Disclosure and Reporting of Blood-borne Pathogens

PAGE 16
The shortage of registered nurses (RNs) and other health professionals has become a burning issue for government, employers and the public. It is a rare day when there isn’t a report in the media mentioning closure of hospital beds, packed emergency rooms, efforts to recruit RNs and physicians or surgical waiting lists.

There are efforts on a number of fronts to address the shortage of RNs such as targeted recruitment and retention strategies, funding more seats for nursing education, and recruiting nurses both domestically and internationally. It is also clear that our health system must shift its focus and invest in promoting health and preventing disease as well as treating injury and illness. Measures to improve population health and reduce demand for health services are essential, coupled with innovative approaches to health service delivery. In addition to increasing the number of RNs in the system, there is another aspect to the nursing shortage that must be addressed and that is inappropriate utilization of various types of nurses.

A few weeks ago I had a conversation with a colleague at my workplace about the role of RNs and the work that RNs are actually performing in different practice settings. Shortly afterwards, my colleague visited a hospital and happened to notice two RNs folding linens and placing them on a cart. When she asked why the RNs were folding linen instead of asking somebody else, they replied that nobody else would do it.

Here is a situation where RNs were doing things that others could easily be doing. Delegating this task to more appropriate workers would have allowed the RNs to do work which utilized their knowledge and expertise that was not currently getting done.

In another instance, some RNs collecting urine samples are spending time transferring the urine from the collection containers to the vacutainers. It would seem more appropriate to have the lab technician perform this task. There are also RNs who spend time on their shifts hunting down supplies instead of calling the support departments to provide them.

That raises the question: do RNs ever question what they are being asked to do or do they just accept the assignment? As RNs, we need to consider the work we are doing and ask ourselves if we are the right person to be doing the job. Perhaps there is something we could do to give the job to someone else so that we could use their knowledge and skills more appropriately, enhancing patient care and our own job satisfaction.

As RNs, we need to recognize the value and worth of our own knowledge, education and abilities. When we routinely do work that can be done by less skilled workers, we devalue our role in the health system. Too often, we seem to be working to support the health system instead of expecting the health system to support the work of RNs.

Research shows that the care provided by RNs improves patient outcomes. When we work to the full extent of our role as RNs, we can make a real difference in the lives of our clients, contributing to improved health for individuals, families and communities and helping to sustain our health-care system. I encourage you to consider the work being done by RNs in your practice setting with a new perspective. If each of us works to fulfill the role of the RN, we can help to transform our work environments and improve the quality of the care we provide to Albertans. RN

Sheila A. McKay, RN, MN
E-mail: president@nurses.ab.ca
Phone: 403.346.1994

As RNs, we need to recognize the value and worth of our own knowledge, education and abilities. When we work to the full extent of our role as RNs, we can make a real difference in the lives of our clients, contributing to improved health for individuals, families and communities and helping to sustain our health-care system.
Letter to the Editor

Re: Generation Gap

Rapid turnover on a unit often leaves young staff as the most “senior” in charge only because they have been there the longest. I have 30 years experience as an RN but am new to the hospital setting after working 15 years in the community sector. I was berated by a much younger nurse who thought I had forgotten an important step in the delivery of care to a patient. Fortunately, I hadn’t forgotten the step, but I still felt humiliated in front of my peers.

I agree with Elaine Millard who wrote that we need to “get together and educate each other.” We also need to be tolerant of each other’s learning styles, whether it be as a young learner or “older” learner new to the area. I don’t need to be “encouraged to move to a more appropriate unit that would enrich my style of learning.” What everyone needs is support from each other, working as a team as a whole to benefit the patient. After all, isn’t that what we are all there for in the first place?

Brenda Luco
Calgary

Sonja Ellen Katzell Memorial Fund

The Alberta Registered Nurses Educational Trust (ARNET) has established a memorial fund to honour the memory of Sonja Ellen Katzell who passed away in Red Deer on Oct. 6, 2006. Sonja was an active CARNA member and a dedicated ambassador for ARNET who generously contributed her unique quilting creations for many fundraisers.

Sonja graduated from the University of Alberta school of nursing in 1961 and practiced at the Red Deer Regional Hospital for 30 years as a staff nurse, unit manager, nursing manager and as a member of the administration support team.

To make a donation in memory of Sonja, please contact the ARNET office at 1.800.252.9392 ext. 523 or trust@nurses.ab.ca.

CORRECTION

Top 5 Indicators Selected by RNs and CGNs: The fifth indicator, Nursing Practice Standard Indicator 1.4, should have read “I engage in and support others in the continuing competence process.” Alberta RN apologizes for any inconvenience caused by the incorrect description published in the January 2007 edition (Alberta RN Statistics).
Nominees

Congratulations to all nominees

CARNA Award Gala
Thursday, May 10, 2007
Shaw Conference Centre, Edmonton

FEATURING
Special vocal performance by Alberta RN Dylis Kulchitsky
SINGER/SONGWRITER: Jan Randall
MASTER OF CEREMONIES: Fred Keating
SPECIAL GUEST: Minister Dave Hancock, Alberta Health and Wellness

TICKETS NOW AVAILABLE
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LIFETIME ACHIEVEMENT
Sharon Chadwick
Alberta Employment, Immigration and Industry
Dr. Judith M. Hibberd
University of Alberta
Margot Underwood
Calgary Health Region

EXCELLENCE IN NURSING CLINICAL PRACTICE
Lesley Hanson
Royal Alexandra Hospital
Brenda Kam
Brooks Health Centre
Cynthia Luna
Glenrose Rehabilitation Hospital
Sean Sopher
Glenrose Rehabilitation Hospital
Sue-Anne Thiessen
University of Alberta Hospital

EXCELLENCE IN NURSING EDUCATION
Cathy Carter-Snell
Mount Royal College
Diane Cowan
Medicine Hat College
Gail Liggett
Peter Lougheed Centre
Pat MacKinnon
East Central Health
Dr. Christine Newburn-Cook
University of Alberta
Linda Rae
Alberta Children’s Hospital
Barbara Tarnowski
Grant MacEwan College

EXCELLENCE IN NURSING RESEARCH
Dr. Jeanne Besner
Calgary Health Region
Dr. Patricia Marck
University of Alberta

EXCELLENCE IN NURSING ADMINISTRATION
Barbara Brady-Fryer
Capital Health
Cecile Bulva
Venta Care Nursing Home
Caroline M. Hatcher
Calgary Health Region
Dan Huffman
Capital Health
Linda Keehn
Royal Alexandra Hospital
Beverly Krabsen
Drumheller Health Centre
Evelyn Kraft
East Central Health
Barbra Lemarquand-Unich
Calgary Health Region
Gail Robertson
Aspen Regional Health
Laurie Rutherford
Glenrose Rehabilitation Hospital
Lisa Ryback
WestView Health Centre

RISING STAR
Janice McLoughlin
WestView Health Centre
Kara Penney
Redwater Health Centre
Kristine Penny
Redwater Health Centre
Danelle Schuetzle
Queen Elizabeth II Hospital, Grande Prairie

PARTNER IN HEALTH
Audrey Laughy
Peace Country Health
Ralphina McLeod
Edmonton Catholic School Board
Carna Awards of Excellence Gala Dinner
Thursday, May 10, 2007
The Shaw Conference Centre, Edmonton
Reception 6 p.m. • Dinner 7 p.m.

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MEMBERS WANTED!

If you are a registered nurse (RN) seeking an opportunity to advance the profession by sharing your knowledge and experience, you are invited to apply for a volunteer position on the Nursing Education Program Approval Board (NEPAB) or the CARNA Competence Committee.

NEPAB

One member
Term beginning August 2007

As part of the mandate of a self-regulated profession, NEPAB reviews and approves Alberta nursing education programs leading to initial entry to practice as an RN. The Health Professions Act (2000) and regulations pursuant to the Act direct that graduates of Alberta nursing education programs who apply to write the Canadian Registered Nurse Examination and apply for registration with the College and Association of Registered Nurses of Alberta (CARNA) must have successfully completed a NEPAB approved nursing education program in Alberta. NEPAB defines the processes and reviews these nursing education programs for approval.

Qualifications
• several years experience as an RN
• involvement in direct nursing practice, e.g., front-line nurse manager, clinical specialist, advanced practice or functioned as a preceptor for nursing students

Expectations of Members
• complete a five-year term
• attend four to eight meetings per year
• commit to preparatory time for meetings
• participate in reviews of, and render decisions about, nursing education programs leading to initial entry to practice as an RN in Alberta

Questions
If you have questions about the work of the board, or the expectations of members, please contact:
Lori Kashuba, NEPAB Consultant
TEL: 780.732.4425 or
toll free 1.800.252.9392, ext. 425

Application deadline: April 13, 2007

Competence Committee

One member
Term beginning June 2007

The Competence Committee is responsible for continued development, implementation and evaluation of the Continuing Competence Program and continuing competence policies and processes, including requests from members seeking an exception of policy. Committee members will determine:
• whether an applicant/member has met the Continuing Competence Program requirements for a practice permit
• whether the member has complied with conditions assigned to meet Continuing Competence Program requirements

Qualifications
• minimum of five years of nursing experience as a staff nurse in acute care or community health
• a background in research would be helpful
• resident of the South, Calgary/West or Edmonton/West region preferred

Expectations of Members
• complete a three-year term
• attend four to five full day meetings per year, as required, at the CARNA office in Edmonton
• commit to preparatory time for meetings

Questions
If you have questions about the work of the committee, or the expectations of members, please contact:
Terry Gushuliak, Assistant Registrar/Continuing Competence
TEL: 780.453.0507 or
toll free 1.800.252.9392, ext. 507

Application deadline: April 30, 2007

Important Notice to Current Members of CARNA Regulatory Committees

CARNA bylaws state that individuals may only serve on one regulatory committee at a time. Current members of Registration, Registration Review, Complaint Review Committees or Hearing Tribunals, are not eligible to apply for this position until their current term expires.

CARNA reimburses committee members for travel expenses related to committee meetings and offers a salary replacement to compensate members for time away from work. Orientation and ongoing education is provided to all committee members.

How to Apply
• Obtain an application form at www.nurses.ab.ca
• Contact Lella Blumer at 453.0513 or toll free 1.800.252.9392 ext. 513
President-Elect and Provincial Council members

You can make a difference in the lives of Alberta’s RNs today and for the future. We want your ideas, commitment and enthusiasm to shape the future of registered nursing in this province.

The Elections and Resolutions Committee (ERC) is looking for candidates for president-elect and provincial council. The president-elect serves a two-year term as president-elect and two years as president. One member is needed from each of the following CARNA regions to serve for a three-year term as a provincial councillor:

- Northwest
- Edmonton/West
- Central
- Calgary/West

What’s involved?

President-Elect

The president-elect position is a four-year term. The first two-year term will be served as president-elect and the second two-year term as president.

OPPORTUNITIES

- represent the registered nursing profession to government, the public and other stakeholders
- incorporate RN perspective in the development of health policy for Albertans
- lead national nursing policy through membership on the board of the Canadian Nurses Association
- expand networks with provincial and national nurse leaders

QUALIFICATIONS

- registered nurse
- resident of Alberta

Provincial Council Member

If you care about the profession of registered nursing, you have what it takes to be a provincial councillor. You can make a difference and know that your vision will be reflected in the decisions of your professional body.

OPPORTUNITIES

- work collaboratively to find solutions to nursing issues
- meet nursing colleagues who share your passion for nursing at the provincial and national levels
- develop and expand your leadership abilities as you help govern the nursing profession in Alberta
- work with leaders who are shaping nursing in Alberta
- learn from the knowledge and nursing experience of colleagues on council

QUALIFICATIONS

- registered nurse
- resident of the CARNA region in which you are nominated

Take the Next Steps

1. Obtain a nomination form by:
   - calling the CARNA provincial office at 1.800.252.9392 ext 525 or 780.453.0525
   - contacting Joan Petruk, ERC Chair at 780.672.8361 or jpetruk@cable-lynx.net
   - downloading the nomination form at www.nurses.ab.ca

2. Complete the nomination form

3. Submit the nomination form by April 2, 2007 by mail or courier to:
   CARNA Elections and Resolutions Committee
   11620-168 St.
   Edmonton AB T5M 4A6

While a copy of the form may be faxed to 780.452.3276, the completed originals must be received by the CARNA provincial office by April 2, 2007.
A Worthwhile Decision

BY JOAN PETRUK, PROVINCIAL COUNCILLOR, CENTRAL REGION

FOUR YEARS AGO, I WAS INVITED to attend a Provincial Council meeting. It was an event that changed my life substantially. That day, I discovered how relevant the work of Provincial Council was to my life as a registered nurse (RN). The president at that time was Jeanne Besner, who was so gracious and welcoming. I was struck by the knowledge, respect and professionalism shown by the council to each other as they discussed the many issues facing RNs today. I was impressed that this large group could have differing opinions on many of the issues discussed at the meeting, but showed great respect for the opinion of others as they made their own views known. After returning home, I made the decision to run for council.

This is now my third year on Provincial Council and I have learned so much. It was a privilege to be part of council as we prepared our profession to come under the Health Professions Act. I learned something about politics, especially that you attain more through respectful discussion than you do when you make your points through the media.

I had the privilege of attending CARNA conferences during each of my three years on council. I was impressed with the quality of the CARNA conferences and recommend them to everyone. I also had the privilege of attending the Canadian Nurses Association conference in Saskatoon last June and a meeting of the Canadian Nurses Association in Ottawa. It is comforting to see that all provinces are working together to address many of the issues that face Canadian nurses. It made me proud to be an RN.

Provincial Council members have the opportunity to represent CARNA on committees. During my three years on council, I sat on the Appeals Committee which taught me how essential it is to have strong professional ethics. I sat on the Audit Committee which convinced me that our professional college and association shows prudence in how they spend the money collected from our members. I also chaired the Elections and Resolutions Committee which is responsible for ensuring the continuation of good governance. In other words, encouraging and recruiting members to get involved with their association at the presidential, council and committee level.

With nomination for the current election due by April 2, 2007, I encourage you to consider letting your name stand for office.

The past three years have gone by far too fast, and being part of council is an experience that I will cherish into my old age. RN

CANA Election 2007: Call for Scrutineers

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

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

DUTIES
- The scrutineer is required to be present during the opening and counting of ballots at the CANA 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 CANA president.
- The alternate scrutineer will serve as scrutineer if the scrutineer is unable to fulfil their duties.
- CANA reimburses the scrutineer for travel expenses and offers a salary replacement/per diem to compensate for time away from work.

PROCESS
Obtain a nomination form by:
- downloading the form at www.nurses.ab.ca
- calling Diane Wozniak at 1.800.252.9392 ext. 525 or 780.453.0525

QUESTIONS
If you have questions about the role of the scrutineer, please contact Joan Petruk, ERC Chair at 780.672.8361 or jpetruk@cable-lynx.net.

The deadline for applications is May 18, 2007.
Registered nurses (RNs) are encouraged to submit their suggestions and comments on the proposed revisions to the Canadian Nurses Association (CNA) Code of Ethics for Registered Nurses (2002). RNs in Alberta are required to comply with the Code of Ethics.

CNA revises its Code of Ethics for Registered Nurses every few years to address changes in social values and conditions and to ensure the Code is attuned to the current needs of nurses in their practice. CNA is scheduled to release the updated version in 2008.

A copy of the CNA Code of Ethics for Registered Nurses is included as an appendix to CARNA Nursing Practice Standards and a questionnaire with some guiding questions for use in the review of the Code of Ethics are available on www.nurses.ab.ca.

Please forward your comments no later than April 23, 2007 to:

Suzanne Fournier
CARNAPolicy and Practice Assistant
sfournier@nurses.ab.ca
FAX: 780.452.3276
MAIL: 11620-168 St. Edmonton, AB T5M 4A6

The Code of Ethics for Registered Nurses describes a set of values and principles that guide and support CARNA regulatory processes. CARNA position statements, standards and guidelines align with the values and principles of the Code of Ethics.

- the CARNA Nursing Practice Standards require RNs to comply with the CNA Code of Ethics for Registered Nurses
- the CARNA Entry to Practice Competencies for the Registered Nurses Profession specify that RNs must practice in accordance with the CNA Code of Ethics
- the Nursing Education Program Approval Board (NEPAB) approves nursing education programs leading to initial entry-to-practice. The entry to practice competencies are a fundamental component of the NEPAB nursing education standards
- the professional conduct review process entails the examination of the RNs’ conduct in light of the CNA Code of Ethics in addition to CARNA Nursing Practice Standards and Entry to Practice Competencies for the Registered Nurses Profession

CARNA Seeks Feedback from RNs on Code of Ethics

Meet your new regional coordinator for CARNA Edmonton/West region

Penny Davis
CONTACT: 780.484.7668
E-MAIL: pdavis@nurses.ab.ca

Penny Davis currently works casual as a public health nurse and is also a research assistant for the University of Alberta faculty of nursing. Penny has more than 11 years experience in the public health field and as a lactation consultant and has practiced as a nurse manager in long-term care.

In 1995, Penny received her bachelor of science in nursing from the University of Alberta and she is currently working on her master’s degree in nursing.

ROLE

Regional coordinators facilitate two-way communication with CARNA members where they live and work by:

- attending nursing meetings to hear concerns and issues
- directing concerns and issues to appropriate persons/committees of CARNA
- acting as a resource for information from CARNA
- providing educational opportunities for RNs on topics such as Nursing Practice Standards and the Continuing Competence Program
- providing information about the nursing profession and the role of CARNA
- organizing and supporting regional volunteer activities and special events

Penny will provide regional coordinator services to members in Edmonton/West region in cooperation with regional coordinator Joan Rooke.

CARNA REGIONAL COORDINATOR PROGRAM

A resource and communication link for Alberta RNs
Regional Coordinators facilitate two-way communication with CARNA members where they live and work by:

- attending nursing meetings to hear concerns and issues
- directing concerns and issues to appropriate persons/committees
- acting as a resource for information
- providing education opportunities for RNs on topics such as nursing practice standards and continuing competence
- providing information about the nursing profession and the role of CARNA
- organizing and supporting CARNA regional volunteer activities and special events such as Nursing Week

**CARNA Regional Coordinators**

*A resource and communication link for Alberta RNs*

- **Kathleen Waterhouse**
  - Northwest
  - 780.539.9470
- **Barbara Diepold**
  - Northeast
  - 780.826.5383
- **Joan Rooke**
  - Edmonton/West
  - 780.416.4613
- **Penny Davis**
  - Edmonton/West
  - 780.484.7668
- **Heather Waslenki**
  - Central
  - 403.782.2024
- **Christine Davies**
  - Calgary/West
  - 403.932.7243
- **Beverlie Johnson**
  - Calgary/West
  - 403.625.3260
- **Dalyce Burgess**
  - South
  - 403.504.5603
- **Barbara Diepold**
  - Northeast
  - 780.826.5383
- **Joan Rooke**
  - Edmonton/West
  - 780.416.4613
- **Penny Davis**
  - Edmonton/West
  - 780.484.7668
- **Heather Waslenki**
  - Central
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- **Christine Davies**
  - Calgary/West
  - 403.932.7243
- **Beverlie Johnson**
  - Calgary/West
  - 403.625.3260
- **Dalyce Burgess**
  - South
  - 403.504.5603
call for resolutions

CARNÁ Annual General Meeting
BANFF SPRINGS HOTEL
MAY 3, 2007, 1430 HRS.

The College and Association of Registered Nurses of Alberta (CARNÁ) encourages members to submit resolutions to the Elections and Resolutions Committee (ERC) prior to the CARNÁ 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 CARNÁ’s mandate. Resolutions can relate to any area of nursing practice, education, administration, research, the role of CARNÁ 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 under the Education and Events tab.

Resolutions received in advance of the AGM will be posted on the CARNÁ 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 CARNÁ Provincial Office at 1.800.252.9392, ext. 525 or dwozniak@nurses.ab.ca
For more information, contact Joan Petruk, ERC Chair at 780.672.8361 or jpetruk@cable-lynx.net

CARNÁ Annual General Meeting (AGM) and Open Forum
MAY 3, 2007/BANFF SPRINGS HOTEL/1430-1630 HRS.

CARNÁ invites members to attend the annual general meeting and open forum which is being held prior to the 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.

Please arrive prior to 1430 hrs. 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
BY KATHY KNOWLES, RN AND LINDA BRIDGE, RN

A friend shared a quote with me from Dr. Phil: “There’s something about that person, I don’t like about myself.”

I interpreted this as what I don’t like in others is what I don’t like about myself – ‘a mirror effect’. The acknowledgment of this fact left me with numerous sleepless nights. For example, when someone gossiped, I judged them for it, often behind their back. But, I too, can gossip.

I saw all these ‘negative’ things in others when they were also in me as well. And boy! Could I pick out negatives! Once it sunk in that I had the same negatives which I disliked in others, I became very angry with myself.

In the past, when I didn’t like a trait of mine, I would beat myself up and constantly berate myself for being a bad person – so imperfect. Those actions did not make the trait go away, in fact I found it got worse. Ugh! My biggest ‘ah ha’ moment was when I realized

I needed to change. I needed to stop pointing out other peoples’ faults and deal with my own. As I puzzled it out, I cried and cried. I saw all my negatives oh so very clearly. How would I stop and change them all?

Looking back, it was not about changing but about accepting myself - accepting my faults. My faults can be ugly at times. Real UGLY. Yet, they are an indelible part of my uniqueness.

Yes, there are ways to heal faults and I know now this takes time, patience, persistence and above all gentleness – a forever journey.

I am human and I needed to accept that as a human being I have faults and negatives like everyone else. I started my acceptance – my change – by forgiving myself and concentrating on my qualities – my positives. I decided to become my own best friend and treat myself as I wanted others to treat me. I began being gentler and more caring with myself. I put my needs first. This was not easy but little by little I evolved to having more self respect.

I make progress. I stumble. I fall backwards. I crash. I pick myself up gently and begin again. It gets easier and easier and more rewarding. I am learning to acknowledge, cultivate, and accentuate my positives. When I stay in the positive… when I keep my rose-coloured glasses on… other people are rosy too. I see their positives – their goodness. As I become more accepting of myself, I have genuine acceptance and praise for others.

I hereby elect to distribute rose-coloured glasses to all worldly inhabitants. When I see the good in others, it reflects to mine and when I see my goodness, it reflects for others to see their own. There’s that mirror again. My faults have not disappeared. I just do not give them my energy. As I do this they lessen, lay dormant and in time some have died away.

I’ve decided to use this reformatted quote, “There is something about that person that I like about myself.” RN

© 2006 Kathy Knowles and Linda Bridge
In September 2006, Provincial Council approved the newly revised College and Association of Registered Nurses of Alberta (CARNA) document *Entry-to-Practice Competencies for the Registered Nurses Profession*. This document became effective in December 2006. Entry-to-practice competencies form the basis for minimum levels of measurable competence that all students must achieve by the completion of an initial entry-to-practice nursing education program in Alberta.

The Entry-to-Practice Competencies for the Registered Nurses Profession document outlines:

- what to reasonably expect of an entry-level registered nurse (RN)
- the competencies expected of the entry-level RN
- a profile of entry-level RN practice
- the set of assumptions on which the competencies are based

The 119 competencies contained in the document focus on the knowledge, analysis, decision-making and critical judgments that are the hallmarks of RN practice. Assurance that applicants to the profession have achieved these competencies is demonstrated by graduation from an approved nursing program followed by passing the Canadian Registered Nurse Examination (CRNE).

### REASONABLE EXPECTATIONS OF ENTRY-LEVEL RNs

During the first six months of employment, an entry-level RN is in transition, learning the role of an RN in a particular setting (Duchser, 2006; Ferguson & Day, 2006). They need time to consolidate professional relationships, learn practice norms in that specific practice setting and gain depth in their nursing practice knowledge and judgment. They learn about their new role by observing other RNs in that practice setting and within the social network of their workplace.

#### Entry-level RNs:

- adhere to the nursing codes of ethics, standards of practice and represent a professional image of nursing
- accept responsibility and demonstrate accountability for their practice by recognizing their limitations, asking questions, exercising professional judgment and seeking consultation as needed
- establish and maintain therapeutic relationships with clients and members of the nursing and interprofessional care teams, based on appropriate cultural and relational boundaries and respect
- have a strong base in nursing knowledge and apply their knowledge and skills in the provision of safe, competent and ethical care
- apply knowledge from other sciences and humanities relevant to nursing practice (e.g., pathophysiology, pharmacology, microbiology, human growth and development, nutrition, genetics, immunology)
- apply knowledge and a critical decision-making process in their practice. Their decision-making includes ongoing holistic assessment, collaborative planning, provision and evaluation of nursing care with clients and others.
- facilitate and coordinate continuity of care to ensure that the client is a part of the decision-making team and that appropriate information and care plans are clearly communicated to both formal and informal caregivers
- use existing health and nursing information systems to manage nursing and health care data
- report and document client care and its ongoing evaluation in a clear, concise and timely manner
- report potential or actual unsafe situations for clients or health-care professionals and act as advocates to promote clients' rights

As they develop confidence in their new role, entry level RNs can assume higher levels of responsibility and manage more complex clinical situations. They can also be expected to more easily recognize more subtle nuances of situations and patterns as they move to a more complex way of thinking and doing. Their proficiency and productivity related to workload management and their technical skills will increase with support and experience.
SUPPORT FOR ENTRY-LEVEL RNs

It is important for entry-level RNs to gain confidence, experience, knowledge and skills in a workplace that values and supports their contribution to the health-care team.

The practice environment is an essential component in supporting the practice of all RNs and is critical for the consolidation of entry-level RN practice. The relationship between experienced RNs and entry-level RNs is critical to the latter acquiring the knowledge, skill, attitudes and judgment needed to provide safe, competent and ethical care. In addition, experienced RNs recognize the value of mentoring and guiding the beginning RN and the Code of Ethics for Registered Nurses reinforces this specific role in a responsibility statement under accountability, one of the eight primary values central to nursing practice.

Employers also share the responsibility of supporting entry-level RNs to practise safely, competently and ethically by:

- providing initial work experiences in the same practice environment and with similar client populations
- ensuring workload and staff scheduling decisions consider the needs of entry-level RNs (e.g., providing sufficient time to discuss and plan care with colleagues and clients receiving care)
- encouraging RNs to pose questions, engage in reflective practice and ask for assistance without being criticized
- identifying and informing entry-level RNs of the resources available to support their practice
- providing position-specific education and professional development through orientation, in-service education and mentorship programs
- identifying the competencies required in a particular setting, position or situation of added responsibility and providing opportunities to meet the competencies before being placed in such a situation
- providing ongoing constructive feedback and formal evaluation processes
- encouraging and supporting experienced RNs to mentor beginning RNs

SELF-REGULATION AND ENTRY-TO-PRACTICE COMPETENCIES

Identifying the competencies required for entry-level RN practice is part of the mandate of CARNA. In addition to describing what is expected of the entry-level RN, the entry-to-practice competencies are integrated throughout numerous CARNA regulatory processes.

Entry-to-practice competencies are:

- used to describe what is expected of the entry-level registered nurse
- part of the competency profile for RNs
- essential in all three routes of the registration process [Health Professions Act (HPA) section 28(2)]
- required to facilitate labour mobility for RNs in Canada. The Labour Mobility Chapter of the Agreement on Internal Trade (AIT) stipulates that labour mobility cannot be determined or restricted by credentials. Decisions must be based on competence.
- considered for the Mutual Recognition Agreement (MRA) of Canada’s RN regulatory colleges; Alberta is a signatory to the MRA
- a foundation of the substantial equivalence route of registration for internationally educated RNs under HPA (Registered Nurses Profession Regulation section 9)
- a basis for the development of the Canadian Registered Nurse Examination (CRNE)
- a fundamental component of the Nursing Education Program Approval Board (NEPAB) standards for approval of nursing education programs leading to initial entry-to-practice
- used as a guide for curriculum development in nursing education programs leading to initial entry-to-practice RN

REFERENCES


December 2006, Provincial Council reaffirmed its position towards reporting by members who have been infected with a blood-borne pathogen and approved revisions to the CARNAR document *Disclosure and Reporting of Infection with Blood-Borne Pathogens: Guidelines for Registered Nurses*. This document review was conducted as part of CARNAR's practice of periodically reviewing all documents to ensure they reflect current information, evidence and best practices.

Registered nurses (RNs) who have been infected with blood-borne pathogens such as hepatitis B virus (HBV), hepatitis C virus (HCV) and human immunodeficiency virus (HIV) are not required to report blood-borne status to CARNAR. However, an RN infected with a blood-borne pathogen who is engaged in exposure-prone activities has an ethical responsibility to consult with the Alberta Expert Review Panel for Blood-Borne Infection in Health-Care Workers.

Exposure-prone procedures performed by RNs might include assisting with some surgical procedures such as sponging, placing and holding retractors, suturing and wound debridement. Nursing practice standards related to professional responsibility require that all RNs ensure their fitness to practice, which means restricting or accommodating practice if they cannot safely perform essential functions of the nursing role due to mental or physical disabilities.

Some regulatory colleges have introduced mandatory reporting of infection by a blood-borne pathogen by all members whether they are involved in exposure-prone procedures or not. While the performance of exposure-prone invasive procedures by health-care workers places clients at greater risk for acquiring blood-borne infections, it is recognized that most RNs are not involved in exposure-prone procedures.

CARNAR's position towards the reporting by members of a blood-borne pathogen remains unchanged. CARNAR has adopted the approach that it is the professional responsibility of the RN to seek out testing and advice from a knowledgeable practitioner if involved in exposure-prone activities. CARNAR offers support and information for the RN who may have questions related to their practice. Any RN infected with a blood-borne pathogen who has questions about

The Alberta Expert Review Panel was established by Alberta Health and Wellness under a ministerial order to support health-care workers by reviewing their specific practice circumstances and making recommendations concerning continued or modified professional practice. Panel members are selected for their expertise and represent their designated disciplines. Members include:

- an infectious disease specialist
- a medical officer of health
- an infection control officer
- a public health nurse
- an occupational health nurse
- a public representative

In order to maintain anonymity, the RN infected with a blood-borne pathogen may elect representation by a third party at a meeting with the review panel.
whether they are involved in an exposure-prone activity must contact the registrar for clarification. All consultations are confidential and the registrar can facilitate access to the Alberta Expert Review Panel for Blood-Borne Infection in Health-Care Workers in addition to facilitating the reimbursement by CARNA of expenses incurred to consult with the Panel.

**Prevention of Transmission of Infection from the Client to a Registered Nurse**

While it is true there is minimal risk of an infected nurse transmitting a blood-borne pathogen to a client, the opposite is also true. RNs are at risk of exposure to client blood/body fluids that may be infected with blood-borne pathogens. Routine practices of infection control and protection are essential if RNs and other health-care providers are to prevent the transmission of a blood-borne pathogen from a client to a health-care worker (Diaz-Mitoma, Paton, & Giulivi, 2001). In Canada, the term “routine practices” is used rather than “universal precautions” or “standard precautions.” Health Canada (1999) infection control guidelines for acute care, long-term care, ambulatory and home care practice settings address:

- hand washing/hand antiseptic
- the use of gloves
- masks, eye protection, face shields
- gowns
- accommodation
- patient care
- equipment and environmental control

Recent research indicates that health-care workers do not always implement routine practices, relying instead on their own subjective assessment of patients’ blood-borne viral status (Cutter & Jordan, 2004; Gammon & Gould, 2005; Lymer, Richt & Isaksson, 2003; Osborne, 2003). Prevention of transmission of blood-borne pathogens from an infected client to an RN includes the following measures:

- consistent use of “routine practices”
- appropriate handling of “sharps” such as needles, scalpel blades and other sharp instruments or devices (Alberta Human Resources and Employment, 2004)
- immunization with hepatitis B vaccine (Department of Health & Human Service Centers for Disease Control and Prevention, 2003)
- education with respect to infection control and occupational risk of blood-borne pathogen transmission (Society for Healthcare Epidemiology of America, 1997)
- an institutional climate of safe practice with support from management and key clinical leaders (McCoy, Beekmann, Ferguson, Vaughn, Torner, Woolson, & Doebbeling, 2001)

If an RN is exposed to a blood-borne pathogen, they should have access to a comprehensive post-exposure program to ensure they receive accurate information, guidance and support (American Nurses Association, 1991). RN

**References**


By now, you have your 2007 practice permit. On your application, you reported your priority indicator(s) for professional development for the 2007 practice year and confirmed that you developed a learning plan(s) describing what you wanted to learn and how you planned to learn it. Congratulations, you began the continuing competence program requirements which are mandatory for all registered nurses (RNs). The following article is the first in a series designed to help you fulfill the legal requirements of the College and Association of Registered Nurses of Alberta’s (CARNA’s) Continuing Competence Program for RNs.

Keep Your Self-Assessment Records
Assessment is the backbone of any nursing practice and it is the backbone of your continuing competence program. Just as you document any assessments you conduct on a client, you must document your continuing competence self-assessment. Remember the advice given to nurses regarding charting “nothing was charted because nothing was done.” The same is true for your continuing competence program, so remember to record your actions.

You must be able to provide evidence of having assessed your practice using the CARNA Nursing Practice Standards or, if you are a nurse practitioner, evidence of assessing your practice using both the CARNA Nursing Practice Standards and the CARNA Nurse Practitioner Competencies.

If you have decided to revise your priority indicators, record these new priorities or other changes on your Assessing My Practice worksheets. Review the progress of your plan regularly to make sure you are moving towards achieving your learning objectives. Document your learning activities as you complete them.

Implement Your Learning Plan and Record Your Implementation
Last year, you wrote the learning plan for the indicator(s) you reported. Your learning plan is based on your reflection and self-assessment, and should be specific to your role and practice setting. This year, you must implement one learning plan for each selected indicator. Although you are not required to use the CARNA Continuing Competence worksheets, your learning plan MUST include documentation of the following:

1. indicator number
2. learning objective
3. learning activities
4. completion dates
5. why the objective is important to your practice
6. evaluation of impact of your learning on your practice

All of these elements must be recorded in your learning plan.

Indicator Number: The indicator(s) you record on your learning plan are the same indicator(s) you chose when you renewed your practice permit and the same indicator you chose in your self-assessment. If you neglected to record the indicator(s) you reported at registration, contact CARNA at 1.800.252.9392 or in Edmonton 451.0043 so that you can start implementing your learning plan today.

If you change your indicator(s), you must complete a new learning plan and document the changes on your self-assessment worksheets. Keep all documentation, even partially completed.
learning plans that document a small portion of the year along with documentation of the reason for the change.

Reasons why you might change your indicator(s) include the need to learn about new technology or policies being introduced in your practice setting or a change in your job.

2. **Learning Objective:** Your learning objective describes what you want to learn. What is it about this indicator that you want to learn more about? Use your own words to develop your objective. Do not simply restate the selected indicator. Keep it simple and use action verbs, such as ‘develop,’ ‘interpret,’ ‘communicate’ or ‘apply.’ Your learning objective must be relevant to the indicator you selected.

3. **Learning Activities:** Your learning activities relate to your objective and help you achieve your objective. As you review your progress throughout the year, you may decide to add a more appropriate or targeted educational activity or you may even decide to delete an activity. Be sure to record the learning activities that you complete.

If you are using the Carna Learning Plan worksheet and you need more space to list your activities, use the back of the worksheet or attach a sheet of paper.

4. **Completion Dates:** Record the completion dates of your learning activities. You must complete some learning activities each practice year. You can choose the same indicator for the following year if you feel you need to continue learning in that area. You can use the CARNa Tracking Other Learning to record additional education activities that you engage in throughout the year that are not related to your priority indicator(s).

5. **Why the Objective is Important to Your Practice:** Document why your learning objective is important to you and how it is relevant to your role and practice setting.

6. **Evaluation of Impact of Your Learning on Your Practice:** Record the impact of your learning on your practice. Reflect on what you have learned and determine if it has made a difference to your practice. You may find the new learning has not made an impact or it may have changed or strengthened your practice.

**Record, Record, Record**

- Record your self-assessment
- Record feedback
- Record your selected indicator number
- Record your learning plan and learning objectives
- Record all learning activities
- Record the completion dates of your learning activities
- Record the impact of the learning activities on your practice
- Record any changes to your learning plan

Your learning plans, self-assessments and any supporting documentation relevant to your Continuing Competence Program must be retained for five years as evidence of your activities. It is important you keep your records so that, if requested, you can provide evidence of what you have done.

**NEXT MONTH:** Reporting implementation of your learning plan at registration renewal.

For more information on the CARNa Continuing Competence Program, visit www.nurses.ab.ca.
There are two ways that members of the College and Association of Registered Nurses of Alberta (CARNA) can submit resolutions to the Canadian Nurses Association (CNA) for its 2007 annual meeting on June 22, 2007 in Ottawa.

1) Individual member resolution: Any individual member may submit a written resolution, signed by the member, directly to the CNA Resolutions Committee prior to the deadline. Resolutions should be accompanied by written background information which expands on the reasons for the resolution. Any topic or idea that does not conflict with CNA’s letters patent, bylaws and rules and regulations or its corporate objects, may be presented as a resolution. To submit a resolution or for more information contact:

CNA Resolutions Committee
% Corporate Affairs Coordinator
Canadian Nurses Association
50 Driveaway, Ottawa, ON K2P 1E2
Phone: 1.800.361.8404
E-mail: abaker@cna-aiic.ca

Deadline for submission is March 30, 2007

2) Potential jurisdictional resolution: Members can submit potential issues to the CARNA Election and Resolutions Committee which 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

To speak with a member of the Elections and Resolutions Committee, contact Joan Petruk, 780.672.8361 or jpetruk@cable-lynx.net

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 any time to access the library catalogue and CINAHL (Cumulative Index to Nursing and Allied Health Literature database).


Discipline Decisions

CARN A Member
Registration number:  54,996

The Hearing Tribunal made a finding of unskilled practice and professional misconduct against member number 54,996 arising from the complaint lodged pursuant to the Nursing Profession Act. The Tribunal found the member had sworn at a patient and used inappropriate language in the presence of co-workers; initiated a heparin lock without a physician’s order; failed to appropriately respond to a fire alarm, failed to bring sick notes twice; failed to attend at work on two occasions. The Tribunal ordered a reprimand; a course in professional responsibilities; an undertaking to not work until the member has provided a satisfactory medical report confirming fitness to practice; and annual fitness to practice letters for five years. Failure to comply with the order shall result in suspension of CARNA practice permit.

NOTE: Conditions arising from a complaint lodged under the Nursing Profession Act do not appear on the member’s practice permit.

CARN A Member

The Hearing Tribunal made a finding of unskilled practice and professional misconduct against a member who attended at work when unfit to practice as a registered nurse due to illness, medication side effects, exhaustion or some other cause, thereby placing patients and co-workers at risk and who gave a patient Oxycontin at 1700 hours when it was not due until 2100 hours. The Hearing Tribunal gave the member a reprimand and ordered that she provide a voluntary undertaking to not work as an RN until she provides medical proof that she is fit to practice and performance evaluations from her employer once she returns to work. Failure to comply with the order shall result in suspension of the member’s CARNA practice permit.

NOTE: Conditions imposed that arise from a complaint lodged under the Nursing Profession Act do not appear on the member’s practice permit.

CARN A Member
Registration number:  44,555

The Hearing Tribunal made a finding of unskilled practice and professional misconduct against member number 44,555 who spoke to a manager in an unprofessional manner; left a patient unattended with a syringe containing medication still in the port and failed to accurately administer the correct dosage of medication or complete an incident report; incorrectly took blood from a patient and labelled it with the information of another patient; sent a patient home with the medical documentation of another patient; and took a personal call at work and spoke in a loud and angry manner which disturbed the unit. The Hearing Tribunal gave the member a reprimand and ordered that the member provide medical proof that she is fit to practice and performance evaluations from her employer once she returns to work. Failure to comply with the order shall result in suspension of her CARNA practice permit.

* CARN A Nursing Practice Standard 3.1 states The RN practices with honesty, integrity and respect and complies with the CNA Code of Ethics for RNs (2002) RN

IN MEMORIAM

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

Fulk, Joyce (Granlund), a 1963 graduate of the Ponoka Provincial Mental Hospital school of nursing, who passed away in Edmonton on Dec. 27, 2006.

Makar, Emilie (Bykowski), a 1962 graduate of the Edmonton General Hospital school of nursing, who passed away on Jan. 9, 2007 in Palestine, Texas.


Taylor, Faye (Sparks), a 1963 graduate of the Royal Alexandra Hospital school of nursing, who passed away in Calgary on Jan. 11, 2007.
THE GREYING NATION
Transitions of Care in Later Life
March 21-23, 2007. Edmonton
CONTACT: Tracy Cox, grhedservices@cha.ab.ca, www.capitalhealth.ca/greyingnation

ACCELERATING PRIMARY CARE
Gaining Momentum
April 16-18, 2007. Edmonton
CONTACT: Buksa Conference Management, 780.436.0983, ext. 229, primarycare@buksa.com, www.capitalhealth.ca/primarycare

PEDIATRIC CRITICAL CARE CONFERENCE 2007
Setting the Standards
April 25-27, 2007. Edmonton
CONTACT: Karen Rouleau, Krouleau@cha.ab.ca; Fern Nielsen, 780.407.1305, Fnielsen@cha.ab.ca

CANADIAN SOCIETY OF GASTROENTEROLOGY NURSES & ASSOCIATES SPRING CONFERENCE
April Showers
April 28, 2007. Edmonton
CONTACT: Yvonne Verklan, 780.735.2749, yvohver@gmail.com; Anna Tsang, 780.407.3201, atsang@cha.ab.ca

C ARNA AWARDS OF EXCELLENCE GALA DINNER
May 10, 2006. Shaw Conference Centre, Edmonton
CONTACT: 780.419.6070 or events@TL2.ca

ALBERTA OCCUPATIONAL HEALTH NURSES ASSOCIATION CONFERENCE AND AGM
The Art of Occupational Health Nursing
May 10-11, 2007. Edmonton
CONTACT: Terry MacDonald, terry_macdonald@envirofuels.com

2ND ANNUAL CONFERENCE ON SPIRITUALITY AND HEALTH
Exploring Spirituality and Health: Our Search for Meaning
May 25, 2007. Edmonton
CONTACT: Tracy Cox, grhedservices@cha.ab.ca, www.capitalhealth.ca

CANADIAN ASSOCIATION OF PARISH NURSE MINISTRY 9TH ANNUAL CONFERENCE
CONTACT: Barbara Whidden, bewhidden@hotmail.com

CANADIAN ASSOCIATION OF NEUROSCIENCE NURSES 38th Annual Meeting
June 19-22, 2007, Edmonton
CONTACT: www.cann.ca

ALBERTA OCCUPATIONAL HEALTH NURSES ASSOCIATION
Meet the first Monday evening of every month in Sherwood Park
CONTACT: Stacey Lytwyn, 780.982.2396; www.aohna.ab.ca

CANADIAN SOCIETY OF GASTROENTEROLOGY NURSES AND ASSOCIATES
Edmonton Chapter
CONTACT: Yvonne Verklan, yvohver@gmail.com; Anna Tsang, atsang@cha.ab.ca

STRENGTHENING THE BOND: COLLABORATING FOR OPTIMAL PATIENT CARE
Tri-Profession Conference hosted by Alberta’s registered nurses, pharmacists and physicians
May 3-5, 2007. Banff Springs Hotel
CONTACT: Buksa Conference Management, 780.436.0983 ext. 231, strength@buksa.com

INAUGURAL CANADIAN SYMPOSIUM ON ADVANCE CARE PLANNING
May 3-4, 2007. Calgary
CONTACT: Lesley Erdely, 403.943.0249, lesley.erdely@calgaryhealthregion.ca, www.calgaryhealthregion.ca/carenlife/upcomingevents.htm

CREATING GENTLE BIRTH IN A HIGH TECH WORLD
May 4-5, 2007. Calgary
CONTACT: Patricia Blomme, 403.237.8839, www.birthunlimited.ca

CALGARY/WEST NURSES DINNER
May 7, 2007. Calgary
Tickets: $30
CONTACT: Chris Davies, 403.932.7243, cdavies@nurses.ab.ca; Sarah Kopjar, 403.282.4095, skopjar@shaw.ca

PSYCHOLOGISTS’ ASSOCIATION OF ALBERTA 2007 ANNUAL CONFERENCE
May 10-11, 2007. Calgary
CONTACT: 1.888.424.0297, www.psychologistsassociation.ab.ca

ALBERTA GERONTOLOGICAL NURSES ASSOCIATION
Meet the third Wednesday of the month. Next meeting March 21, 2007
CONTACT: Darlene Bourgeois, 403.303.6088 or 1.800.432.1845, darlene.bourgeois@calgaryhealthregion.ca, www.agna.ca

4TH ANNUAL NURSING AND RESEARCH CONFERENCE
From Research to Best Practice
April 9, 2007. Red Deer
CONTACT: Roberto.bencivenga@rdc.ab.ca, www.rdc.ab.ca/nursing

CENTRAL NURSES CELEBRATING NURSES DINNER
CONTACT: Heather Wasylkeni, CARNA Regional Coordinator, 403.782.2024, hwasylkeni@nurses.ab.ca
Give us your… feedback

Carna is initiating a consultation on changes to authorization of restricted activities for RNs. Suggestions for change that have come forward include RNs prescribing according to a clinical pathway, RNs being able to independently order X-rays and NPs being able to order radiation treatments.

Contact Carna at 451.0043 or toll free 1.800.252.9392 or carna@nurses.ab.ca for a copy of the discussion paper and a feedback form on this issue.
Reunions

Calgary General Hospital
School of Nursing Alumnae
72nd Homecoming Banquet
May 11, 2007. Calgary
CONTACT: Margaret Cooke, 403.286.2755, cookeml@telus.net

Calgary General Hospital
Class of 1972 • 35-year reunion
May 11-12, 2007
CONTACT: Lorraine (Benusic) Moppett, 403.272.8389, loribenusic@hotmail.com, cgghclassof1972@hotmail.com

Lethbridge Community College
50th Anniversary Homecoming Event
May 16-18, 2008
CONTACT: Amanda Jensen, ajensen@lethbridgecollege.ab.ca; sandra.dufresne@lethbridgecollege.ab.ca

Misericordia Community Hospital
Annual Alumni Dinner
10th Anniversary of School of Nursing
May 19, 2007
CONTACT: Cheryl Mittelstadt, 780.438.1967, Mittelstadt@shaw.ca; Laureen McPeak, 780.467.7285, lmcmcp@shaw.ca

Misericordia Community Hospital
Class of 1982 • 25-year reunion
May 18-20, 2007
CONTACT: Shelly (Dion) Bromby, 780.888.3875, sbromby@telusplanet.net

Mount Royal College
Class of 1986 • 20 year +1 reunion
September 2007
CONTACT: Joanne (Zerk) Cabrera, joanne.cabrera@cgyhealthregion.ca; Deborah (Mandryk) Chernichko, deborah.chernichko@cgyhealthregion.ca

Royal Alexandra Hospital
Class of 1982 • 25-year reunion
April 27-28, 2007
CONTACT: Patti (Carson) Gauvreau, gauvrfam@shaw.ca; Lorna (Christie) Callaway, lcallaway@wildroseinternet.ca, Shauna Mitchell, shauna.mitchell@shaw.ca

University of Alberta Hospital
Class of 1967 • 40-year reunion
Spring 2007
CONTACT: Marilynn (Turner) Hackemann 403.256.2061, fax: 403.255.0787; Sandi (Thompson) Rudd 780.451.3349, sjrudd@interbaun.ca

University of Alberta Hospital
Class of September 1967 • 50-year reunion
Fall 2007
CONTACT: Betty-Lou (Craig) Kindleman, 780.973.6457, bettylou@compusmart.ab.ca; Bunny (Johnston) Johnson, jedojo@shaw.ca

University of Alberta Hospital
Class of September 1957 • 50-year reunion
Fall 2007
CONTACT: Betty-Lou (Craig) Kindleman, 780.973.6457, bettylou@compusmart.ab.ca; Bunny (Johnston) Johnson, jedojo@shaw.ca

University of Calgary
Class of 1997 Conjoint Nursing Program • 10-year reunion
Fall 2007
CONTACT: Anna (Alfon) Farrell, annafarrell@shaw.ca

Submission deadline for Alberta RN
May 2007 is April 1.
For an up-to-date listing of reunions between issues, visit www.nurses.ab.ca under Education and Events.

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or
#401, 3508 - 32 Avenue, N.E. Calgary, Alberta T1X 6J2
Fax (403) 250-6730 Email hrcal@medicentres.com
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The S.T.A.B.L.E. Program

EDMONTON, May 28, 2007  •  CALGARY, May 29, 2007
0815 to 1615 hrs.

Topics:

Introduction to the S.T.A.B.L.E. Program
Principles of SAFE Care and SUGAR Module
• Issues of Patient Safety and Error Reduction in the Care of Infants
• Physiological Basis of Aerobic and Anaerobic Metabolism
• Infants at Risk for Hypoglycemia; Monitoring Blood Sugar and Glucose Therapy
• Initial IV Therapy; Placement & Safe Use of Venous and Arterial Catheters

Temperature Module
• Infants at Risk of Hyperthermia; Responses to Cold Stress; Heat Gain & Loss
• Methods to Re-warm Infants and How to Monitor During Warming

Airway Module
• Tests to Order in the Post-resuscitation / Pre-transport Period
• Signs of Mild, Moderate and Severe Respiratory Distress
• Blood gas Interpretation; Treating Acidosis; Airway Challenges
• Intubation; X Rays for ET Tube Position; Ventilatory Support

Blood Pressure Module
• Causes, Presentation and Treatment of Three Types of Shock
• Physical Examination for Shock; Mixing & Giving Dopamine

Lab Work Module
• Tests for Pre-Transport and Post Resuscitation
• Risk Factors for Infection; Clinical Signs of Sepsis; Antibiotic Treatment
• WBC; Calculation and Interpretation of Counts and Ratios

Emotional Support Module
• Families in Crisis; Ways to Support Parents of Sick Infants

Quality Improvement / Case Study
• Reducing Medical Error and Preventable Adverse Events in Infants

The S.T.A.B.L.E. Program is the first neonatal continuing education program to focus exclusively on the post-resuscitation/pre-transport stabilization care of sick newborns. First introduced in 1996 in the United States and Canada, S.T.A.B.L.E. has grown internationally. S.T.A.B.L.E. targets the post-resuscitation care of sick neonates and is therefore considered by many experts to be the follow-up program to the American Academy of Pediatrics’ Neonatal Resuscitation Program (NRP). S.T.A.B.L.E. serves as a concise educational tool to organize the myriad of details necessary to stabilize and care for sick infants.

For Speaker Biographies Visit:

www.execulinks.net

EXECUTIVE LINKS

Hundreds of times each day, newly born infants become ill and require specialized care. Immediate high quality care must be available at all times for neonates. All members of the health care team must know what to do for the sick neonate, and must work together to do it well. Early transitional care affects not only the immediate health, but also the long-term outcome of the infant. The S.T.A.B.L.E. Program content is critical to the effort to reduce infant mortality and morbidity and is intended for use by all members of the healthcare team.

WHO SHOULD ATTEND?

• Physicians: Pediatric, ER, and Family Practice Physicians Including Residents
• Nurses: RNs working in L&D, postpartum, nursery, ER, Midwives, LPNs, Surgical Suite
• Others: Respiratory Therapists, EMTs and Paramedics

** Prior NRP Certification Highly Recommended **

HOW TO REGISTER

* Includes lunch and S.T.A.B.L.E. learner manual (224 pages) *
* Register early for the best available rate! *

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Registration Form  (Fax to 1.866.566.6028 or 403.240.7849)
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<tbody>
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<td>Edmonton</td>
<td>May 28, 2007</td>
<td>Mayfield Inn</td>
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<tr>
<td>Calgary</td>
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<td>Radisson Hotel NE</td>
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In January, Decima Research released the results of a nationwide survey which indicated that health care is no longer the issue which concerns Canadians the most. According to the survey, 19 per cent of Canadians said the environment is now top of mind compared to 13 per cent for health care. Health care has consistently been the number one issue of concern for Canadians since the early 1990s, a time of great upheaval for the nursing profession. Is this bad news for those us who actively advocate for changes to our health-care delivery system and depend on adequate funding to effectively provide public health-care services? On the contrary, I consider the news is cause for registered nurses (RNs) to celebrate.

As RNs, we take pride in our holistic perspective which fosters a broader understanding of health and the belief that health is the product of many influences: social, cultural, economic and physical. Our practice statement, ensconced in legislation, includes a statement that RNs apply knowledge, skill and judgment to advocate for enhanced health and well-being.

Every day, RNs on the front lines of the health care system witness the negative health effects of common environmental risks. During routine nursing assessments, you might discover links between respiratory illness and air quality or between gastrointestinal ailments and water contaminants. According to a monitoring study by Environment Canada of smog in British Columbia’s Fraser Valley, the evidence is strong for an association between hospitalizations for respiratory diseases and exposure to smog conditions commonly encountered in Canada. A similar link has been found to increases in emergency department visits. The Second Report on the Health of Canadians reported that the prevalence of childhood asthma, a respiratory disease that is highly sensitive to airborne contaminants, has increased sharply over the last two decades. The report also suggested that children and outdoor workers may be especially vulnerable to sunburn, skin cancer, depression of the immune system and an increased risk of developing cataracts as a result of a reduced ozone layer.

The heightened interest and concern with the environment presents an opportunity to promote our holistic perspective on health care. Environmental factors are merely an extension of the variety of factors we refer to as “determinants of health.” For example, many RNs support municipal or national organizations to help community members make responsible and healthy decisions on tobacco, alcohol and drug use. Similarly, RNs can play a role in promoting responsible choices related to the environment.

In a previous column, I said that I believe RNs are the health-care professionals best positioned to work within a system that works with other health disciplines and community groups to address the needs of our clients and communities. The challenge for each of us is to examine our professional practice critically to determine what we can, and are willing, to do. Whether that means a personal decision to reduce your carbon emissions or contributing expertise to a community group advocating for improved local air quality, is your choice.

Whether health care is the most important issue of concern to Canadians or not, RNs remain indispensable to the health of Canadians both now and in the future. In an article published in the Globe and Mail, I was delighted to read public health reporter Andre Picard contending that the shift in focus could be the best thing that ever happened to the health of Canadians. You may recognize Picard for his insightful book about the nursing profession, Critical Care: Canadian Nurses Speak for Change. More recently, he wrote: “After all, nothing has more impact on the health of individuals, and the health of a population as a whole, than the environment.” I couldn’t agree more. I would add that no other group of health professionals is better positioned to work with Albertans to take action for their health than registered nurses.

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Executive Director
Phone: 780.453.0509 or 1.800.252.9392 ext. 509
E-mail: mrobinson@nurses.ab.ca
Recognizing that optimal health care requires collaboration among health care workers, Alberta's pharmacists, physicians and registered nurses are hosting a ground-breaking inter-professional conference, *Strengthening the Bond: Collaborating for Optimal Patient Care*. The conference will demonstrate the efforts being made to strengthen inter-professional relationships to promote better patient care in Alberta. Program themes will focus on:

- Working together collaboratively
- Organizational and structural issues
- Change management
- Evidence of effectiveness
- Integrated education
- Case studies

*For More Information*

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