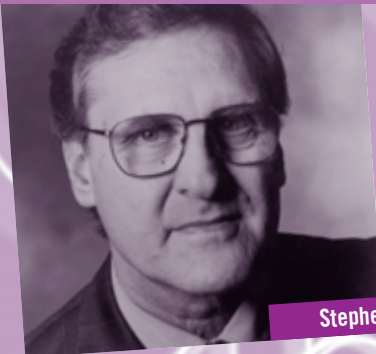


# Alberta RN

APRIL 2007 VOLUME 63 NO 4

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Stephen Lewis



Rex Murphy



Sister Elizabeth Davis



Ginette Lemire Rodger



**Strengthening the Bond**  
Collaborating for  
Optimal Patient Care

### May 3-5, 2007 in Banff *Don't miss this unique event*

*Are your reservations made and your plans set?* Highlights of this ground-breaking interprofessional conference hosted by Alberta's RNs, pharmacists and physicians include:

- a panel discussion on how professional identity affects communication, collaboration and care
- keynote addresses from Canada's former ambassador to the United Nations (UN) **Stephen Lewis**, and CBC radio and television personality **Rex Murphy**
- an interactive interprofessional workshop on the research evidence on collaboration and positive health care outcomes
- dynamic international speaker **Sister Elizabeth Davis** and veteran nurse researcher, educator, administrator and practitioner **Ginette Lemire Rodger**
- social events, including a gala dinner, to mingle with conference delegates

*For more information*, visit the CARNA website at [www.nurses.ab.ca](http://www.nurses.ab.ca) or call Buksa Conference Management at 780.436.0983 ext. 231

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*You're invited to attend*

## CARNA's Annual General Meeting and Open Forum

MAY 3, 2007

2:30-4:30 PM

BANFF SPRINGS HOTEL

For more information, see page 10

## CARNA Staff Directory

### ALL STAFF CAN BE REACHED BY CALLING:

780.451.0043 or toll free 1.800.252.9392

E-mail addresses are listed on our website at [www.nurses.ab.ca](http://www.nurses.ab.ca) under **Contact Us**.

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# President's Update

*Politicians are People*



**ALBERTA** is unique in many ways, including our provincial political environments. The Progressive Conservative party has been in power for more than 35 years and it has been 14 years since there was a change in party leadership.

Periods of change are also periods of great opportunity. Premier Ed Stelmach has made it clear that he wants to make the role of MLAs more relevant and wants to bring his party closer to its grassroots members. The Premier's desire to rejuvenate his party means that there is potential for your local MLA to have more influence in the decisions made by government. If Premier Stelmach establishes "all party" government committees, members of the opposition may also be given a voice in policy development.

*Politicians are people with a job to do, just like us. They are very busy people but if you know what you want to say and provide them with information they can use, they will welcome hearing from you.*

Who is your local MLA and what do they spend their time doing? Alberta's MLAs tend to spend about a third of their time at the Legislature, a third of their time dealing with issues in their constituency and a third of their time attending community functions so that they remain visible to their constituents. They are

people whom we have elected to represent us and they are interested in hearing what we, their constituents, have to say.

I urge you to get to know your MLA and help them understand the crucial role registered nurses (RNs) play in patient safety and quality health care. With your help, they can gain greater understanding of the contributions RNs are and could be making to the health-care system. MLAs would welcome constructive suggestions. For instance, it would help them to realize that it may make more sense to add non-regulated

staff to facilities so that registered nurses could focus on patient care rather than house-keeping or clerical tasks.

There is also value in getting to know your local member of parliament (MP). In February, I had the opportunity to meet my own MP while attending a CNA meeting in Ottawa. Bob Mills represents the riding of Red Deer and is chair of the federal environment committee. He understands the impact of the environment on health and is an ally of the nursing profession in addressing environmental issues. He was genuinely interested in what we had to say and we had the opportunity to provide him with additional information to use in his efforts on Parliament Hill.

Politicians are people with a job to do, just like us. They are very busy people but if you know what you want to say and provide them with information they can use, they will welcome hearing from you. If you live in a smaller community, you may already know your MLA and find it easy to engage them

*It is good idea for all of us to stay connected with our elected representatives to ensure a perspective is included in health policy and that we elect representatives who understand health and nursing issues.*

in conversation about issues that matter to you. If you live in a larger centre, you may need to take a more formal route. The CARNA political action guide, *Turn Up the Heat*, is posted on our website and provides helpful information about ways to share your point of view with elected representatives.

We do not know when the next election will be called. However, I think it is good idea for all of us to stay connected with our elected representatives to ensure a perspective is included in health policy and that we elect representatives who understand health and nursing issues. Let's choose to make a difference. **RN**

**SHEILA A. MCKAY, RN, MN**

*E-mail: [president@nurses.ab.ca](mailto:president@nurses.ab.ca)*

*Phone: 403.346.1994*

# Provincial Council Meeting Highlights

## March 1-2, 2007

### Debt Repayment

Council approved the use of \$500,000 of net disposable cash to pay down a loan taken out to finance the renovations to the College and Association of Registered Nurses of Alberta (CARNA) building in 2005-2006. The floating-term loan, approved by Council in 2004, is secured by investments and provides CARNA with the flexibility to pay down the debt at any time or make lump sum payments without incurring penalties.

### Collaborative Opportunities

Council amended the 2007 operational plan related to the development of a joint workshop with the College of Licensed Practical Nurses of Alberta and the College of Registered Psychiatric Nurses of Alberta. The three nursing groups were unable to identify a suitable date and location and several other events related to long-term care, the identified topic area, were organized by other groups. Council also recognized that introducing a broader focus on collaborative activity between nursing groups allowed CARNA to strategically focus its resources on the collaborative efforts required for the Knowledge and Education Project and the activities of the Nursing Advisory Council of Alberta.

### Strategic Advocacy Plan

Council clarified the role provincial councillors play in implementing CARNA's strategic plan to visibly contribute to changes in health policy that serve the public while enhancing the value placed on the role of the registered nurse. Councillors have a role in communicating CARNA key messages in discussions with members, regional health authority managers and supervisors regarding Council's three priority areas: patient safety, quality practice environments and recruitment and retention. Councillors may also accompany the president or president-elect to meetings with the MLA or MP in their

electoral riding. Meetings with elected officials usually involve the president and/or president-elect accompanied by the executive director. In addition, staff members meet regularly with bureaucrats of various government departments.

### Canadian Nurses Association (CNA) Annual Meeting

Council directed the Elections and Resolution Committee (ERC) to formulate resolutions on its behalf for submission at the 2007 CNA annual general meeting. ERC will draft resolutions for consideration by Council at its next meeting on the following priority areas:

- advocate for leadership development
- advocate for balanced focus on retention and recruitment (retention issues to include quality work environment, quality of life, patient safety, succession planning)

### Vogel Award

Council decided to continue to select a recipient for the Vogel Award using existing criteria. The award was established in 1985 by former CARNA legal counsel Barry Vogel and is presented annually to the provincial council member who demonstrates the most constructive, positive and enthusiastic approach to resolving issues and who shows consistent dedication to the work and activities of CARNA.

### Council Meetings

Council decided to continue to hold four meetings per year but will adjust the length of the meetings based on the decisions required for effective governance on a quarterly basis. CARNA bylaws currently dictate that Council hold meetings at least four times per year and meetings are routinely scheduled for two to three days. The idea to review the length and time commitment of council meetings surfaced after Council achieved major milestones including approval of CARNA bylaws and the proclamation of

the registered nurses profession regulation under the *Health Professions Act*.

### Pension Plan Amendments

Council ratified amendments to the CARNA Pension Plan to comply with recent amendments to the *Alberta Employment Pension Plans Act*. Council also ratified a number of optional amendments to clarify the provisions of the plan and to improve its administration.

### Position Statements Update

Council endorsed the CNA position statement *Nursing Information and Knowledge Management* (November 2006) and withdrew the CNA document *Collecting Data to Reflect the Impact of Nursing Practice* (November 2001) that was endorsed by Provincial Council in 2002.

Council withdrew the CNA policy statement *Quality Professional Practice Environments for Registered Nurses* (November 2001) which was endorsed by Provincial Council in December 2001 and recently withdrawn by CNA. A new position statement, *Practice Environments: Maximizing Nurse, Client and System Outcomes*, jointly published by CNA and Canadian Federation of Nurses Unions and approved by CNA Board of Directors in November 2006, is available to members for reference on the CARNA website.

### Appointments

Council appointed Florence Melchior from Medicine Hat College to the Nursing Education Program Approval Board (NEPAB) as an Alberta Nursing Education Administrators (ANEA) representative to complete an unfinished term of office (to July 31, 2007).

Council appointed Geraldine Gordon from CARNA Central Region to the Hearing Tribunal. Gordon is currently employed at the Eckville Community Health Center.



## Shaping the future of nursing

## CARNA Election 2007 Call for Scrutineers

**CARNA is seeking a *scrutineer* and an *alternate scrutineer* for the 2007 Provincial Council election to comply with the rules governing CARNA elections.**

### QUALIFICATIONS

- registered nurse member of CARNA
- Current members of CARNA Provincial Council, CARNA employees and candidates running for any position in the 2007 CARNA election are *NOT* eligible.

### DUTIES

- The **scrutineer** is required to be present during the opening and counting of ballots at the CARNA office in Edmonton on July 11, 2007. The opening and counting of ballots will require a minimum of one full day.
- The **scrutineer** will make determinations regarding spoiled ballots, prepare scrutineer reports and forward those reports to the CARNA president.
- The **alternate scrutineer** will serve as scrutineer if the scrutineer is unable to fulfil their duties.
- CARNA reimburses the scrutineer for travel expenses and offers a salary replacement/per diem to compensate for time away from work.

### HOW TO APPLY

Obtain an application form at [www.nurses.ab.ca](http://www.nurses.ab.ca) or call Diane Wozniak at 780.453.0525 or toll-free 1.800.252.9392, ext. 525.

### QUESTIONS

If you have questions about the role of the scrutineer, please contact Joan Petruk, Chair, Elections and Resolutions Committee, at 780.672.8361, [jpetruk@cable-lynx.net](mailto:jpetruk@cable-lynx.net).

**The deadline for applications is May 18, 2007.**

# call for resolutions

## CARNA Annual General Meeting

BANFF SPRINGS HOTEL/MAY 3, 2007, 1430 HRS.

The College and Association of Registered Nurses of Alberta (CARNA) encourages members to submit resolutions to the Elections and Resolutions Committee (ERC) prior to the CARNA annual general meeting (AGM) in Banff on May 3, 2007. Resolutions may be submitted by an individual or group of members on any subject within CARNA's mandate. Resolutions can relate to any area of nursing practice, education, administration, research, the role of CARNA or the role of registered nurses within the health-care system.

Tips to assist members with writing resolutions—with format, clarification of the intent and purpose of the resolution, background information and wording—and

a resolution template are available at [www.nurses.ab.ca](http://www.nurses.ab.ca) under the Education and Events tab.

Resolutions received in advance of the AGM will be posted on the CARNA website. Although written resolutions are accepted from the floor, advance posting of resolutions allows all members to thoughtfully consider the resolutions before the meeting and provides time to prepare handouts and overheads for members in attendance.

All resolutions carried at the AGM are non-binding and will be considered by Provincial Council at a subsequent meeting.

**To submit a resolution**, contact the CARNA Provincial Office at 1.800.252.9392, ext. 525 or [dwozniak@nurses.ab.ca](mailto:dwozniak@nurses.ab.ca)

**For more information**, contact Joan Petruk, ERC Chair at 780.672.8361 or [jpetruk@cable-lynx.net](mailto:jpetruk@cable-lynx.net)

# MEMBERS WANTED!

## Jurisdictional Review of Examination Items

**Six members**  
**Aug. 23, 2007**

The Registration Committee seeks six registered nurse (RN) members to participate in the review of newly developed multiple choice and short answer examination questions to ensure they are consistent with the current standards of practice and current application of the standards of practice in Alberta.

### Qualifications

CARNA is looking for six RNs with a minimum three years nursing experience working with clients in a variety of settings such as:

- children and adolescents
- adult care
- older adult
- community health
- mental health
- rehabilitation

### Expectations of Members

- Attend one full-day meeting in Edmonton at the CARNA office on Aug. 23, 2007.
- Participate fully in the process as per the directions provided by the session leader.
- Maintain confidentiality of documents and activities.

### Questions and Applications

If you have questions about the work of the Jurisdictional Review or the expectations of members, or would like to apply, please contact:

Rita Wright, Registrar

TEL: 453.0506 or  
toll free 1.800.252.9392 ext. 506

E-MAIL: [rwright@nurses.ab.ca](mailto:rwright@nurses.ab.ca)

### How to Apply

- Obtain an application form at [www.nurses.ab.ca](http://www.nurses.ab.ca).
- Contact Treena Hrytsak at 453.0502 or toll free 1.800.252.9392 ext. 502.
- Request an application by fax: 780.452.3276.

**Application deadline is June 1, 2007.**

## Alberta Cervical Cancer Screening Program Advisory Committee

**Two members needed**  
**Two-year terms beginning June 2007**

If you are a registered nurse (RN) looking for an opportunity to share your knowledge and experience, you are invited to apply for a volunteer position as a CARNA representative to the Alberta Cervical Cancer Screening Program Advisory Committee (ACCSPAC).

The Alberta Cervical Cancer Screening Program (ACCSP) provides an organized and integrated approach to the planning, coordination, implementation, monitoring, and evaluation of a quality provincial cervical cancer screening public health service. ACCSP has been designed to reduce mortality from cervical cancer among Alberta women 18-69 years of age using a population-based screening approach.

The role of the ACCSPAC is to provide oversight to and advise on the ongoing planning, coordination, implementation, monitoring, evaluation and reporting of an organized, integrated and effective population-based approach to cervical cancer screening in Alberta. ACCSPAC is responsible for advising stakeholders on policy and practice in regard to cervical cancer screening and has the following responsibilities:

- recommend policy, standards and guidelines that will govern cervical cancer screening program activities
- monitor the business plan including the annual operating budget
- ensure appropriate communication linkages are maintained among key stakeholders in Alberta and with national initiatives on cervical cancer screening
- approve, monitor and evaluate the health promotion and communications strategy to reach women in the target population
- approve, monitor and evaluate strategies to promote program awareness and participation for health professionals
- advise on provincial standards for professional education related to cervical cancer screening
- make recommendations on new cervical cancer screening technologies and their implementation in Alberta
- monitor the performance of the ACCSP in achieving its goals and objectives and

make recommendations for improvements

- facilitate research on cervical cancer screening
- ACCSPAC reports to the minister of health and wellness through the public health division. The committee includes representatives from the Alberta Cancer Board, Alberta Health and Wellness, the Alberta Medical Association, Alberta Association of Laboratory Physicians, Alberta Society of Obstetricians and Gynecologists, Canadian Cancer Society, College of Family Physicians of Canada, College of Physicians and Surgeons of Alberta, Health Canada—First Nations and Inuit Health Branch, regional health authorities and public representatives.

### Qualifications

- background in women's health
- experience working in colposcopy clinics would be preferable
- to ensure balanced representation on the panel, one RN will be selected with experience in a rural practice setting, and one RN with experience in an urban practice setting
- excellent communication skills and the ability to work well as a team member

### Expectations of Members

- attend meetings twice a year, as well as at the call of the Chair
- bring CARNA's perspective to panel discussions
- provide regular reports to CARNA, including an annual report, on the activities of the ACCSPAC

Committee members will be appointed for a two-year term and will not serve more than three consecutive terms. Members will be remunerated for expenses according to current ACCSP program policy.

### How to Apply

Please forward a brief C.V. and cover letter indicating your interest in this position to Kim Campbell, Director, Regulatory Services:

MAIL: CARNA 11620-168 Street  
Edmonton, AB T5M 4A6

E-MAIL: [kcampbell@nurses.ab.ca](mailto:kcampbell@nurses.ab.ca)

FAX: 780.452.3276



## Alberta Expert Review Panel for Blood-Borne Infections in Health-Care Workers

### *Two members needed Ongoing term beginning June 2007*

If you are a registered nurse (RN) with a background in occupational health or public health, you are invited to apply for a volunteer position as a CARNA representative to the Alberta Expert Review Panel for Blood-Borne Infections in Health Care Workers.

The Expert Review Panel is established by the minister of health and wellness to review circumstances of health-care workers (HCW) who are found to have a blood-borne infectious disease. The panel may be consulted regarding an infected HCW to make recommendations concerning continued or modified professional practice. The panel may provide the minister with policy advice and recommendations regarding blood-borne infections in HCWs, as requested by the minister.

The objectives of the panel are to:

- review the impact or potential impact on the practice of HCWs who present themselves or are referred for review because of infection with a blood-borne agent
- meet with the HCW if there is evidence of possible risk to the public or co-workers and recommend to the HCW and his/her licensing authority any modifications to practice
- advise licensing authorities of policy issues related to blood-borne infections in HCWs
- undertake reviews of draft information materials that may be prepared for the public or the professions and provide advice concerning these infections and the material to the relevant organization

Panel members are appointed by the minister of health and wellness, from nominations forwarded by the regulatory body the member represents.

The panel includes representatives from infectious diseases and infection control physicians, medical officers of health, public health and occupational health nurses, dentists and public representatives.

### *Qualifications*

- one RN from an occupational health background, with an understanding of body and blood fluid exposure and needlestick injury (BBF/NSI) in the occupational setting (preferably in health care), as well as an understanding of the assessment, treatment and ongoing evaluation processes for workers exposed to BBF/NSI
- one RN from a public health background with specialized knowledge in communicable disease control

### *Expectations of Members*

- attend at least one meeting of the full panel annually (in Edmonton)
- participate in the work of sub-panels to undertake reviews of HCWs (averaging 2-4 per year)
- provide an annual report to CARNA on the panel's activities and CARNA's participation on the panel

CARNA representatives receive reimbursement for travel expenses and are able to claim salary replacement or a per diem for meeting time.

College and Association of Registered Nurses of Alberta (CARNA) members can submit potential resolutions to the Canadian Nurses Association for its 2007 annual meeting on June 22, 2007 by submitting potential issues to the CARNA Election and Resolutions Committee (ERC). The Committee could then help craft a resolution for consideration by Provincial Council at its June 2007 meeting. Please include your name and contact information for follow-up by the committee.

### **Deadline for submission is April 27, 2007**

To submit a resolution, contact Diane Wozniak at 1.800.252.9392, ext. 525 or [dwozniak@nurses.ab.ca](mailto:dwozniak@nurses.ab.ca)

For more information, contact Joan Petruk, ERC Chair at 780.672.8361 or [jpetruk@cable-lynx.net](mailto:jpetruk@cable-lynx.net)

## **CLARIFICATION**

### **Certification and Certificate:**

In the article *Describing and Shaping RN Practice* featuring the practice of Brenda Bond (February 2007) *Alberta RN* stated that Bond had completed a wound care certification course. The Canadian Nurses Association does not currently offer a certification for a wound care specialist or wound care. Bond has completed a program on wound care management offered by Grant MacEwan College in which she received a certificate of completion. *Alberta RN* apologizes for any confusion to our readers.

If you have any questions or require further information, please contact Lella Blumer at 453.0513 or toll free 1.800.252.9392 ext. 513; [lblumer@nurses.ab.ca](mailto:lblumer@nurses.ab.ca)

**Application deadline is May 18, 2007.**

# Think You Know Nursing?

## take a closer Look



### National Nursing Week May 7-13, 2007

To order your nursing week celebration kits or for tips on planning your event, visit our website at [www.nurses.ab.ca](http://www.nurses.ab.ca) or contact:

Diane Wozniak  
453.0525 in Edmonton or  
Toll free 1.800.252.9392  
ext. 525  
[dwozniak@nurses.ab.ca](mailto:dwozniak@nurses.ab.ca)

## notes for nursing

### Celebrate Nursing Week by thanking a special nurse!

Recognize the contribution that a registered nurse made to your life through a charitable donation to the Alberta Registered Nurses Educational Trust.

We'll send a Nursing Note to your honoured nurse advising them of your appreciation for the valuable role that they have played in your life and career. You'll receive a charitable receipt for your donation and each of you will share in the knowledge that you are supporting continuing nursing education in Alberta.

Send the name of your honoured nurse with your charitable donation to:

#### Notes for Nursing

Alberta Registered Nurses Educational Trust

11620-168 Street

Edmonton, AB T5M 4A6

1.800.252.9392 ext. 523

780.451.0043 ext. 523

[trust@nurses.ab.ca](mailto:trust@nurses.ab.ca)



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Nursing  
Excellence



## THE HOPELESSLY HUMAN NURSE

Reprinted from *Thoughts from the Teeter Totter*, an e-newsletter published by Hopelessly Human Productions. [www.hopelesslyhuman.ca](http://www.hopelesslyhuman.ca)



# My 'To Do' List

BY KATHY KNOWLES, RN AND  
LINDA BRIDGE, RN

I'm a list person. That's right my entire life is a 'to do' list. It started in childhood when my mother would leave me lists of chores to do before she got home from work. These also included the menus of what to cook for the evening meal.

I am what I saw – a creator of lists. I thought that was how you got through life. I would get a sense of accomplishment when I was finished the list, but I would also get a sense of let down. Was that all? There has got to be something more to life than making lists and achieving them.

At work, I was as task oriented as I was at home. I thought of these tasks as my goals in life: get an education, take another course and then another. Why wasn't I satisfied? Why wasn't I happy?

When I was faced with a debilitating illness that prevented me from nursing at the bedside, I was scared and angry. As I faced my fears and looked back over what I had accomplished, I understood that I had been so busy 'doing' that I had never examined if the things on my list were really what I wanted 'to do.'

Leaping from one task to the next was what I did because I believed that the next thing on the list would bring me the peace I longed for.

It's frightening to be honest with yourself. I was scared to admit that I'd wasted most of my life going after the wrong things. How many years did I squander doing things that did not make me happy; that did not take me where I wanted to go?

Then I began to look at my life differently. I decided to be gentler with myself. Now that I understand myself better, I will do things that are in line with my life's values and dreams. I can forgive myself for my earlier decisions and know I learned some valuable lessons from them. They are part of the mosaic that makes up my life.

Over the last couple of years, I have learned reams about myself. I have fears, but I do not hide from them now. I face them and try to understand where they come from. Just when I think I've dealt with them all, another one will crop up, keeping me humble. As I deal with my fears and let them go, it is like a street cleaner has gone by and cleared the debris from my path.

I'm more discerning now about what gets onto my 'to do' list. I choose to do the important things which honour my values and move me toward my dreams.

I'm taking time to be with myself; to walk every day, to write in my journal and to read inspiring literature. Most importantly, I am learning to listen to my heart, my inner voice, and to live my dreams.

Now my 'to do' list items are stepping stones on my path of life. They are not an end in themselves. There is no "when I reach the next stone I'll be happy" or "after the next thing I'll take a rest."

I understand that my happiness does not come from reaching the goal, it comes from having the dream, a direction to go that is guided by my values.

My life is not about the ends justifying the means or that I'll suffer now and celebrate later. As I move forward, I know it is about living each moment along my journey and understanding that this is where happiness lies. **RN**

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# Celebrating excellence in nursing



Attend the CARNA Awards Gala to help recognize and celebrate the outstanding achievements of registered nurses in Alberta.

## CARNA Awards Gala

Thursday, May 10, 2007  
Shaw Conference Centre, Edmonton

### FEATURING

SINGER/SONGWRITER: Jan Randall

MASTER OF CEREMONIES: Fred Keating

SPECIAL GUEST: The Honourable Dave Hancock,  
Minister, Alberta Health and Wellness

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## ***You're invited to attend***

### **CARNA's Annual General Meeting (AGM) and Open Forum**

Featuring the CARNA President's annual address, presentations by candidates for CARNA President-elect and remarks by Kaaren Neufeld, President-elect, Canadian Nurses Association.

MAY 3, 2007/BANFF SPRINGS HOTEL/2:30-4:30 PM

CARNA's AGM and open forum are being held prior to the start of joint conference, *Strengthening the Bond: Collaborating for Optimal Patient Care*.

Although there is no cost or pre-registration required for the AGM, if you wish to attend the conference that starts that evening, you must register at [www.buksa.com/strength](http://www.buksa.com/strength).

*Please arrive prior to 2:30 pm to obtain a voting card.*

For more information contact:

Diane Wozniak  
453.0525 in Edmonton or toll free 1.800.252.9392 ext. 525  
[dwozniak@nurses.ab.ca](mailto:dwozniak@nurses.ab.ca)



## CONTINUING COMPETENCE RECORDING AND REPORTING REQUIREMENTS

# Are you ready to report on the progress of your learning plan?

### Looking Back on the 2007 Practice Year

When you complete the application for your 2008 practice permit, you will report on the learning plan you developed for the indicator(s) you reported on your application for registration for the 2007 practice year (Oct. 1, 2006 to Sept. 30, 2007). Reporting on your learning plan(s) will include indicating:

- whether or not you implemented your learning plan(s)
- whether or not you achieved your learning goal(s)
- the impact, if any, your new learning has had on your practice
- any changes to your priority indicator(s) throughout the practice year

### Registered Nurses and Certified Graduate Nurses Reporting on Continuing Competence Learning Plans

Registered nurses (RNs) and certified graduate nurses (CGNs) must report on their implementation of at least one learning plan.

### Nurse Practitioners Reporting on Continuing Competence Learning Plans

Nurse practitioners (NPs) must report on their implementation of at least two learning plans. One of these learning plans must be based on a nurse practitioner competency indicator.

1. The indicator(s) you selected at registration last year will appear on your renewal form.
2. Did you implement your learning plan or not? Possible reasons for "No" include the indicator(s) you selected last year is no longer relevant because you changed practice settings or another learning opportunity became a priority.
3. You may have implemented your learning plan, but did not achieve your goal. Maybe your learning activities did not have the capacity to assist you in attaining your goal or maybe it was because of one of the reasons listed in number 2.
4. Describe how your learning impacted your practice.
5. Report here if you changed or added your indicator(s) throughout the practice year.

**Continuing Competence: Looking back on the completed 2007 practice year**

*RNs, NPs and CGNs who held a practice permit during the 2007 practice year are required to report on Continuing Competence activities.*

**A conditional practice permit will be issued if the required information is not provided**

For each selected CARNA indicator as reported at registration last year, please indicate:

Indicator <u>3.3</u>	Indicator <u>2.2</u>	Indicator _____	5. Changed/Added Indicator <u>4.2</u>
Learning plan implemented Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, please give reason _____	Learning plan implemented Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, please give reason _____	Learning plan implemented Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please give reason _____	Learning plan implemented Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, please give reason _____
Learning goal met Yes <input type="checkbox"/> Partial <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, please give reason _____	Learning goal met Yes <input type="checkbox"/> Partial <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, please give reason <i>Changed practice setting</i>	Learning goal met Yes <input type="checkbox"/> Partial <input type="checkbox"/> No <input type="checkbox"/> If no, please give reason _____	Learning goal met Yes <input checked="" type="checkbox"/> Partial <input type="checkbox"/> No <input type="checkbox"/> If no, please give reason _____
This learning influenced my nursing practice Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> If yes, please describe <i>Developed skills in dealing with ethical issues at work</i>	This learning influenced my nursing practice Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> If yes, please describe _____	This learning influenced my nursing practice Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> If yes, please describe _____	This learning influenced my nursing practice Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> If yes, please describe <i>Improved communication skills</i>

For changed or added CARNA indicator(s) during the 2007 practice year, please indicate:

## Looking Forward to the 2008 Practice Year

### Reporting for RNs

Every year you are required to report on your application for a practice permit, the nursing practice indicator number(s) you will be focusing on for the upcoming practice year. Before you can do this, you must first assess your practice using the nursing practice standards. Remember to record your assessment(s) of your practice. Collect and record feedback from others about your practice. This information helps you identify the most appropriate nursing practice indicator(s) for you to focus on in the upcoming practice year. The

indicator(s) you identify here then become the basis for the learning plan(s) you develop and the number(s) you record on your registration form. (See *FIGURE A*)

### Reporting for NPs

If you are an NP, you must assess your practice using both the CARNA nursing practice standards and the CARNA NP competencies. You must report a minimum of two indicators (at least one of the indicators selected must be from the NP competencies) that will be the focus of your professional development. To make sure the NP indicator(s) selected are distinguished from the nursing practice standard indicator, record your NP indicator with the initials 'NP' before the number. (See *FIGURE B*)

*FIGURE A*

I have assessed my nursing practice, collected feedback from others, and developed learning plans for the following indicators on which I wish to focus for the coming year.	3.3	2.2	
--	-----	-----	--

*FIGURE B*

I have assessed my nursing practice, collected feedback from others, and developed learning plans for the following indicators on which I wish to focus for the coming year.	2.5	NP 2.3	
--	-----	--------	--

## What if I Hold a Practice Permit for Only a Portion of a Practice Year?

CARNA's practice year runs from October 1<sup>st</sup> to September 31<sup>st</sup>. If you hold an active practice permit for *any portion* of that time you must record and report your continuing competence activities.

Lets see how the following situations affect nurses just like you...

### Leaves of Absence

Sally, an RN, has just completed 12 months of maternity leave. She applies for renewal of her practice permit effective July 1<sup>st</sup>. To be eligible for a practice permit, Sally must identify, on her renewal form, a nursing practice standard indicator that will be the focus for her professional development between July and September.

Sally's practice permit will have a start date of July 1<sup>st</sup> and an expiry date of September 31<sup>st</sup>. During that three month period, she must develop and implement a learning plan addressing her learning goal related to the indicator she selected. Obviously, her learning activities may be intentionally focused on her return to practice.

At renewal in September, Sally must report on implementation of her learning plan activities for this three month period as well as identify priority indicator(s) for the next practice year.

### TP to RN Practice Permit

Richard, a new graduate who holds a CARNA temporary practice permit, writes the Canadian Registered Nurse Exam in February and receives his passing results in April. When he applies for an RN practice permit, he must identify, and report on his application for a practice permit, a nursing practice standard indicator number that will be the focus for his professional development between April and September.

Richard's RN practice permit will have a start date of April 10<sup>th</sup> and an expiry date of September 31<sup>st</sup>. During that period, he must develop and implement a learning plan addressing the learning goal related to the indicator he selected. His learning activities may appropriately be focused on transition to the RN role.

At renewal in September, Richard must report on implementation of his learning plan activities for April 10-September 31, indicate his practice hours and identify priority indicator(s) for the next practice year.

## Who Reports?

### Continuing Competence Linked With Active Practice

CARNA's Continuing Competence Program requirements are directly linked with active practice. If you hold an active practice permit in the CGN, RN or NP categories at any point during the 2007 practice year, you must record your continuing competence activities and report those activities when you report your practice hours.

### RNs, CGNs and NPs

If you are an RN, CGN or NP, you must report your continuing competence activities on your annual application for a practice permit. If you are on a leave of absence from practice—family, maternity or education leave—you must still report on your continuing competence activities.

### Temporary Practice Permit Holders

If you hold a temporary practice permit, you are required to report your continuing competence activities when you apply for RN status. When you apply for RN status, you must identify learning priorities and report the NPS indicator(s) that you will focus on during the coming practice year. If you are applying in the middle of a practice year, you must identify your learning priorities and report the NPS indicator(s) that you will focus on during the remainder of the practice year.

### RN to NP

If you are an RN and you are applying for NP status, you must identify and report at least one priority NP competency indicator for your professional development focus for the coming year or for the remainder of the current year.

### RN to NP (NPs hold *both* RN and NP registration)

Margaret completes her NP program in May and applies to the NP register. As an RN, she will have already reported priority nursing practice standard indicators related to her professional development. She will have some RN practice hours during that year and therefore will continue to implement the learning activities related to her RN practice.

When applying for her NP practice permit, Margaret must choose and report a nurse practitioner competency indicator as a focus for her NP professional development activities. During the four months from May until the end of September, she will need to complete both her NP and RN continuing competence activities.

When Margaret renews her registration in September, she will record her RN and NP practice hours and report on her implementation of both her RN and NP continuing competence activities and identify RN and/or NP indicators that will be the focus for her continuing competence activities for the upcoming practice year.

### Non-Practicing to RN, CGN or NP

If you are moving from a non-practicing to a practicing membership, you must report the NPS indicator(s) you will focus on for the coming year.

### RN, CGN or NP to Associate or Retired

If you currently hold an active practice permit and you apply for an associate or retired membership (non-practicing categories), on the 2008 registration renewal form, you will be required to report on implementation of your learning plan(s) during the current 2007 practice year. If you do not report on your learning plan(s) for the current 2007 practice year, your member record will indicate that you did not retire in good standing. If you decide to apply for a practice permit at a later date, the Competence Committee will review your application.

### It's the Law!

Reporting on your continuing competence activities is a legal requirement to obtain a practice permit. If you do not report on your continuing competence activities, you will be issued a practice permit conditional to meeting specified continuing competence requirements within 60 days. If you do not meet the continuing competence requirements within 60 days, your practice permit will automatically be suspended and your employer will be notified.

When you apply for your 2008 practice permit and report on your continuing competence activities, you will be meeting legislative requirements under the *Health Professions Act* as well as demonstrating your commitment to ongoing learning and professional development. **RN**

### RN to Retired *or* RN to Associate

After 35 years as an RN, Diane has decided to retire. She decides to apply to CARNA for either retired or associate membership status. Because she has practice hours during the CARNA practice year (October 1-September 31), she must complete her continuing competence requirements for that year and report on the implementation of her learning plan(s), meeting her learning goal(s) and any impact her learning had on her practice.

Since retired and associate memberships with CARNA require members to be in good standing, Diane realizes that if she does not complete the continuing competence requirements, she will be unable to obtain a retired or associate membership unless she completes continuing competence requirements. Diane also realizes that if at any time she decides to return to practice and applies for a practice permit, the Competence Committee will review her application.

The following is fifth in a series of articles intended to:

- examine the various roles included in the scope of practice of RNs
- explore our preferred future
- analyze the literature that supports the importance of the RN in the provision of care
- consider how to make collaborative practice work
- offer examples of RNs practicing to their full scope of practice



# The Time Has Come Describing and Shaping RN Practice

BY DEBBIE PHILLIPCHUK, RN, MN, CARNA NURSING CONSULTANT—POLICY AND PRACTICE

More than 50 registered nurses (RNs) tackled the challenge of describing and shaping RN practice by responding to an online questionnaire designed to stimulate discussion about scope of practice. The nursing community generally agrees that all nurses should practice to their “full scope of practice” but we often lack a common understanding of what practicing to that full scope really means. Since September 2006, *Alberta RN* has published several articles exploring that meaning and encouraged RNs to participate in the discussion. In this issue, we share a compilation of the responses to the online questionnaire to encourage further discussion on the subject. Next month, *Alberta RN* will publish another article examining one of the various roles included in the scope of practice of RNs.

## What we heard from you

Has your role as a registered nurse changed in the past 2-5 years?

YES	69%
NO	31%

### If yes, please describe

Several respondents indicated that they had increased responsibility for the overall care that was being provided and that clients needed more challenging and complex care.

Other changes noted by respondents include:

- RNs expected to take a leadership role
- RNs are respected by other health-care providers for their knowledge

Some respondents talked about having to make decisions independently and to collaborate more with other health professionals.

### Describe a situation in your current practice role where you feel you are achieving your full potential as an RN.

Respondents felt they were achieving their full potential as RNs in the following situations:

- trying new ideas that might benefit staff and patients
- using critical judgment and decision-making skills in working with patient populations where a quick response to changing client condition is needed
- being able to order serologies based on RN assessment and judgment rather than requiring a referral to a physician

- working collaboratively with agencies on public policy issues and the social determinants of health
- developing a course for nurses
- helping students analyze practice situations, best practices, legal and ethical issues
- providing holistic care
- facilitating movement to a more comprehensive stroke strategy
- supporting staff in using new tools
- case management and assisting clients to navigate the health system
- the charge position
- integrating diverse knowledge and experiences in providing care in an emergency room

## Describe the factors that have contributed to your ability to practice in this situation.

Many respondents identified experience in a variety of clinical areas and education as being the key elements to contributing to their ability to practice to their full potential.

Other factors cited by respondents included:

- supportive management
- good communication
- regional guidelines
- commitment
- supportive policies in the work setting

## Have there been situations in your current practice role where you feel you have not been able to practice to your full potential as an RN?

YES	57%
NO	43%

## If yes, please describe the barriers that prevented you from doing so.

Respondents identified the following barriers to practicing to their full potential:

- simple care needing a physician order
- lack of resources
- workload and insufficient staffing
- inability for RNs to prescribe basic pharmaceuticals based on a set criteria
- resistance from physicians

## What do you think are the most important aspects of the RN role in your practice setting?

My assessment, critical thinking and decision-making abilities.

## What do you think are the most important aspects of the RN role in your practice setting?

Several mentioned the assessment, critical thinking and decision-making abilities of the RN.

Other aspects noted by respondents included:

- advocacy role
- communication
- collaboration with other members of the health-care team
- a holistic perspective in providing care
- the flexibility and ability to work in all areas of practice with others or alone

## What do you see as the future of RN scope of practice?

I think RNs will take a more active role in addressing health inequalities and social injustices.

## What do you see as the future of RN scope of practice?

Many of the respondents indicated that practicing autonomously and independently was the way of the future based on the education and knowledge of the RN.

Others foresee the following:

- RNs taking a more active role in addressing health inequalities and social injustices
- opportunities for advanced nursing practice roles such as the nurse practitioners (NPs) and clinical nurse specialists

A couple of respondents believed that RNs will assess patients, coordinate and facilitate care, order care and direct the care that is given but not necessarily provide direct care except in very acute, unstable situations.

**Scope of practice is the care which you are competent, educated and authorized to provide.**

(Queensland Nursing Council, 1998)

## Ideas for Change

Two ideas surfaced out of the responses to the various questions: nurse-led clinics and nurse prescribing. Respondents described common clinical situations where, according to a clinical pathway or set criteria, it would be appropriate for RNs, who are not NPs, to prescribe. The situations described included the public health nurse ordering treatment for a yeast infection for a breastfeeding mom and thrush in a baby, prescribing laxatives and over the counter medications for residents in nursing homes, and exploring the role of RNs in emergency rooms in referral, initiating treatments or prescribing.

These two ideas reflect the dynamic nature of registered nursing practice. Although the *Registered Nurses Profession Regulation* was approved just over a year ago, CARNA has received a number of requests and ideas for change to positively impact nursing practice. Some of the changes being considered include RN prescribing, ordering and applying X-rays and NPs being able to order radiation therapy. CARNA has initiated a broad consultation with respect to these potential changes. This consultation includes regional health authorities, educators, other professions, a random sample of CARNA members, United Nurses of Alberta, First Nation and Inuit Health Branch and specialty practice groups. Results of the consultation will be brought forward to Provincial Council for their consideration. Provincial Council and government approval are required for any changes to the *Regulation*. **RN**



Perioperative RNs Jim Seely and Betty Barrett in Lethbridge.

**The claims of Canadian hospitals to world-class status, no matter the prestige of the institutions or the skills of their surgeons, hinge on the expertise of their perioperative nursing staff.**

## Perioperative Nursing: A Class of Their Own

BY PETER SCOTT

From the time patients enter a surgical suite, they are in the care of a branch of nursing renowned for its education and skill, one that supports the rest of the operating room team but also serves as patient advocate before, during and after surgery.

Commonly called “OR” nurses, these registered nurses (RNs) are prepared specifically for surgical suite work.

While recent media attention has focused on the shortage of family physicians, neonatal intensive-care spaces and RNs generally, perioperative nurses, too, are in short supply.

That’s little wonder in a province where the average age for RNs is 47 and many operating rooms and day-procedure departments are in need of skilled personnel. In fact, the national shortage of operating room nursing staff will continue as many RNs are expected to retire around 2010.

Perioperative nursing is a specialty and, as such, requires a special type of personality.

“It’s not for everyone,” says Betty Barrett, manager of the surgical suite at Chinook Regional Hospital (CRH)

formerly known as the Lethbridge Regional Hospital. “A good candidate has to be adaptable and flexible to survive in a fast-paced, high stress environment.”

Barrett should know well the characteristics of a solid perioperative nurse. She designed the perioperative post-diploma nursing course offered since 2000 at CRH and delivered by Lethbridge Community College (LCC).

Last summer (2006), the course received endorsement from the Operating Room Nurses Association of Canada (ORNAC), recognition that makes it one of just four ORNAC-approved programs in Canada. ORNAC bestowed its highest, three-year unconditional approval.

As is often the case with invention, Barrett was motivated partly by personal interest, partly by professional necessity. Soon after taking on the CRH manager’s position in 1994, she experienced difficulty in finding qualified nurses for her staff and became determined to develop a course locally that would help address her staffing shortage.

“As manager, I found myself spending considerable time desperately trying to recruit staff for positions that remained vacant a year or longer,” she says. “I decided

to fashion a program of my own.”

Taking on such a project was well within her realm. After graduating from St. Michael’s Hospital in Lethbridge, Barrett worked as an OR nurse in London, Ont., then returned to Lethbridge to work over a 18-year period at St. Michael’s and managed a free-standing surgical suite.

Barrett returned to university, earning her baccalaureate degree in nursing at the University of Lethbridge with a double focus in education and management. She worked as an OR nurse at CRH and as a clinical instructor for the nursing program at LCC. Betty also has her Canadian Perioperative Certification and was part of the Canadian Nurses Association development team for the first perioperative certification exams. She is a peer reviewer for two Canadian nursing journals and a member of ORNAC.

For several years, Barrett had been squirreling away ideas for her undertaking. Finally, she set to the task, taking two years of any spare time at home to create what is now a mainstay for LCC.

“I always knew someday I would do it,” she says. “It was a personal and professional goal and the time was right.

The OR nursing crisis was looming.”

Barrett, who took teaching and curriculum design courses as part of her degree work, teamed up with Hazel Mitchell, LCC’s program administrator for Allied Health and Wellness, and Kelly Mantler, its program co-ordinator.

Initially, they wanted a post-diploma course easily accessible to nurses in Chinook Health where they saw the immediate need, but also knew it could be fashioned for distance learning and, ultimately, made available for post-secondary schools and hospitals anywhere.

It now consists of a tutor-supported semester of self study, followed by lab instruction, six weeks of supervised clinical experience and 144 hours (18 shifts) of preceptored operating-room training. Mantler honed the theory portion for distance delivery; it has been accessed by candidates as far afield as Vegreville and High Level.

“We’re willing to work with students anywhere through distance learning, and we’re prepared to export the program into any area that wants it,” says Mantler. “We’ll work with anyone willing to work with us; southern Alberta is not the only region facing shortages.”

Graduates of the program are certified to work anywhere in Canada and the United States in any pre-, intra- or post-operative role.

“Program grads receive a sanctioned credential, proving they are not only well-trained, but trained to a degree above national standards,” says Mantler. “They hit the ground running and require far less on-the-job training.”

There is still considerable investment required by nurses who desire the training. Tuition costs \$5,000 and students give up their salaries during the clinical part of the course. Chinook Health has provided bursaries to several nurses in the last two years to support job enhancement for their nurses.

Before they do, candidates are wise to take a “gut check,” an assessment of not only their nursing skills, but their personalities.

“Perioperative nurses must first of all have excellent manual dexterity,” says Barrett. “They must be good problem-

solvers and critical thinkers who can respond under pressure. They require a good sense of humour, keen organizational skills and a strong sense of teamwork.”

It’s a skill set Jim Seely believed he could bring to the operating table after sampling perioperative work while obtaining his diploma from LCC. After a year on the job, Seely, from Hillspring, Alta., says he knows he made the right decision to take the course.

“You’re dealing with life-and-death situations every day,” he says. “You’re part of a team, and you’d better be a team player. You’re either an A-type personality, or you’re a B-type personality who can work with the As. You leave your ego at the door.”

The best perioperative nurses, says Seely, know their surgeons.

“It takes a lot of homework, but you have to learn each doctor’s preferences in the operating room,” he says. “The

Block came to the classroom down a similar path to that taken by Barrett. Her RN education at the former Galt School of Nursing in Lethbridge was a three-year program that included rotation in the operating room. She, too, served as a surgical nurse at St. Michael’s before it became a long-term-care facility.

She also later obtained her nursing degree and taught at LCC before taking on the perioperative program. Since 2000, the program has turned out some 30 perioperative nurses whose credentials would be recognized throughout North America.

“Some students are more experienced nurses who have considered career changes and new opportunities,” says Block. “Others are keen young nurses who come directly from the LCC diploma program.”

In the past, only nurses with a minimum of two years experience were considered for perioperative employment. But, says Block, the shortage and the

**“Program grads receive a sanctioned credential, proving they are not only well-trained, but trained to a degree above national standards. They hit the ground running and require far less on-the-job training.”**

KELLY MANTLER, PROGRAM CO-ORDINATOR, ALLIED HEALTH AND WELLNESS, LETHBRIDGE COMMUNITY COLLEGE

more you can anticipate their needs, the smoother the surgery, and the better for the patients. There are no shortcuts to take.”

For the first time in a decade, the surgical suite at CRH where Seely works has the appropriate number of staff, thanks, says Barrett, to the LCC course. Almost half of the RN staff are program grads.

One of the reasons program grads are highly prized is the level of instruction they receive. Carol Block, an RN who prior to accepting the position in the course’s second season had never pictured herself as a teacher, provides the guidance and inspiration they require to succeed in the clinical and theory portions.

“Carol is an accomplished, experienced nurse,” says Mantler. “She was an obvious choice for instructor.”

young nurses’ enthusiasm for the work changed that requirement.

“They come here with a desire to do it and succeed,” says Block. “They are very easy to teach.”

LCC offers two annual intakes, in April and September, with a minimum enrolment of six students.

Besides the obvious benefit to students, the course provides experienced perioperative nurses an opportunity to share their skills and knowledge with new learners through preceptorship. The increased number of perioperative nurses has averted closure of theatres that has occurred in other regions due to staff shortages in their operating rooms. **RN**

# RNLibrary

The latest books, documents and audio-visual titles acquired by the CARNA Library. To reserve these and other titles, CARNA members can contact the library Monday through Friday, 9 a.m. to 4 p.m. at 1.800.252.9392 extension 533, or visit [www.nurses.ab.ca](http://www.nurses.ab.ca) any time to access the library catalogue and CINAHL (Cumulative Index to Nursing and Allied Health Literature database).

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## IN MEMORIAM

*Our deepest sympathy is extended to the family and friends of:*

Curry, Muriel Lorraine, a 1951 graduate of the Misericordia Hospital school of nursing in Winnipeg, who passed away in Red Deer on Feb. 8, 2007.

Frey, Margaret (Macpherson), a 1940 graduate of the Archer Memorial Hospital school of nursing, who passed away on Feb. 7, 2007.

Williams, Deborah Rose (Bartsoff), a 1979 graduate of Lethbridge Community College school of nursing, who passed away in Lethbridge on Jan. 23, 2007.

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# Discipline Decisions

## **CARNA Member**

**Registration Number: 66,474**

The Hearing Tribunal made a finding of unprofessional conduct against member number 66,474 who administered dilaudid instead of morphine in error to a palliative care patient which resulted in the patient's death. This was a single event and there was no intent to harm the patient. The Tribunal ordered a course in medication administration and accepted the member's voluntary undertaking to not work until she provides a satisfactory letter from a psychiatrist and psychologist confirming that she is safe to practice. Thereafter, the member must undergo a period of supervised practice where her medication administration is closely monitored and provide a satisfactory performance evaluation to a Hearing Tribunal. *As this is a Health Professions Act complaint reference to the above noted conditions shall appear on the member's practice permit.* Failure to comply with the order will result in suspension of CARNA practice permit.

## **CARNA Member**

The Hearing Tribunal made a finding of unprofessional conduct against a member who on one shift used profane language including the "F" word, in the presence of co-workers, patients and visitors. The Hearing Tribunal issued a reprimand.

## **CARNA Member**

The Hearing Tribunal made a finding under the *Nursing Profession Act* of unskilled practice against a member who failed to notify the charge nurse or to call the physician regarding the deteriorating condition of her patient; failed to initiate any interventions regarding the deterioration of her patient's condition; failed to communicate the patient's wishes for no intervention; failed to respond appropriately when her patient became hypoglycaemic; and repeatedly failed to complete her charting in a timely manner and within the expectations of her employer. The Hearing Tribunal gave the member a reprimand, and ordered that she complete a professional responsibilities course, provide a satisfactory performance evaluation from her current employer (who was the complainant) in six months time. Failure to comply with the order will result in the suspension of her CARNA Practice Permit.

*NOTE:* conditions arising from a complaint lodged pursuant to the *Nursing Profession Act* do not appear on the member's practice permit.

## **CARNA Member**

The Hearing Tribunal made a finding of unprofessional conduct against a member who during three calls on one day failed to do a complete assessment, entered inaccurate or false information on the patient record and failed to give appropriate advice according to the employer's protocols. The Hearing Tribunal gave the member a reprimand and required her to pass a course in professional nursing, and write a paper on ethics, both by a deadline, which requirements shall appear as conditions on the member's practice permit. Failure to comply with the order will result in suspension of CARNA practice permit.

## **CARNA Member**

The Hearing Tribunal made a finding under the *Health Professions Act* of unprofessional conduct against a member who had in the past on an occasion inappropriately divulged personal mental health information suggestive of lack of fitness to practice and failed to assist the co-worker with patients; on a shift displayed inappropriate behaviours such as slurred speech and sleeping; and on one occasion failed to report for work and member was asleep in her car in the hospital parking lot. More recently, the member had given two small pewter figurines to a psychiatric patient; swore at a co-worker; attended at work looking unkempt; and on one shift, made a disparaging comment about a co-worker in the presence of others; violated the employer's policy on restraints by putting a patient into restraints without a physician's order; and failed to adequately advocate for a patient by failing to request of the physician the option of giving a third and fourth dose of PRN haldol to a patient orally, to avoid giving the patient four I.M. injections in a three hour period. The Hearing Tribunal ordered a reprimand; medical letters from a physician and psychologist within a time limit confirming the member is safe to practice and further medical letters from the physician and psychologist in the future. The Tribunal ordered the member to write a paper on the ethical use of restraints; and to provide two evaluations from her current employer confirming that there are no performance issues. Conditions shall appear on the member's practice permit. Failure to comply with the order shall result in suspension of CARNA practice permit.



## Closing Perspectives

*The right number of new RNs*

In March, the government of Alberta announced the addition of new nursing degree education seats at Grant MacEwan College in Edmonton and at Mount Royal College in Calgary. Any and all new seats are welcome, but there is no doubt that the numbers are insufficient to address current and future nursing workforce requirements.

CARNA's position on the nursing shortage has consistently emphasized increasing the number of nursing seats. In past columns, I've discussed some of the other strategies advocated by CARNA such as the more effective use of the existing RN workforce. Last month, I referred to CARNA's goal of improving our processes to make the credentialing, education and integration of all nurses into the workforce much smoother than it is today. Implementing retention strategies to maintain the current RN workforce is also increasingly urgent.

This year, approximately 1,400 students will graduate from registered nursing programs in Alberta. Is this enough? CARNA is recommending that a 30 per cent increase in the number of nursing education seats to simply replace the projected number of RNs who will retire in 2011.

It's been 10 years since CNA raised the alarm about the looming nursing shortage and identified the contributing factors of an inadequate number of new graduates, an aging workforce and an aging population. In 1997, CNA recommended a minimal increase of 10 per cent every year in nursing seats to head off a crisis. In 2002, the Canadian

Nursing Advisory Committee to the ministers of health recommended an additional increase of 25 per cent and a further 20 per cent in each of the subsequent four years.

These projections assumed that all health professionals, including RNs, would continue doing what they were doing in a static environment. Formulas based on replacing retiring members or on obtaining a one-size fits all staffing ratio are blunt instruments that don't adequately address the nuances of a changing environment and profession. In the 2006 report *Toward 2020: Visions for Nursing*, published by CNA and Health Canada, the authors suggested that rapidly changing technology and a different health-care delivery system may mean the dire shortages predicted, which are based on current delivery models, could be less problematic in 2020 than they seem now.

Registered nursing practice is definitely changing. The summary, published in this issue, of responses by RNs to a survey on scope of practice strengthens my faith in the ability of RNs to contribute to solutions to our current and future nursing shortage. Nearly 70 per cent of respondents said that their practice has changed in the past two to five years and 57 per cent recognized barriers to practicing to their full potential. In addition, RNs are urging CARNA to explore revisions to the current RN regulation to improve their capacity to deliver nursing care. Clearly, nursing practice does not stand still.

An increase in the number of admis-

sions to nursing education programs means finding more clinical placements for students, a difficult proposition. Nursing programs also need additional resources to develop and hire more nurse educators and expand classrooms and labs. Here too, the nursing profession is innovating. Faculties of nursing are modifying their delivery of practice education and moving into non-traditional settings. Nurse educators have introduced online and remote program delivery models and RNs like Betty Barrett featured on page 16 are coming up with home grown solutions to their staffing problems.

Despite all of our efforts, it remains unclear exactly how many new graduates we need now, in five or in 10 years. The health system is dynamic and the variables affecting the projected demand for RNs are changing. However, it is clear that current numbers will fall far short of predicted needs.

What can be done? CARNA will continue to make its case to government as effectively as it can. But as suggested by President Sheila McKay in her message, RNs have the experience and knowledge to help elected representatives understand that immediate attention is needed to support the fundamental role of RNs in patient safety and quality health care. **RN**

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