

Interview with Judy Waldman

Introduction

Judy Waldman, RN, MN, NP(C), is the president of the Forensic Nurses' Society of Canada

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She provides counselling services specializing in trauma and post traumatic stress, sexual assault and abuse, child abuse, interpersonal violence, adolescent issues, and compassion fatigue through Judy Waldman Counselling

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1. What are your current professional roles?

Currently I am working professionally part-time at Women's College Hospital for the Sexual Assault and Domestic Violence Treatment Centre (SADVTC) while I complete the Primary Care Nurse Practitioner Program at the University of Toronto. My role includes both acute care and follow-up care of sexual assault and domestic violence survivors. I am certified as a Sexual Assault Nurse Examiner (SANE-A) for adults and adolescents and as a SANE-P for pediatrics. I also have a private counselling practice, Judy Waldman Counselling, in which I offer trauma-based and general counselling for youth and adults, as well as consultation and training.

2. You have a varied nursing background. Can you tell us how you came to be doing what you are doing?

Prior to encountering forensic nursing, my nursing experience was solely in psychiatry. After graduating, I worked for the Clarke Institute of Psychiatry, which eventually became the Centre for Addiction and Mental Health (CAMH) in Toronto, before moving to New York City where I worked in the Psychiatric Emergency Department at Bellevue Hospital. Upon returning to Toronto I began working at the Hospital for Sick Children in the Mental Health and Eating Disorders Unit. Shortly thereafter I accepted a position on the Crisis Response Team. Although my interest in this team was in the role of responding to mental health crises in the emergency department for the psychiatry team, along with this role came the role of responding to sexual assault cases for the Suspected Child Abuse and Neglect (SCAN) Program. This is where I first learned of and what initially sparked my interest in forensic nursing and led me to studying forensic nursing at Mount Royal College and continuing to work with the SCAN Program and eventually the SADVTC for many years.

3. Tell us about your role as President of the Forensic Nurses' Society of Canada?

The Forensic Nurses' Society of Canada was created in 2007, as an organization for Canadian forensic nurses to network and address uniquely Canadian forensic nursing issues. The primary goal of FNSC is to promote comprehensive evidence-based forensic nursing practice. We also provide a network for forensic nurses to share information and connect with one another. As the president of the current term, my role includes leading a fantastic executive team that provides services for members such as sharing of resources, offering educational sessions such as webinars to support forensic nursing practice, operating a website on which we have just recently opened a members-only area, and promoting forensic nursing standards and the field of forensic nursing science to governments, industry and the public.

I believe strongly in the philosophy that violence is a preventable health care issue and that collectively nurses and particularly forensic nurses can play a role in preventing the negative consequences of violence. My personal goals as president are to strive to become a more politically active organization and raising social awareness of the issue of violence in our society, and to build the organization as a stronger, recognizable Canadian resource not only for forensic nurses, but also for the public and other governmental and non-governmental agencies.

As such, I have had the opportunity to attend press conferences, become more involved with the Canadian Nurses Association and promote the FNSC at conferences and events locally and internationally, provide input on public health resources related to violence and health, and publicly speak to forensic nursing issues. This year, our membership has grown significantly and I hope to continue with that momentum for the next year.

4. You work with vulnerable populations. What inspires you to do so?

I have always felt a desire to assist the least advantaged of society. I hold strong democratic values of equality, justice and respect for all creatures, and I have an aversion to social injustice and feel that, as a person who is strong enough to be the voice for those who are voiceless, one must be that voice.

Everybody has equal value as members of society. I believe that, as a society, we must care for the disadvantaged and those who cannot care for themselves or who need assistance through times in their lives to assure protection for equal access to liberties, rights, and opportunities.

The thing about those who are vulnerable is that they are vulnerable through no fault of their own, but through marginalization and other life circumstances such as childhood trauma, war or conflict, and societal circumstances such as oppression, poverty, discrimination, racism, persecution and inequality.

What inspires me the most are those people themselves; I see so much strength and resilience in people who have gone through

so much in their lives. In our culture, vulnerability is associated with weakness but, in many ways, vulnerability is a great strength. Every day I get strength and learn from my clients. I see so much potential and value in people, which is often stifled by society.

Finally, it is rewarding to feel that, even if it is only in a small way, you have made a difference in someone's life.

5. Nursing today faces many challenges. What would you change in nursing education to prepare nurses for those challenges?

I believe that two of the greatest challenges facing nursing education today are nursing in an advanced technological world and the effects of relying too heavily on evidence-based guidelines and protocols. I feel that the emphasis on economic factors both in education and health care policy is often in opposition to the imperative of client-centred care.

What I mean by this is that nursing is getting further and further away from the bedside and the patient through the use of machinery and technology and nurses are losing the skills of 'being with' patients and providing intimate care that is so closely associated with good assessment skills and psychological benefits for the patient. Furthermore, teaching modalities themselves are technologically driven with more and more courses online, which often, unfortunately, lose the social and interactional aspects of nursing.

Relying strictly on evidence-based medicine (EBM), while providing valuable standards and guidelines, may limit an RN's clinical judgment. I find that education focuses heavily on evidence-based medicine and clinical practice guidelines that, if adhered to strictly, fail to consider the individuality of patients or specific populations. EBM often has a gender and cultural bias and takes a reductionist approach that does not prioritize patient suffering or subjective experiences and may discount traditional practices that cannot be demonstrated by randomized control trials or 'gold standards'.

Nurses need to be taught to think critically about guidelines and think intuitively from experiences and from practice consensus in conjunction with following EBM guidelines. Sometimes we

need to consider our 'gut' feelings. Adhering to guidelines without clinical thinking does not take into consideration the lived experiences of the patient or the context in which they live.

So, how do we teach and learn those important skills from a distance? Most of these abilities come from experience and so I feel that the education of nurses should include a strong mentorship component in which experienced nurses can impart some of these valuable skills. While online education is convenient, I feel that a good deal of nursing education must be taught in a small, live, group setting whereby students and experienced nursing instructors can share their experiences and witness the hands-on practice of the expertise of senior nurses.

I feel educational institutions should provide a greater emphasis on and respect for the psychological aspects of caring for diverse cultural populations in nursing. There has been an emphasis lately on trauma-informed care and the health and psychological effects of adverse childhood experiences and I believe nursing education must join this initiative.

6. What do you like most about being a nurse?

The thing I like most about being a nurse is that your day is never the same. Particularly in the fields I have chosen, psychiatry and forensics, but in general, as a nurse, you always have to be prepared for anything and think on your feet. Nursing also provides for many diverse learning opportunities and career paths.

7. What is your favourite "down time" activity.

It is hard to say exactly what my one favourite "down time" activity is, but my favourite activity for relaxing and relieving stress is getting into nature; hiking, camping and canoeing (with my two dogs, of course). I also swear by the therapeutic benefits of yoga practice and gardening (in season).

Thank you so much for doing this.

Sheila Early
Immediate Past President
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