focus my career on that."

She is now the palliative pain and symptom management consultant for Windsor-Essex. She is mandated to build capacity with health care providers to provide palliative pain and symptom management. She does so by mentoring young nurses to manage pain, and to provide quality hospice palliative care and end-of-life care to the people in our community.

Gill works out of her home as an independent practitioner and is funded by the Ministry of Health as a southwest region program consultant.

"There are six consultants in our southwest region," she explains. The consultant program was initiated in 1993 through the Palliative Care Initiative of Ontario. In August 2001, she was offered the position and took six weeks to make up her mind after the interview.

"The hospital had been my career from the day I graduated – so that was my comfort level. It was a huge, huge decision. I think the fact that it was my passion that put it over the top. I thought, what do I have to lose? It might be something I will really, really like."

In resource utilization, Gill dealt with issues such as the utilization of beds and resources, and helping with discharge planning. Working in palliative care has meant the ability to focus on something that has always been very important to Gill.

"It's probably a bit of just the way I am. But in working in emerg over 20 years, I always struggled with the fact that people died in the emerg room alone, without their families, just with medical personnel. I really struggled with that. I have a firm belief that dying alone is people's greatest fear. I always wondered how I could make it better, how could we make sure they didn't feel that way."

Gill also wanted to focus on pain management. "Many people who come to emerg are there for pain. Many times I felt we weren't managing pain properly because most often

we didn't know why it was happening. They hadn't had the tests yet that would tell us that. I had a need to manage that pain better and respond to their request for help."

Gill did a lot of extra studying and took courses on pain management – a huge component of end-of-life care.

The challenge in her position is working alone – time management, in particular. "When working out of your home it's not the same time parameters. If you wake in the middle of the night, you think, 'I could be working on the computer – you can overdo it."

"The more you are involved, the more work is generated beyond what I am mandated to do."

When she is asked to see someone who is having complex palliative issues (from pain management to spiritual issues) she requests that the patient's nurse is present so she/he can see what doing the assessment looks like. "So the next time, she or he can do it on her own. I cross sectors – I provide care in homes, hospitals and in communities. I'm very unique in that way – I don't work in any particular organization – I can teach support workers, a pharmacist, social works, nurses... everybody. Education is an important component."

Gill coordinates three hospice palliative care programs for the community (The Fundamentals of Hospice Palliative Care; The Advanced Hospice Palliative Care Education for Support Workers; and Comprehensive Advanced Hospice Palliative Care Education for RNs and RPNs).

"It's very busy but very rewarding. It's rewarding on a personal level for me because I feel that I can influence the change in that person's illness; and I can build confidence and quality in the care that the health providers give; when I hear about the impact, it is so powerful."

How difficult was it to make the transition in her career? "I was prepared in my knowledge base although I had a learning curve on some of it; but I didn't have knowledge of politics of community and long-term care. I was ill-prepared for how much learning I had to do about how the community and long-term care worked. It took a good year to get myself a good grounding."

She cites the support of her husband for her perseverance: "He couldn't be more supportive then he is. He is the one who tells me 'it's 11 o'clock at night – get off the computer!' My community partners also help – Hospice of Windsor, Windsor Regional Cancer

Centre, the hospitals – those who were already doing this kind of work helped me when I was learning. We have a strong community and the partners are phenomenal – supporting the person and their family through this journey."

What advice would Gill give to others considering such a drastic career change? "Talk to someone who has made a similar change and discuss the advantages and disadvantages."

The rewards far outweigh the work! It is very frightening at first – a couple of times I thought – 'what have I gotten myself into!' But when I hear people say that I was so meant to do this, it reaffirms that I made the right decision. I've been blessed to have a career I love."

Yemmi Calito's story

It didn't take long for Yemmi Calito to realize that being an office administrator wasn't for her.

"I had taken a medical office administration program at St. Clair and got a job at Hiram Walkers. But I had always liked the nursing profession – something about it always intrigued me – being there at a time in a person's life when they are vulnerable."

During her schooling, Calito had had a placement at Hotel Dieu Gace in her last semester and noticed the nurses on the floor as they helped patients, and the memory of that inspired her.

"I decided to go into nursing. It seemed like a good move given both my own desires and the economy. Health care seems to offer job security."

She decided to go back to school right away, starting at St. Clair in pre-nursing and then moving into the nursing program for two years before transferring to the University of Windsor.

It was an eventful three years. "During the time I was in school, I got engaged and married and, in my fourth year, had a baby." How did she keep up?

"My husband Eduardo is very supportive. And I didn't work – I took care of school and family. It worked out well. I delivered my baby at the end of April, and school had just finished for the summer."

Calito has just completed her academic training. "Thank God! Light at the end of the tunnel," she says. She will take the Canadian Nursing Registration exam in June and has applied to the Ontario government's New Grad Initiative program.

The new graduate guarantee is a program



Carol Gill works as an independent practitioner; was employed for the hospital for over 25 years, ventured out on her own to pursue her passion – palliative care

that will ensure that all nursing students graduating can work full-time. New grads who participate in the program will be funded for seven months of full-time work. The program was announced by the Ministry of Health and Long-Term Care as a way to keep Ontario's nursing graduates in the province.

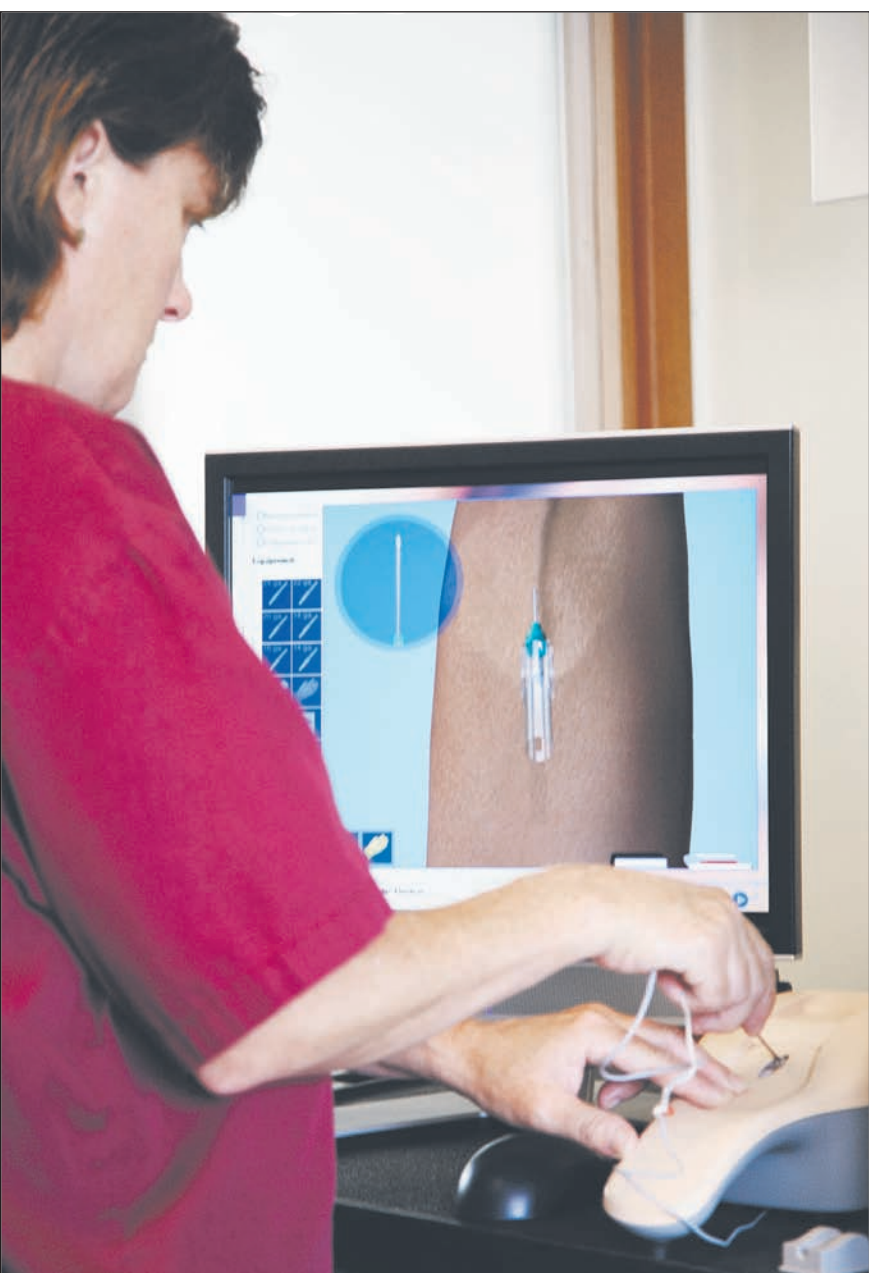
This program, which provided \$89 million in the first year and multi-year funding thereafter, is something RNAO has advocated for since 2003. All too often, nurses who are educated in Ontario travel to other provinces or the United States in search of full-time work, but they are badly needed here as the province copes with its own nursing shortage.

"In fact, I just got a call from them and I have an interview set up." Success would mean a guaranteed job for seven months and her foot in the door.

"It would be great to get hands-on experience – that is usually required when you apply for a job"

For Calito, the most challenging aspect of switching careers was leaving a secure job and income for the unknown and debt of earning a degree and diploma and hoping to find work.

The rewards, for her, are obvious. "The patients. Knowing that you are taking care of someone during the most vulnerable time of their lives – you are someone for them to listen to. Hearing them say 'thank you' and seeing their smiling faces is the most rewarding part for me."



Nursing Statistics

- Nurses are the largest group of health-care professionals in Canada. In 2008 (the most recent data available), there are 4,069 Registered Nurses, 1,030 Registered Practical Nurses and 41 Registered Nurses in the Extended Class (nurse practitioners) in Windsor-Essex.

- The ratio of nurses employed in Canada to the population in Windsor-Essex in 2008 is one nurse for every 95 persons.

- Just over four percent of the nurses in Windsor-Essex are male.

- In Windsor-Essex only 67.1% of Registered Nurses and 52.3% of Registered Practical Nurses are employed on a full-time basis. Research suggests full-time employment results in improved quality of nursing practice for the client, continuity of care for the client and improved nurse retention and recruitment.

- 16.8% of the nurses who live in Windsor-Essex work outside the province of Ontario.

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