

Professional Practice Teleconnect

“You are the Expert: How to Talk to Your Manager about Professional Responsibility Complaints”

March 29, 2010

Questions/Comments	Answers/Suggestions
<p>1. Pre-submitted question regarding a long-term care facility. The problem that this particular leader is having is that she's the only one filling out the workload report forms and needs to know how we could encourage other ONA members to work together to fill out the forms.</p>	<p>It is important that the nurses working on that particular unit or institution meet with either the Labor Relations Officer or a specialist to talk about the benefits of filling out the forms, why it's important and how the forms can help move their issues toward resolution. This is highly typical where one or two nurses tend to be the champions, but often when you get the group together, there is strength in numbers. You can usually convince the group to fill out the forms together if they are concerned about their practice.</p> <p>We have all sectors represented on the teleconference tonight. We are dealing with issues in public health, in community care access centers, in our long-term care facilities and in our hospitals. The value in these teleconferences is discussion about the things that we all know about as nurses, such as: our College standards, looking to a professional association, such as the PeriAnesthesia Nurses Association, Vascular Nurses Association, Orthopaedic Nurses Association, etc. These are resources that you can rely on to help substantiate your workload complaint form and also use in your discussions with your Manager.</p> <p>In the scenarios that we had tonight, our Practice Specialists acted out a bad situation at the beginning of the teleconference and then did an improved version of how that conversation might go with the manager. Many of our members talked about the fact that it feels so uncomfortable and defensive to talk about workload and professional responsibility issues with your managers and that is why we entitled this teleconference “You are the Expert.” Our members are the experts on the workload and professional issues that they're facing, and it is certainly our job as nurses, and our professional responsibility to bring them forward. It is also to sit down at the table and try to come up with solutions, to push through a really difficult conversation you might have to have with a manager. In our scenario, the nurses kept pushing the issue and remained calm and on point, and that's why – when you go to meet with your managers – it's important that you meet together as a group beforehand. Be sure that people know what they're going to talk about and ensure preparation is done in advance.</p>
<p>2. I think we agree that part of the issue is that most of our members don't know how to fill out the PRC forms.</p>	<p>Last fall, ONA piloted an e-learning module on filling out the PRC form. There were some refinements and changes that needed to be made and we are hoping that it will be going live very soon.</p>

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<p>And, many of our nurses, I hate to admit, are abysmally uninformed about what their actual CNO standards are. I think that that is a huge battle or a huge learning curve that we have to somehow get out to our members in order to take ownership of this.</p>	<p>There will be a resource tool on the ONA webpage for people to use which I think will be helpful to our front-line members who aren't familiar with it. We have the PRC lecturette and the DVDs that our education staff have put together to help assist you take that information right in to front-line members as well.</p> <p>The PRC lecturette training DVD is currently being edited and the launch date will be announced at the June PCM. Once available, the DVD will be disseminated to Local Coordinators and Bargaining Unit Presidents and they'll be invited to use these as educational tools during membership meetings. Any accompanying materials/handouts will be sent in hard copy and made available for download through the ONA website. The new lecturette DVDs will also be available for streaming via the ONA website for any visitor to view.</p> <p>On the College website, there are some learning modules on the standards and there is a lot of detailed information there that will be helpful to people. As nurses, after a long shift and a weeks work, the last thing you want to do is sit down in front of a computer and start reading the information, but these are the tools and the mechanisms we have and we have to talk to our members about utilizing them. It is a different language for some of us who trained over 30 years ago. The more we work with them, the more familiar we become. I know that nurses practice to these standards, they just sometimes can't articulate the standards as well as they need to when they're working with these forms.</p>
<p>3. At (large urban hospital) many of the times when the PRC forms are filled out, the manager meets individually with the nurses because they all work different schedules and nobody's on the same shift after they've worked maybe that one night shift or day shift. I don't think it's necessarily always because the manager doesn't want to confront the whole group that may have filled out the PRC forms, it's just the reality of very busy units that, to try and bring a bunch of people together to discuss a workload issue.</p> <p>We are going to be working very hard to try and improve</p>	<p>We are glad that you have this dream and ONA's staff will work with you in moving the PRC process forward.</p>

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<p>the process of getting workload issues dealt with, and I'm finding that these sessions are very helpful in giving us ideas and helping us move forward in actualizing my dream.</p>	
<p>4. Here at our hospital, we have an extremely effective PRC process. One thing to consider is going to your Chief Nursing Officer to talk to her about the process and get her on board. Here she fully supports them 100%. It is that if there's any retaliation from the managers, they'll be dealt with. She believes that units that don't have workload forms have a bigger problem than units that do, because she knows that patient care is not always perfect. There's not always the staff that you can get in despite the calls that you've made. Maybe the Bargaining Unit Presidents should try to get the support of the Director of Nursing as it's been extremely effective for us. We have a very good process and we've had some extremely good outcomes.</p>	<p>That is great to hear and I think you're bang on in getting the senior leadership buy-in and understanding of the value of the workload complaint forms. We know our managers sometimes get all wrapped up in receiving a form and taking it as a personal affront instead of recognizing that they're a way for them to begin to trend and talk about solutions and then move to the situation that you just described. Having senior leaders or at least the Chief Nursing Officer understand the value of the forms and why nurses are using them and how they can use them as a tool, too, is ideal.</p>
<p>5. I think this presentation was right on the mark and I'd like to suggest that this Power Point also go on the web. I think it would be a very valuable tool.</p>	<p>Yes the Power Point slides will go on ONA's website as will a Q & A document for you to share and refer to if you're looking for an answer or something that you heard on the call but don't recall exactly what the answer or the discussion was.</p>
<p>6. I was at a Local meeting the other night and one of the members brought up a question. We often tell our members that at the very least, if you filled in this form and there's a discipline, you have in some form protected your license because you have told your manager that you are not</p>	<p>Certainly, as a former Servicing Labour Relations Officer, I used to use the professional responsibility report form as evidence in the discipline grievance process that the nurse had clearly told his/her manager that they couldn't meet their standards.</p> <p>There is never any <u>guarantee</u> that it is going to protect you, but it does provide evidence that you in fact notified your employer, especially if it's an ongoing issue. As well, if there was a College complaint, the College would also give some</p>

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<p>providing me with the environment in which I can meet my standards of practice. Apparently some managers were saying no, no, no, this will not protect you, it's a waste of time. So, can the professional practice nurses elaborate on that?</p>	<p>credence to the fact that the nurse told his/her manager that they couldn't meet their standards. I think that by documenting on the workload report form, the nurse is just providing more evidence that in fact it's a poor work environment to provide quality care and that whatever happened that shift was possibly beyond the nurse's control.</p>
<p>7. We're having a problem here (northern hospital) being over capacity as well as everywhere else in Ontario, but I've been telling our Emergency nurses to fill them out, fill them out, fill them out because on a consistent, ongoing basis, that hasn't been alleviated. Now, of course, you can never solve spatial problems because we're so packed here, but what we do is solve the little problems like getting the hospital to improve their portering system, because we have two sites and they're right beside each other, but to get somebody from one site to the other site, they've got to take a bus. What's the best way to tell the employees that we can solve some problems but other problems, like spatial problems, are hard to solve?</p>	<p>In any Independent Assessment Committee that we have had, the panel has addressed issues like geography. So, even though you may have restrictions as far as geography, the panel can recommend that the employer try to address them. For example, we've had things like utility rooms added. I don't think that there is a limit to what you can actually discuss in the workload reporting process. You can discuss anything that impacts your quality of care.</p>
<p>8. Yes, I totally agree. But, we always get the answer back that we have hallway beds all over the place, we have overflows that are in nooks and crannies here and there that aren't supplies. We had a code in one of our overflows the other day on a patient that supposedly wasn't ill enough to make it up to the floor but needed to be admitted.</p>	<p>Move forward with the process. Just because the employer says there is nothing we can do doesn't mean that that stops you in your tracks.</p> <p>Start with getting your Labour Relations Officer to attend your Hospital Association Committee meeting. Once they have come to a meeting, if she or he can't get resolution then a specialist comes in, and then we just keep proceeding with the process. At the end of the day, perhaps your issues make it all the way to an Independent Assessment Committee hearing. Just because the employer says we have budgetary restrictions, we have physical plant issues, that is not a</p>

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<p>Nurses are getting very tired and burnt out here, but I don't know if there's anything that we can do to solve these spatial problems.</p>	<p>solution that you should accept. Just keep going because it definitely is affecting your ability to provide patient care. And you can't tell me that all those patients on stretchers aren't at risk.</p>
<p>9. Yes, exactly. I've been telling our members to keep filling them out and they have been, they've been actually great. The Emerg has filled out 30 to 40 since February, so the paperwork is here and we've actually discussed in HAC this past week just because there's so many of them, and they're major problems for our members, and burn out is on the horizon. They're blocking fire exits with stretchers, and our local Fire Department isn't even going to help us out with that because they figure we're a needed building so they let things slide.</p>	<p>A Professional Practice Specialist is delivering education in the Sault next week and will address this issue with the member offline.</p>
<p>10. I have told my members to take the workload forms home to fill them out and they are kind of reluctant to do that. They're saying, "why should we be taking our work home and bringing it back?" But, if you do it during work time, then your manager drills you, tells you that you are filling forms at your work time. So, we can't do that. How do you encourage a member to take the form home, fill them out and bring them in within 10 to 15 days?</p> <p>I am the one who is filling out the most forms and I have taken these to the HAC as Bargaining Unit President. Our DOC does not know anything about it, but Human</p>	<p>I think that that actually sounds positive in that they're giving you some time to work on that, and hopefully in doing so, you can continue to encourage the members. One of the things that I say to members is if you don't want to stay here and fill out the form, then just take it with you, remember that nurses must follow the process by notifying their manager/supervisor of the issue at the time of the occurrence and follow with the paperwork if they take the paperwork home. Do it to cover yourself as a Registered Nurse in Ontario by complying with your standards and doing the notification of your workload problems. Follow through with the process because you can't do it alone.</p> <p>You're doing all the right things, you're continuing to encourage them, and this being the late career project, I think, is wonderful. As mentioned earlier, there's some other things in your question that you sent in that our Practice Officers have got some suggestions about and things that they want to assist you with. They'll send you a detailed response.</p>

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<p>Resources definitely knows about it and they have given the information to the manager. The manager has come to me and she wants me to take the ownership and establish a problem-solving technique in regards to this process. She's telling me to find out ways to work smarter but not harder. I'm doing the Late Career Initiative and she's given me days to develop some strategies that would help in regards to the workload forms.</p>	
<p>11. I'm very impressed with the Power Point and the role playing, and to all my peers that are on the line wanting to help get our members to fill these out. It's very hard sometimes to get nurses to fill them out. When they have success, it certainly does help.</p> <p>At our hospital, nurses have been able to really get involved and build their efficacy through filling out the form prior to changes occurring. We've had a situation where the employer was going to change a whole unit over, staff down and change the patient population. The nurses used the professional responsibility clause to get the whole thing put on pause so that the Union could be involved in having a look at the work and actually making a plan professionally. And that helped the nurses to practice thinking critically in terms of what they do, why they do it, and using their standards. They've actually constructed a unit now that everybody is feeling very</p>	<p>Thank you for that example. We are most commonly using the forms as a result of a terrible shift or continued under-staffing and not replacing sick calls. But there is also a method or a way to use that form before the crisis happens in detailing and documenting and providing solutions. I really appreciate you bringing that forward and letting people know about how you've been able to get some success with that method as well.</p>

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<p>happy about. The nurses started all that by using the professional responsibility form.</p>	
<p>12. The practice specialist at ONA has been absolutely crucial, supplying the nurses with some data and some research and some direction to use in order to get what they need. I think this is brilliant. One nurse at a time. That's how we have to do it.</p>	<p>One nurse at a time, you're right. And, reminding them that they are the experts.</p>
<p>13. We're having a major issue here where some of our specialty clinics will be laying off nurses. We just gave out 28 layoff notices today.</p> <p>What the hospital is planning on doing is switching, taking some of the RNs away and putting in RPNs. So, I know from the nurses, they truly believe that this is going to prevent excellent patient care. It's not like it's actually happened yet, and we'll try to file grievances and fight from our end, but I want to try to involve the nurses in protecting their role within the clinics, and I need some suggestions on how to do that.</p>	<p>We talked briefly about using the form as a data collection tool and a way for nurses to begin to articulate and talk with their managers about what they believe the outcome of the change is going to be and what solutions they see. I think the nurses are right that they know the work better than anyone else and their fear is for the quality of patient care that will be left at the unit level once they're all laid off.</p> <p>We can connect you with the Practice Officers and offer you some other suggestions and ways that you can help the nurses.</p>