Helping you make an informed Decision

The 10th Annual Professional Development & Education Supplement
A hidden truth: Hostility in Healthcare

Kathleen Bartholomew

A nurse rolls her eyes when you ask her for help. A new nurse is given the most difficult patient on the floor so others can...” See more

A core tenant of all health care workers, whether physician or nurse, is “First Do No Harm”. Bullying is a term used when someone has more perceived power than you do like your manager or a doctor. Horizontal hostility is used to describe disruptive behaviors between peers. Both are part of a category called disruptive behavior and are extremely hurtful to the patient - because human beings can’t think straight when they are upset. "Simply witnessing rude behaviors in the workplace significantly impairs our ability to perform cognitive tasks" (Porath).

One day on morning rounds I discovered a patient had just been rushed to the intensive care unit with an oxygen saturation of only 52 per cent. I took the patient machine into my office and was shocked to find that the patient received many times the prescribed dosage. When the young nurse came into my office she told a story I will never forget: “I was about 7 or 8 minutes late for my shift last night. When I came around the corner of the nurses’ station, a group of nurses who had been talking suddenly stopped when they saw me. I don’t mean to be paranoid, but the conversation never picked up again. I went into the ladies room – you can hear from there you know. Ellie said, “She’ll never make a good nurse, will she?” Then someone else whose voice I didn’t recognize said, “She just doesn’t have what it takes. Does she?” I let that go...’

Nurse-to-nurse hostility: Under the radar

Unfortunately, in the health care culture, many times these behaviors are viewed as “normal” because they have existed for generations. Nurses simply do not realize the tremendous impact of hostile behaviors on their self-esteem, patient safety, or performance. So do most nurses possess the skill set necessary to confront each other. The Bully Busting Bill passed in 2010 in Canada requires all employees to respond to these insidious behaviors after a nurse died as a result of complacency.

All too often, administrators continue to fail to see the impact on patient safety (32 per cent linked disruptive behavior to an adverse event) - or cost (over $11,000 per nurse per year) - if they did, they would move swiftly to end these behaviors with the urgency of calling a code. Instead, senior leadership has historically perceived relationship issues as “soft stuff,” or a “HR issue”, and therefore not worthy of serious budget allocations. Another reason that leaders do not see the impact is that staff rarely, if ever, share the real reason why they left a position for fear of a bad reference or not being a team player. Staff who have experienced hostility leave many weeks or months after the specific incident so that no one can identify the real reason for their departure (Porath and Pearson).

Since the most common communication style of nurses is passive-aggressive, and the most common way nurses deal with conflict is avoidance (Forte), nurse-to-nurse conflict is seldom resolved in the workplace. Instead, it runs underground – undermining the very relationship bonds that are the foundation of a healthy workplace. As professionals, nurses must demonstrate the healthy relationships that are mandatory in today’s complex and fast-paced health care setting. However, often you will hear nurses excuse these behaviors by saying “She’s a good nurse”. As one American Association of Critical Care essential standard states, “Nurses must be as proficient in communication skills as they are in clinical skills.” Proficiency in communication and conflict management skills would eliminate the majority of hostility.

Even if staff have been given the tools to communicate effectively we know that people tend to revert back to their old styles of communicating when under pressure. Monitoring the social health and well-being of a unit requires constant vigilance. In all honesty, most managers or directors are rarely on the floor due to a heavier workload that keeps them at meetings, traveling, or in their office. So another barrier to reso..."
Imagine, create, deliver, practice...

Better Education. Better Outcomes.™

Educators, did you know?

- University of Toronto accredited continuing education programs and events are viewed as providing the most valuable learning experiences in the marketplace.
- You can receive free access to our Educational Consulting Experts who can advise on best practices, program development/design (including needs assessment, objectives, and learning formats), accreditation and evaluation strategies.
- Effective execution is a critical component in delivering innovative, outcome-based continuous learning experiences.
- No event or program is too big or too small whether it be local, national or international in scope. The Office of CEPD will work with you throughout the planning and execution of your event from beginning to end regardless of the size of program being planned, the location, or the extent of services required. Take advantage of our award-winning, state-of-the-art, integrated online event management system and our expertise in logistics and promotional services (including graphics, advertising and marketing).

Learners, did you know?

- All University of Toronto accredited events undergo an academic peer review process to certify that curriculum is rigorous, scientifically sound and qualifies for continuing education credits for participating healthcare professionals.
- As the largest provider of CEPD in Canada, our online registration services and management of continuing education records for healthcare professionals is unparalleled, creating CE profiles of learning activities that can be used as documentation for maintenance of certification. Our system links with the CFPC and RCPSC membership profiles allowing for permission-based automatic transfer of continuing education credits (registrants simply need to provide their national college ID number).

We are here for you!

Visit us at www.cepd.utoronto.ca to learn more about our professional services and programs and how we can assist you.

Browse our extensive list of upcoming accredited events – designed to fulfill your continuing education and professional development needs and peer reviewed to deliver quality education and outstanding learning experiences.

www.cepd.utoronto.ca

Join us on Facebook: www.cepd.utoronto.ca/facebook
Follow us on Twitter: www.cepd.utoronto.ca/twitter
Watch us on YouTube: www.cepd.utoronto.ca/youtube
Stay connected on Linkedin: www.cepd.utoronto.ca/linkedin

University of Toronto
Faculty of Medicine

Office of Continuing Education and Professional Development
Faculty of Medicine
University of Toronto
Phone: 416.978.2719
Toll free: 1.888.512.8173
Email: info.cepd@utoronto.ca
A hidden truth: Hostility in healthcare

Continued from page II

While roughly 10% of all professions report disruptive behaviors, the number is higher in healthcare – about 30%.

lutions is that no one with any author-
ity, skill or power is witnessing hostile behaviors.

One of the most vulnerable popula-
tions for hostility is new nurses, of which up to 60 per cent leave their first position within the first 6 months spe-
cifically because of some form of lateral violence. In a global nursing shortage, this statistic is particularly dishearten-
ing. However, research shows that raising awareness of horizontal hostility and teaching a set of skills to help new nurses deal with the non-verbal assaults allows them to depersonalize the attack and continue to learn (Griffin). The key is awareness and communication.

Solutions to reduce nurse-to-
nurse conflict

The first step in creating healthy work place relationships is to point out the behaviors that are unacceptable. Put up a flyer that describes the hostile behaviors. It is critical that the man-
ger have the same rules for all roles – regardless of position or years of expe-
rience. It’s not easy to pay attention, act upon, and follow-up with staff who roll their eyes, make sarcastic comments (or otherwise alienate co-workers) when you’re juggling so many other priorities. And it takes time, consistency and mas-
terful communication skills to alter the current nursing culture.

Tip: Say what you see

Julie, I noticed that you rolled your eyes when you picked up the assign-
ment sheet. Did that mean you are unhappy with the assignment?

Ninety-three percent of all com-
munication is non-verbal- and it’s the non-verbal behaviors like sighing or turning away that are the most upset-
ting. “Unmanaged conflict results in the high costs of personnel turnover, absenteeism, loss of productivity, and in some instances, loss of life” (Harraway). Clearly, investing time and energy to end negative and destructive behaviors has a tremendous payoff: retention, healthy relationships, cohesive teams, and most of all – safe patients.

The manager’s role

Leaders who encourage nurses to resolve their own issues and who pro-
vide education on communication and confrontation skills will find that the investment far exceeds their expecta-
tions. A major cause of conflict is a sense of powerlessness (“That’s the way it is around here”, “Nothing will change” attitude). Consistent with the oppression theory, staff who lack authority or power will act out their frustrations toward each other. In response, the most important action a nurse manager can take is to empower staff to take care of their own relation-
ships, as well as the quality and safety of the workplace.

To do this, nurses will need assertive communication skills. Because manag-
ers are not omnipresent, it is critical to first ensure that head nurses possess the skills and tools they need to feel confi-
dent in confronting conflict on the unit before initiating staff education. Then, provide education on conflict-manage-
ment and assertive communication for staff (or incorporate these classes as part of a staff education day.) Post a flyer which defines horizontal hostility and reminds staff of the behaviors that are unacceptable.

If a staff member comes to you for help in resolving an issue, offer to role-play the conversation and provide coaching – but set the expectation that THEY will be solving the problem and that your role is supportive. Another proven strategy is to ask staff to develop a unit based philosophy which clearly states unit behavioral standards. No where is guidance more needed than in leading staff to realize that they them-
selves have the power and ability to create a work environment where every single team member is valued, appreci-
ated and acknowledged.

What can a staff nurse do?

One of the most effective strategies in dealing with nurse to nurse conflict has been to teach staff about the role of the “silent witness”. As one nurse recently realized: “I’ve never said anything bad about another nurse in my whole career, but on the other hand, I stand there and listen while one nurse is talking badly about another. I’ll never do that again.”

When staff witness gossip or back-
stabbing, the psychological safety of the workplace is in jeopardy. (If they are talking about someone who isn’t present, then they are talking about you when you are not present.) A culture of horizontal hostility can only occur when you have secrecy, shame and a silent witness. We can take away the secrecy and shame by openly discussing damag-
ing behaviors, stopping the pretense that these behaviors are harmless and can be ignored, and setting the expectation that it is not only unprofessional to stand by and be a silent witness while another nurse is being criticized, but unethical. Why? Because there is no doubt that these behaviors are upsetting and

Continues on page X
The Masters Certificate in Healthcare Management

The first and only comprehensive certificate program in Canada for healthcare professionals seeking to achieve excellence in healthcare leadership.

March 2 - June 16, 2012
14 days over 4 months

Program Features

- World-class instruction by academic experts and accomplished healthcare and business leaders
- Best practices from other industries that can be applied to the healthcare sector
- Key trends and issues in healthcare that will demand leadership excellence
- Learning through an anchoring project that can be applied immediately to your workplace

Who Should Attend?

- Professionals in leadership positions in private or public healthcare
- Individuals seeking to increase their leadership capacity and influence within the system
- Managers, directors, physicians, researcher’s administrators, team leaders, and other senior officials in healthcare organizations
- Those preparing for their next career level

Next Steps to Receiving Your Masters Certificate in Healthcare Management

1. For complete program details Visit www.seec.schulich.yorku.ca/mchm
2. To ask a question about the program Contact Emma Pavlov, Program Director, at 416.736.5079 or 1.800.667.9380. E-mail: execedinfo@schulich.yorku.ca
3. Join us for an online information session January 17, 2012 (12:00 – 1:00 pm EST) RSVP at www.seec.schulich.yorku.ca/infosessions

Module 1 > March 2 (0.5 day) The Role of the Healthcare Leader
Module 2 > March 2 (0.5 day) System Integration in Healthcare – The Ontario Experience
Module 3 > March 3 (1 day) Excelling with Emotional Intelligence
Module 4 > March 16 (1 day) Critical Thinking – Planning with Extreme Uncertainty
Module 5 > March 17 (1 day) Practical Project Management
Module 6 > March 30 (1 day) Leading Change in Healthcare
Module 7 > March 31 (1 day) Lean – A Prescription for Healthcare
Module 8 > April 20 (1 day) Closing the Strategy – Execution Gap
Module 9 > April 21 (1 day) Innovative and Creative Thinking
Module 10 > May 4 (1 day) Delivering and Financing Your Strategy
Module 11 > May 5 (1 day) The Power of Appreciative Enquiry
Module 12 > June 1 (1 day) Risk – What’s at Stake for Management
Module 13 > June 2 (1 day) From Conflict to Collaboration
Module 14 > June 15 (1 day) Information Technology in Healthcare
Module 15 > June 16 (0.5 day) Quality, Leadership and Change in Healthcare
Module 16 > June 16 (0.5 day) Program Closure
The role of the expert witness in medical malpractice litigation

By Chris Rokosh

When a medical malpractice lawsuit occurs, the hospital and all members of the health care team may be named as defendants. This might include the nurses, physicians, nurse practitioners, midwives, ambulance attendants, laboratory technicians, respiratory therapists, nursing and medical students and contracted hospital employees who provided care. Both the plaintiff and defense lawyers may then be required to retain experts from each of the defendant disciplines to provide expert opinion. Although there is no obligation for health care professionals to take on this role, you may be considering it. Many regulatory bodies endorse the professional responsibility to do so. This article will help you learn more about the role and responsibilities of the expert witness.

The role of the expert witness is an important one that can have far-reaching effects on patients, families, colleagues, the public and the systems and institutions that support healthcare. As an expert, your role is to provide a thorough and objective opinion on whether or not professional standards of care were met; did the health care providers exercise a reasonable degree of skill and knowledge and act as another normal, prudent practitioner would have acted under the same or similar circumstances? You will provide opinion by performing a thorough review of the medical records, researching relevant standards of care, providing a verbal opinion of your findings, preparing a written report and, if the case proceeds to trial, appearing in court as an expert witness. Before you take on this important professional role, here are some questions to consider:

- Do you have the expertise required to provide opinion? It is important that you only provide opinion within your area of expertise and that you have solid understanding and experience with the issues that are particular to each case. Your professional qualifications and the basis of your opinion may be rigorously tested during trial and cross examination.
- Do you have any known or potential conflicts of interest? If you have had any previous involvement with the patient or family, the defendant health care providers, the hospital/institution or other lawyers working on the same case, it may be inappropriate for you to act as an expert.
- Can you provide an impartial, objective and unbiased opinion? Examine personal biases that may interfere with your ability to provide an objective opinion. Refuse the case if you have personal knowledge of the events or people involved or if you have strong views on the case issues. For instance, do not act as an expert on a case involving uterine puncture during a therapy abortion if you have strong anti-abortion views.
- Do you have the time to act as an expert witness? The role of an expert may require many hours over the course of several weeks or months. You will be required to work within court imposed dates and deadlines. Realistically assess your availability to perform a thorough review of the documents, conduct research and prepare a defensible written report. If the case proceeds to trial, you may also be required to prepare extensively and travel to another city or province.

- Do you have the skills required for the role of an expert witness? You may be required to prepare a professional resume or CV, undergo interviews with lawyers, present a verbal opinion, write a medical/legal report that meets specific rules and guidelines and provide expert witness testimony in court.

Your first step into the legal world can throw you considerably off balance.

“The role of the expert witness is an important one that can have far-reaching effects on patients, families, colleagues, the public and the systems and institutions that support healthcare.”

While the knowledge base and skill sets of lawyers and health care professionals differ, the desire for success and preparedness is mutually shared. Expert witness education and training is an excellent success strategy for health care professionals. A good programme will make ‘legalese’ comprehensible and provide a basic education of the law. It will include instruction on CV preparation, stages of litigation, your role as an expert and the rules for the written expert report. It will prepare you for testifying in court and provide effective strategies for dealing with the adversarial aspects of cross examination. Lawyers and health care professionals rely heavily on each other during medical malpractice litigation, and expert witness training promotes a successful partnership.

Chris Rokosh RN, PNC(C), Legal Nurse Consultant, is President of CanLN Education and CanLN Experts. CanLN Education specializes in the training and education of Legal Nurse Consultants; a credible and comprehensive resource to prepare for a career as an expert witness. CanLN Experts offers expert witness opportunities and support for all healthcare professionals across Canada. For more information call 403.278.9293 email Chris.Rokosh@CanLNExperts.ca or visit www.canlnc.ca
ANNOUNCING THE NEW 14-MONTH EXECUTIVE TRAINING FOR RESEARCH APPLICATION (EXTRA) TEAM FELLOWSHIP

BUILDING ON EXISTING CURRICULUM ELEMENTS AND STRENGTHS IN THE ORIGINAL PROGRAM, THE NEW 14-MONTH EXTRA TEAM-BASED FELLOWSHIPS OFFER A SHORTER AND MORE FOCUSED TRAINING IN BETTER MANAGEMENT AND USE OF EVIDENCE FOR QUALITY AND PERFORMANCE IMPROVEMENT.

These new EXTRA fellowships support teams of healthcare executives in initiating and leading evidence-informed improvements in their own organizations or across jurisdictions involving multi-site teams and cross-boundary intervention projects. Participants learn a systematic approach to finding and applying evidence to inform complex decisions and strategies for implementing change.

EXTRA is for health service professionals in senior management positions; nurse executives, physician executives and other health-administration executives from healthcare organizations and government ministries.

EXTRA is an exceptional, fully bilingual, professional development opportunity. Applications are available online every OCTOBER at www.chsrf.ca/extra

METTANT À PROFIT LE CURSUS ET LES ATOUTS DU PROGRAMME PORTANT À L’ORIGINE SUR LE CHANGEMENT ORGANISATIONNEL, LE NOUVEAU PROGRAMME FORCES EST ÉCOURTÉ ET S’ÉCHELONNE SUR 14 MOIS AFIN DE MIEUX CIBLET LA FORMATION COLLECTIVE AXÉE SUR LE PERFECTIONNEMENT DE LA GESTION ET L’UTILISATION DES DONNÉES PROBANTES EN VUE D’AMELIORER LA QUALITÉ ET LE RENDEMENT DES SERVICES DE SANTÉ.

Les nouvelles bourses du programme FORCES soutiennent des équipes formées de dirigeants de la santé intéressés à amorcer et à orienter les améliorations fondées sur des données probantes au sein de leur établissement ou à se joindre à des équipes multisites de diverses provinces pour prendre part à des projets d’intervention régionaux. Les participants ont l’occasion de se familiariser avec une approche systémique de la collecte et de l’application de données probantes afin d’inclure des décisions et des stratégies complexes en ce qui a trait à la mise en œuvre des changements.

Le programme FORCES s’adresse à des professionnels de la santé occupant des postes supérieurs : infirmières gestionnaires, médecins dirigeants et d’autres cadres exerçant dans des établissements de santé et des ministères du gouvernement.

Le programme FORCES offre aux boursiers une occasion unique de perfectionnement professionnel dans la langue officielle de leur choix. Les demandes de mise en candidature sont disponibles chaque année, en OCTOBRE, à http://www.fcrss.ca/Programs/EXTRA

IMPROVING Healthcare THROUGH Bioethics

Master of Health Science (MHSc) in Bioethics at the University of Toronto

Do you want to:

- Learn more about the ethical issues in health care and health research today?
- Build ethical decision-making skills relevant to the day-to-day ethical challenges in your work?
- Improve your organization’s performance on Accreditation Canada’s ethics standards and national research ethics standards?
- Be a leader in clinical, organizational and/or research ethics?

The Master of Health Science (MHSc) in Bioethics at the University of Toronto Joint Centre for Bioethics is a 2 year course-based program with no thesis requirement. It is constructed in a modular format to allow high achieving professionals to earn a master’s degree without interrupting their careers. The program’s interactive, problem-based learning approach provides students with knowledge and skills that can be applied to a variety of contexts. Our expert faculty and guest lecturers help students bring theory and practice together to address real-world ethical challenges.

The MHScs in Bioethics is designed to:

- Provide an interactive learning environment where accomplished professionals engage with world-class educators;
- Equip students with a solid interdisciplinary grounding in the philosophical, legal, cultural and educational aspects of bioethics;
- Expose students to the breadth of clinical, organizational, and research ethics issues facing our health system today;
- Build students’ ethics awareness, ethical decision-making skills, and problem-solving abilities to become leaders in bioethics;
- Provide practical knowledge about ethics program development, ethical decision-making frameworks, research ethics review, ethics consultation, ethics policy development, and ethics education planning and delivery;
- Improve our students’ ability to strengthen ethics capacity in their organizations.

Who should apply?

- Health Practitioners
- Healthcare Administrators or Research Ethics Administrators
- Ethics Committee Members or Research Ethics Board Members
- Lawyers, Journalists, Policy Analysts, Regulators, Educators, and Researchers focusing on health care

Meet some of our core faculty members:

- Solly Benatar (Medicine, Global Public Health)
- Bernard Dickens (Law)
- Jennifer Gibson (Philosophy, Health Services & Policy)
- Jonathan Hellman (Medicine)
- Jim Lavery (Global Public Health)
- Trudo Lemmens (Law)
- Maria McDonald (Law)
- Martin McKenna (Medicine)
- Doreen Ouimet (Nursing)
- Barbara Seker (Philosophy)
- Ross Upshur (Medicine, Public Health)

For more information, please visit our website at http://www.jointcentreforbioethics.ca/
Developing your Career

If you’re looking to enhance or advance your RPN career, the RPNAO website is a great place to start! The Career Section of the website provides a number of tools and resources to assist in career development, including the Career Directions© program for all of Ontario’s RPNs.

Career Directions©

Are you considering a career move? Do you feel unfulfilled in your current role, but you’re not sure what to do? If so, the Career Directions© program is for you. Career Directions© was developed by RPNAO in collaboration with Gail Donner and Mary Wheeler, and with the support of the Ministry of Health and Long term Care. This program is the product of an ambitious research project undertaken by RPNAO in 2010-2011 which revealed that, among other things, RPNs across the province wanted better support to develop their careers. Career Directions© is a comprehensive, seven-step online program which helps you as an RPN take charge of your career by using different tools to assess your current situation, to envision your ideal role, and to take the proper steps to achieve your career goals.

Webinar Support

RPNAO members have the option of joining Mary, Gail, and our RPNAO Career Advisor in an interactive webinar. How does this work? First, you must complete the entire Career Directions© program. Then you can access a group webinar online and/or by telephone to ask the experts questions about issues that arose while developing your specific career plan, or to ask for recommendations or resources for areas of your career plan that you are unsure about.

Career Conversations

The website also features a number of Career Conversations, which are brief audio interviews featuring the career stories of real nurses from a wide range of backgrounds and health care settings. The conversations are a valuable way to learn about the various career paths and stories of other RPNs.

Career Profiles

In addition to the Career Conversations, the website includes a number of Career Profiles, which are short vignettes that celebrate the careers, accomplishments, and experiences of a diverse group of RPNs. New profiles are added to this page on an ongoing basis. We hope one day you will ask us to include yours!

For more information or questions about these resources, please contact us at careeradvisor@rpnao.org.
The RPNAO eCourse Series: Learning, at Your Convenience

Designed for registered practical nurses — and all other health care professionals — the unique and innovative asynchronous e-learning environment of our eCourse series will foster greater accessibility and efficacy in the educational process.

Leadership Education for RPNs and other Health Care Professionals

Overview: The Leadership Course has been developed and will be available for RPNs and other health care professionals through the new RPNAO online learning system. The course is designed to provide learners with education and tools to support leadership development.

Program Length and Delivery: The program is an eight (8) week e-learning program — check www.rpnao.org for start date information.

Prerequisites: Participants must have access to a computer and have basic computer skills to participate in the electronic class discussions.

Course Description: Critical examination of leadership in nursing, system structure, policy-making process, and change management to increase leadership at the individual RPN level. Leadership theories and the role of nurses in the health care system are examined, focusing on the role of the practical nurse.

Registration: Registration is available directly through RPNAO’s website: select the Practice and Education tab on the top of the webpage, select e-learning from the dropdown box and advance to the Leadership Course registration. This course is limited to 25 participants; registration is available on a first-come first-serve basis, however, a waitlist will be available with notification provided to interested registrants.

www.rpnao.org/practice-education/e-learning/leadership-course
www.rpnao.org/practice-education/e-learning/patient-centred-care

Patient-Centred Care Education for RPNs and other Health Care Professionals

Overview: The Patient-Centred Care Course has been developed and will be available for RPNs and other health care professionals through the new RPNAO online learning system. The course is designed to provide learners with education and tools to support leadership development.

Program Length and Delivery: The program is an eight (8) week e-learning program — check www.rpnao.org for start date information.

Prerequisites: Participants must have access to a computer and have basic computer skills to participate in the electronic class discussions.

Course Description: Critical examination of patient-centred care in nursing at the system and individual level to increase understanding of patient-centred care at the individual RPN level. Personal reflection on the role of nurses in patient-centred care are examined, focusing on the individual role of the practical nurse.

Registration: Registration is available directly through RPNAO’s website: select the Practice and Education tab on the top of the webpage, select e-learning from the dropdown box and advance to the Patient Centred Care registration. This course is limited to 25 participants, however, a waitlist will be available with notification provided to interested registrants.

www.rpnao.org/practice-education/e-learning/patient-centred-care

To learn more about our eCourse series, including launch dates, expected modules, and pricing, please call or email us directly (905.602.4664/1.877.602.4664/info@rpnao.org), or go to www.rpnao.org to check for regular updates.
A hidden truth: Hostility in healthcare

Continued from page IV

human beings can’t think straight when upset. Our amygdala is hijacked when emotions take precedence because we are social animals whose greatest need is to belong to the group.

RN/MD Relations

Because the quality of nurse-physician relationships has been directly linked to patient mortality (Baggs), both physicians and nurses have an ethical obligation not to tolerate anything other than collegial relationships from each other as well. Furthermore, poor physician-nurse relationships are a significant contributor to horizontal hostility because any group made to feel inadequate and powerless will always act out their frustrations towards each other.

Interestingly enough, while a significant number of nurses report witnessing disruptive situations (92.5 per cent) a very small percentage of physicians cause a disproportionate amount of damage. One bad apple does spoil the whole bunch because trust is undermined. Bullying creates fear as the victim becomes extra vigilant to protect themselves from a surprise attack and the behavior. But there is no doubt that poor MD/RN relations inhibit communication and are detrimental to patient safety, teamwork and satisfaction.

Solutions to address nurse-physician conflict

Building collegial relationships begins with the relationship the manager has with the chief physician and then trickles down to staff. All health care workers, however, must shoulder the responsibility and can clearly state the impact of any poor relationships (use specific stories from your workplace). Every time you say ‘no’ to an old norm, you are creating a new one. One unit surveyed nurses and presented physicians with a list of five things that really bothered them – then the physicians came up with their own list. Both groups met for dinner with a facilitator and relationships on the unit were forever changed. And the whole process started with leadership.

Manager support: “I have your back”

Nursing leaders must empower staff to stand up for themselves and never make excuses for destructive or negative behaviors. Even the smallest of condescending mannerisms has a profound impact on the team. And research demonstrates that working as a team (or not), has a direct impact on patient mortality (VHA Study). If staff cannot approach a physician directly, leaders must stand ready to approach the physician on their behalf. Physicians respond very positively to the words: “May I speak to you for a moment in private?” State the specific behavior (e.g. raised voice). Then explain the impact on our common goal: safe, quality, patient care. In every single case of disruptive physician behavior I have heard or witnessed, the physician truly does not realize the impact of his/her behavior on staff and apologizes immediately. These unconscious learned behaviors are the antithesis of teamwork and can not be ignored because MD/RN collaboration has been directly linked to patient outcomes (Baggs). Only when both physicians and nurses truly feel respected and safe in a team environment will we be able to deliver the most optimal care.

Conclusion

A long history of power imbalance and inadequate communication skills in the health care culture manifests itself in nurse-to-nurse as well as nurse-physician conflict. But we can change history by insisting on professional behaviors at all times from every member of the team. By refusing to let conflict go underground and resolving our own issues, both managers and staff have an opportunity to create a new culture – one that is respected and acknowledged for its healthy teamwork; one that keeps its sacred promise to patients to guard their trust, and above all, keep them safe.

Kathleen Bartholomew has been a national speaker for the nursing profession for the past ten years. For her Master’s Thesis she authored “Speak Your Truth” which is the only book to date on physician-nurse communication. In “Ending Nurse to Nurse Hostility” (2006), Kathleen offers the first comprehensive and compassionate look at the etiology, impact and solutions to horizontal violence. Today, she educates front line staff, hospital boards and leadership on how to address their greatest barrier to safety and quality: culture.
Lifelong Learner Extends Nursing Passion Globally

Globetrotter, grandmother, and Registered Nurse Alice Price explains how the post-diploma bachelor’s degree program in Nursing, offered by The Chang School and the Daphne Cockwell School of Nursing, took her on an adventure to South Africa.

The Chang School: Why did you choose Ryerson’s post-diploma BScN degree program?

Alice Price: I met someone who took her nursing degree through Ryerson, and at first I couldn’t fathom it. The whole idea of going back and grasping theory was so daunting. I was driven not to fail because I feel I’m a role model for my family, so becoming focused was very important.

TCS: Our nursing degree and certificate programs are going to be offered entirely online. What advice do you have for online learners?

AP: You have to be organized and dedicated. People tend to be a bit afraid of online learning, but taking online courses is like having the entire university campus in your computer. Just because your instructors and classmates are online doesn’t mean they’re inaccessible. The support at Ryerson is top-notch and accessible if you require face-to-face or telephone conversations.

TCS: Have your studies prepared you for this journey?

AP: I’m very global in my thinking, and I wanted to work in South Africa before I even started this program. To increase my academic preparedness I chose electives focusing on cultural studies and African history.

I want to thank Ryerson for giving me wings to fly. Because of my course work, I’m now at a higher level of critical thinking. The program has given me the tools to move forward in my profession.

Alice Price, Learner, Post-Diploma BScN

Visit ryerson.ca/ce/nursing for more details on our nursing programs, now available entirely online.

REGISTERED NURSES
Earn a BScN Degree from Ryerson University online!

Ryerson University offers flexible learning schedules and delivery options.

You can earn your degree through part-time study, entirely online, or by completing a combination of online and video-conference courses from where you work. You don’t need a post-secondary transcript to begin — just proof of your RN status.

Learn more about the program by attending one of our free online information sessions. For more information:

Email: cenurse@ryerson.ca
Telephone: 416.979.5000, ext. 4775
Website: www.ryerson.ca/ce/nursing

17th Congress of International Federation of Health Information Management Associations

An international experience that cannot be missed!

- Strengthen your knowledge base of the industry and profession
- Learn best practices from around the world
- Share information with peers, colleagues and partners
- Make global connections

Back in North America after 10 years, the 17th IFHIMA Congress is proudly hosted by the Canadian Health Information Management Association

For more information and sponsorship opportunities, please contact: Tasha Stefanits at 519.438.6700 Ext. 100 or visit www.ifhimacongress2013.com

May 13-15, 2013
Palais des congrès de Montréal
Montréal, Québec Canada

Registration opens February 1st, 2012
Call for Abstracts opens March 1st, 2012
Ontario has launched four online learning courses to help health care providers respond to patients’ questions about immunization and Ontario’s expanded publicly funded immunization schedule. “Earlier this year, we added more free immunizations to protect babies and children from serious infectious diseases,” says Deb Matthews, Minister of Health and Long-Term Care. “We know the public has many questions when it comes to vaccines, and we want to make sure they’re getting the most accurate answers possible. That’s why we’re giving our health care providers the tools to inform their patients and spread the word about preventing infectious disease.”

In August 2011, Ontario expanded its immunization program by adding:
• A new oral vaccine to protect infants against rotavirus, which causes severe intestinal infections.
• A second childhood dose of varicella vaccine to enhance protection against chickenpox.
• A new combined measles-mumps-rubella-varicella (MMRV) vaccine so children will get only one needle rather than two.
• A lifetime dose of pertussis (whooping cough) vaccine for adults aged 19 to 64, who often pass this highly contagious disease to infants and children.

The four online education modules were developed to provide background information that health care professionals can use with their patients when discussing their immunization needs. The modules cover the following areas:
• General Immunization
  Provides information responding to concerns and issues that people may have about immunization. It explains the benefits and safety of immunization and provides responses to many of the myths surrounding vaccines.
• Varicella
  Provides information on the expanded two-dose varicella program designed to enhance protection against chickenpox. Alternatively, a second dose of the varicella vaccine is offered in the form of the new combination measles-mumps-rubella-varicella vaccine, effectively reducing the number of injections required to be protected against these diseases.
• Pertussis
  Provides information on the new adult booster dose of tetanus, diphtheria and pertussis for those who were not immunized in their teen years. Parents, grandparents and caregivers often pass this highly contagious disease to infants and children who are not yet fully immunized.

The four educational programs were reviewed and accredited by the Ontario chapter of the College of Family Physicians of Canada. “Immunization works,” says Dr. Arlene King, Chief Medical Officer of Health, Ontario. “Just 100 years ago, infectious diseases were the leading causes of death worldwide. They now cause less than five per cent of all deaths in Canada. Getting the most up-to-date shots is the safest and best way to protect one’s self, family and community from some very serious infections. I encourage all health care providers to talk to their patients to get the shots they need”

The education courses can be found online at: www.health.gov.on.ca/en/pro/programs/immunization/education.aspx.

Joanne Woodward Fraser is a Senior Communications Advisor at the Ontario Ministry of Health and Long-Term Care.

Health care professionals can now access the new accredited online education courses to help them respond to patients questions about immunization.
engange. learn. thrive.

TAKE YOUR CAREER TO THE NEXT LEVEL

Meeting the learning needs of health care professionals for over 50 years, we offer over 100 courses to choose from with flexible learning methods: guided online and self-study approaches, workshops, labs, and customized programs.

Accelerate your career at your own pace

- be ready for that promotion
- maintain your certification
- build and strengthen your professional competencies
- expand your career options
- pursue your goals

Check out our graduate certificate courses including:
- Clinical Laboratory Quality Manager
- Clinical Research Associate
- Diabetes Educator
- Imaging Informatics
- Leadership in Health Care NEW

To register / details on these and a full listing of courses available visit us at:
www.michener.ca/ce

222 St. Patrick Street, Toronto, ON • 416.596.3177 • 1.800.387.9066 • ce@michener.ca
The Osgoode Certificate in Mental Health Law
March 26 - April 30, 2012
(5 Modules over 5 Weeks)

This unique certificate program is designed for those on the frontlines, including health care, social work and law enforcement professionals.

Module 1: Overview of Mental Health Law in Ontario
Module 2: Consent, Capacity and Substitute Decision-Making
Module 3: Special Issues in the Geriatric/Pediatric Context & Cultural Issues in Mental Health
Module 4: Privacy, Confidentiality and Risk Assessments
Module 5: Mental Health – The Forensic System

Program Directors: Mary Jane Dykemans, Dykeman Dewhirst O'Brien LLP
Kate Dewhirst, Dykeman Dewhirst O’Brien LLP

Registration Fee: $3195 plus HST

The Osgoode Certificate in Health Law
April 18 - May 16, 2012
(5 Modules over 5 Weeks)

This unique certificate program is designed for health care professionals. Across five intensive one-day modules, you will learn about:

Module 1: Accountability in Health Care: The Legal Framework
Module 2: Consent and Capacity
Module 3: Medical Malpractice: Theory and Practice
Module 4: Health Information, Privacy and Security
Module 5: Regulation of Health Care Professionals and Other Legal Issues

Program Directors: Cindy D. Clarke, Borden Ladner Gervais LLP
Wendy Whelan, Borden Ladner Gervais LLP

Registration Fee: $3295 plus HST

Register now by visiting www.medixonline.ca, calling 416.597.9724 or 1.888.923.3394 or e-mailing opd-registration@osgoode.yorku.ca

About Us

Medix Online provides customized courses for healthcare organizations to help meet healthcare organization needs. To learn how your staff can benefit from Medix Online, please visit medixonline.ca. Medix Online provides customized courses to help meet healthcare organization needs. To learn how your staff can benefit from Medix Online, please visit medixonline.ca. Medix Online provides customized courses to help meet healthcare organization needs. To learn how your staff can benefit from Medix Online, please visit medixonline.ca.

5 Reasons to use Medix Online

1. Personalized Learning
2. Comfortable, Convenient and Accessible Education
3. Student-Centered Learning
4. Enhanced Knowledge of Course Material
5. Deeper Knowledge and Understanding of Course Material

Professional Development

Osgoode Professional Development (OPD), a division of Osgoode Hall Law School at York University, provides lifelong learning programs for lawyers and other professionals, including those working in the health care sector. Whether you're looking to learn or refresh skills or simply get an update on recent developments, consider OPD's rich and diverse programs. We provide a number of non-degree seminars, certificate programs and workshops for health care professionals, including the areas of law relevant for nurses, hospital liability, long-term care and mental health law.

Choose from these cutting-edge and comprehensive upcoming programs:

- The Osgoode Certificate in Clinical Risk, Negligence and Claims Management in Health Care (Starts January 23, 2012)
- The Osgoode Certificate in Mental Health Law (Starts March 26, 2012)
- The Osgoode Certificate in Health Law (Starts April 18, 2012)
- Legal Risk Management for Nurses (June 2012)
- Osgoode’s LLM in Health Law (Starts Fall 2012)
- National Symposium on Mental Health Law (Fall 2012)
- Reducing the Risk of Obstetric Malpractice (2012)
- Legal Risk Management for Long-term Care Homes (2013)

For a complete list of upcoming events or to register for any of our programs: visit www.osgoodepd.ca

call: 416.597.9724 or 1.888.923.3394

e-mail: opd-registration@osgoode.yorku.ca

Osgoode Professional Development, 1 Dundas Street West, Suite 2600, Toronto
Right learning, right place, right time

By Michele Martin

In November 2011, London Health Sciences Centre (LHSC) launched “ilearn,” an online learning management system. ilearn will transform the learning process at LHSC. It is a single point of access from which learners can register for courses, complete online learning modules, and review a history of their training record. ilearn will provide the learner with more direct involvement in, and accountability for their own learning. Managers and leaders will be able to access real-time reports on the training their team has completed, as well as compliance rates for mandatory corporate and legislated training.

Steve Coulahan, Vice President, Human Resources & Organizational Development at LHSC calls ilearn a “transformational initiative for the organization.” It strengthens the existing learning culture at LHSC, a leading academic teaching health centre in southwestern Ontario.

The implementation of a learning management system at LHSC is part of the Enabling Technology Plan, a plan which will leverage technology to improve the effectiveness of our organization’s operations. ilearn meets the changing needs of LHSC’s health-care providers by ensuring the right learning, in the right place, and at the right time.

Michele Martin is a Communications Consultant at London Health Sciences Centre.

CONQUERING PAIN Special Seminar To Be Held

Conquering and avoiding pain is a goal for many people. Sports, routine activities and disease can result in penetrating, unfathomable pain.

What can a person do to stop pain?

From a strictly scientific standpoint, the six-hour seminar “Conquering Pain” will examine the causes of pain and provide recommendations for controlling pain.

The seminar will be presented by Mary O’Brien, M.D. Dr. O’Brien is one of North America’s leading physician experts on pain management.

The seminar will be presented four times in Ontario Province: Thursday, April 26, 2012, in Ottawa; Friday, April 27, 2012, in Toronto; Wednesday, May 9, 2012, in London; and Thursday, May 10, 2012, in Richmond Hill.

The seminar is geared for health professionals who want to acquire the latest information on controlling pain.

Specifically, the seminar will examine back, neck, and shoulder pain. It will also look at carpal tunnel syndrome and foot and ankle pain.

The seminar will examine pain related to dentistry.

The seminar will review drug therapies for the treatment of pain and will cover strategies for avoiding pain.

The seminar is sponsored by the Biomed Corporation, North America’s largest provider of live seminars for health professionals. Biomed neither solicits nor receives any gifts or grants from any entity. Specifically, Biomed takes no funds from pharmaceutical, food, or insurance companies.

To obtain more information about the seminar, please contact

• Biomed, 3219 Yonge Street, Suite 228, Toronto, Ontario M4N 2L3
• Visit Biomed’s web site at www.biomedglobal.com
• Telephone: 1-877-246-6336 (toll-free) or (925) 602-6140
• Fax: (925) 363-7798
• E-mail: info@biocorp.com

RNAO Learning Institutes Feature Knowledge and Action Based Learning

A unique and highly successful professional development delivery format utilized by the RNAO Centre is an extended program of learning called an Institute. The Institutes provide a rich and dynamic interactive learning experience that incorporates theory, techniques and tools to assist nurses to effectively shape clinical excellence through the use of evidence-based practices. Institutes are offered over a consecutive 5 day period at a venue that supports concentrated learning, application of theory, small group learning, and boundless opportunities for networking and development of ongoing peer support groups. Faculty of the Institutes consists locally and internationally renowned topic area experts, (including RNAO staff), who provide knowledge, strategies and coaching that facilitate learning.

RNAO now offers over 11 Institutes, related to clinical and healthy work environment topics that attract nurse clinicians, nursing educators, practice leaders, directors, managers and quality assurance experts from Ontario and across the country. Evaluations of the Institutes have indicated the tremendous success of these educational opportunities with participants feeling prepared to return to their workplaces with the knowledge, tools, strategies and motivation to shape clinical excellence and healthy work environments through the use of best evidence.

In 2012, RNAO is offering an Institute focused on leadership for nurse executives, a variety of Institutes related to implementing clinical and healthy work environment best practice guidelines, Institutes related to creating excellence in long term care, and Institutes for nurse educators that address designing and delivering effective education programs. The attached 2012 RNAO Centre calendar features Institutes offering something for every nurse.

For more information:
www.rnao.org/events | events@rnao.org
1-800-268-7199 or 416-599-1925
The seed germination period is from 7 AM to 8 AM. The seminar will begin at 8:30 AM. A lunch (on own) break will take place from 11:30 AM to 12:20 PM. The courses will adjourn at 3:30 PM, when course completion certificates will be distributed.

- Brief, Loneliness, and Pain. Anxiety, Anticipatory Pain, and Expectations.
- Gender and Pain. The Effects of the Menstrual Cycle and Menopause on Pain.
- The Agony of Chronic Fatigue Syndrome. Fatigue, Myalgias, and Orthostatic Instability Syndrome.
- Pregabalin (Lyrica).
- Opioids and Non-Cancer Pain. The 4 As of Pain Treatment Problems. The Role of Undeterred Pain.
- Overcoming Self-Defeating Thoughts. How to Avoid Becoming One’s Own Pain. The Danger of Alienating Friends, Family, and Co-Workers.
- Biomed is a scientific organization dedicated to research and education in chronic pain and illness. Since 1994, Biomed has been giving educational seminars to Canadian health care professionals. Biomed neither solicits nor receives gifts or plans from any entity. Specifically, Biomed takes no funds from pharmaceutical, food, or insurance companies. Biomed has no ties to any commercial organizations and sells no products of any kind, except educational materials. Neither Biomed nor the board-certified Physician Nutrition Specialist, Dr. Mary O’Brien (M.D.) has received any compensation from any health care-related business or any other entity which has products or services of any kind, except educational materials. Neither Biomed nor the board-certified Physician Nutrition Specialist, Dr. Mary O’Brien (M.D.) has received any compensation from any health care-related business or any other entity which has products or services of any kind, except educational materials. Neither Biomed nor the board-certified Physician Nutrition Specialist, Dr. Mary O’Brien (M.D.) has received any compensation from any health care-related business or any other entity which has products or services of any kind, except educational materials. Neither Biomed nor the board-certified Physician Nutrition Specialist, Dr. Mary O’Brien (M.D.) has received any compensation from any health care-related business or any other entity which has products or services of any kind, except educational materials.