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Two revised infoLAW® bulletins on the topics of the nurse as witness and malpractice lawsuits are included for your reference in this issue of Alberta RN.

InfoLAW® bulletins are published by the Canadian Nurses Protective Society and are designed to brief you on specific professional legal issues. The entire series of infoLAW® bulletins has been inserted in past issues of Alberta RN.

We encourage members to file the bulletins for convenient reference. All bulletins are available free of charge to CARNA members at www.cnps.ca. To obtain the user name and password, go to the member only section of www.nurses.ab.ca.
President’s Update
Balancing the Art and Science of Nursing

**APRIL** is a month that I always associate with nursing graduations. I vividly remember my own graduation – a time of excitement and pride as I finally could call myself a nurse and start out on the career of my choice. It is also very clear to me that expectations of new graduates cannot be the same as they were when I graduated 30 years ago. Yet employers do have the right to expect that new graduates are prepared in a way that gives them confidence as they enter the workplace.

One way to support new graduates is to fully recognize that nursing is both an art and a science. To me, the art of nursing comes with learning how to apply theoretical knowledge when caring for real people. It is when the theoretical knowledge combines with the ability to truly provide nursing care to individuals, families and communities that we become professional registered nurses. As Marla Salmon, dean of the Nell Hodgson Woodruff School of Nursing at Emory University in Georgia has said: “Nursing is about human connections... when a nurse evaluates a patient with his or her physical, cognitive, spiritual and emotional needs in mind, she’s making sure the person survives, not just the patient. That’s what makes it nursing.”

In the current nursing shortage, it is essential to retain both experienced registered nurses and new graduates. New graduates today are facing some particular challenges. An online article called “New Grad Nurses in the Workplace” (wiki.usask.ca/nursing) presents some of the research describing the perceptions of new graduates as they enter the workforce. New nurses are thrust into the acute-care setting, expected to practice competently, efficiently and, for the most part, independently with little guidance from senior staff (Duchscher, 2004). Newhouse, Hoffman, Sufliita, and Hairston (2007) found that 57 per cent of new graduate nurses will leave their first position within two years of hire, largely because the new grad does not perceive his/her self as competent and feels ill-equipped to manage the transition phase to staff nurse.

Duchschers research (2001) also found that it took about five or six months for new grads to begin to feel that they were professional nurses. In a 2004 study, Duchscher and Crowin describe strategies to help facilitate the transitional period which include promoting tolerance and respect between new nursing grads and experienced nurses, monitoring and ending oppressive nursing actions (increase collaborative leadership, monitor isolation and decrease alienation of grads, and develop flexible work practices that compliment multi-generational nursing staffs). It seems to me that these measures would contribute to a healthier practice setting for all nursing staff.

There is also recognition that, as a profession, registered nursing needs to reconsider the way we are delivering nursing education. A basic nursing education must incorporate the growing body of scientific knowledge and develop critical thinking skills. However, we also need to ensure that sufficient opportunities are provided for clinical practice to help students along the road to developing skill in the “art” of nursing. In Alberta, nursing educators and employers are beginning the work of reassessing the content of nursing education programs to try to restore this balance, work which CARNA supports.

One thing we all share is a desire to ensure that new graduates are successful as they make the transition from student to professional registered nurse. As we work to restore the balance between the art and science of nursing, we recognize that our ultimate responsibility is to ensure that the public receives competent, professional care from all registered nurses, wherever they are in their nursing careers.

**MARGARET HADLEY,** RN, MN
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The Phenomenon of Moral Distress

Andrew Jameton is commonly cited as originating the term moral distress. Jameton, in his 1984 nursing ethics textbook, noted that what was often recognized as moral dilemmas were more appropriately identified as moral distress: “Moral distress arises when one knows the right thing to do, but institutional constraints make it nearly impossible to pursue the right course of action” (5, p. 6). Nathaniel proposes a modern definition integrated from the literature:

Moral distress is the pain or anguish affecting the mind, body or relationships in response to a situation in which the person is aware of a moral problem, acknowledges moral responsibility, and makes a moral judgment about the correct action; yet, as a result of real or perceived constraints, participates in perceived moral wrongdoing (6).

By participating in moral wrongdoing, nurses are fundamentally contravening their expected role of patient advocate and trusted caregiver. Moral distress can include situational, cognitive, active, and emotional dimensions and manifests most often with symptoms such as frustration, anger, anxiety, guilt, and concomitant physical reactions such as sweating, shaking, headaches, diarrhea and crying (7; 8). Nurses who frequently experience moral distress are at risk for decreased coping, leading to decreased self-esteem, wholeness and ultimately, loss of the ability to give good patient care (8; 9; 10). Moral distress has also been associated with loss of nurse integrity (8), and is a powerful, overall impediment to ethical practice (11). These serious outcomes of moral distress require considerable fortitude on behalf of the nurses experiencing this phenomenon. Eventually, their resources may be overwhelmed, leading to “burnout” where the nurse leaves the setting or nursing altogether (8; 10; 12; 13; 14; 15).

Historically, nurses were expected to accept authority and not participate in patient care decision making. Due to the inherent contradiction in providing care over which one has little say, moral distress became embedded in the structural and social fabric of the nursing profession (8). Early stereotypical gender inequality between male physicians and female nurses intensified this power imbalance, and, to some extent, still influences confusion in regard to moral responsibility (7). For example, nurses are generally employed by a large institution, work side-by-side with powerful physicians informing their nursing care, and yet still know their primary accountability is to their patients. Even as the actual gender division breaks down with more male nurses and more female physicians, the power structure that was created persists and has supported the landscape in which nurses are socialized into the profession. This has contributed to powerlessness, whether actualized or perceived. In most large bureaucracies, nurses lack power in the hierarchy of health professionals (14), or at least perceive that they lack power (9). Powerlessness can contribute to the occurrence of moral distress (8; 10; 13; 14), and gaining personal power (for example, by speaking out) is tied to the resolution of moral distress (8). In her study on moral distress in nursing practice, Wilkinson observed that most of her participants perceive moral distress as occurring frequently: of her 24 participants, only three reported experiencing moral distress less often than once a week (8). However, even though nurses are often in environments ripe for situations of moral distress, it should not be considered inevitable or predetermined in any moral situation. What may cause moral distress for one nurse may not cause moral distress for another nurse.

Experiencing moral distress may depend on the belief framework of the individual nurse, the compatibility of that framework with her colleagues and the institution, the type of unit, or the moral sensitivity of the nurse (8; 14).

The constraints that prevent moral action congruous with one’s moral judgment may be internal or external (7; 8). Wilkinson reported that external constraints to moral actions mentioned most often involved physicians, the law, nursing administration, and hospital administration and policies (8). Staff nurses are more likely to perceive nurse administrators as part of the contextual constraints preventing their moral action than as part of their moral support system (8; 9; 10; 13). Internal constraints observed were fear of job loss, futility of past actions, nurses’ socialization to follow orders, self-doubt and lack of courage (8). In optimal situations, these constraints can be resolved in some way so that the nurse can act in a way more congruous with her moral judgment, or is, at least, supported in naming her distress (8). If the initial situation is not resolved, people can go on to experience reactive moral...
distress (7). Reactive moral distress occurs when faced with a situation where one’s moral judgment cannot be acted upon, and many options are considered for resolution. Options might include informing the patient, confronting the physician, informing a superior, screaming, resigning, or doing nothing at all. The outcomes of any of these choices are unpredictable and can be highly unpleasant. It is the moral dilemma over what choice to make to resolve one’s moral distress that causes reactive moral distress (7). Fry, Harvey, Hurley and Foley empirically identified reactive moral distress occurring in military nurses as the long-term consequences of the initial distress (16). These included physical, emotional and spiritual symptoms, leading to withdrawal from nursing, reluctance to serve in future military crisis deployments, and burnout. Participants in this study referred to the memory of specific incidents that caused moral distress as being hard to forget, even several years after the event. It may be at the time when practitioners are experiencing reactive distress that they could be most supported by strategies we discuss later in this paper.

REFERENCES:

Wendy Austin is a professor at the University of Alberta faculty of nursing and holds a Canada Research Chair in Relational Ethics in Health Care. She will present a concurrent session during the joint CARNA/PHEN conference entitled “The Flashlight and the Hammer: Tools and Metaphors for Grappling with Moral Tension.”

Health Ethics Article Packages

Through an agreement with Access Copyright, the Provincial Health Ethics Network has created information packages of relevant and timely articles as educational resources on current issues in health ethics. Each package contains five to six articles that are meant to provide a general overview and introduction to a selected topic, such as ethics of pandemic planning and organizational ethics. To order a package or for information about the articles included in each package, please visit www.phen.ab.ca/articlepackages

Please note that each article package costs $15, including shipping and handling.
The following is based on the 2006-2007 Annual Report of the Conduct Decision Review Committee submitted by CDRC Chairperson Lynne Fischer to CARNA Executive Director Mary-Anne Robinson.

Committee Identifies Significant Trends in Review of Conduct Decisions

The Conduct Decision Review Committee (CDRC) reviews conduct decisions of the Hearing Tribunal to identify significant trends and issues that affect the ability of Alberta’s registered nurses (RNs) to provide safe, competent and ethical nursing care. Between Oct. 1, 2006 and Sept. 30, 2007, the CDRC reviewed 71 decisions of the Hearing Tribunal. It found that 98 percent of those members who had conditions imposed on their practice permit as a result of the conduct process were in a direct-care provider role. Sixty-nine percent of the RNs practiced nursing in an acute-care setting and 84 percent practiced in an urban area.

The top three trends/issues identified in the conduct decisions were:

1. complacency about not meeting professional standards
2. failure to maintain currency of professional knowledge and competence
3. failure to document appropriately

COMPLACENCY ABOUT NOT MEETING PROFESSIONAL standards is the most significant trend found in the review of conduct decisions. CDRC discussed the importance of holding nurses accountable for their actions and the responsibility of nurses to practice at the required standards of their profession.

RNs must recognize that commitment to meeting professional standards is a requirement at all times. They are accountable for maintaining their competence in all circumstances. Committee members recognize that a nurse’s performance may be influenced by various factors beyond the nurse’s control, such as staff shortages, workload, occupational stress and job satisfaction and how these factors can impact on all the members of the team.

RN behaviour and practice has a direct impact on the care our patients receive and on our colleagues as we don’t practice in isolation, but as a member of an interdisciplinary team.

RNs need to be role models, teachers and mentors. Nurses
must have insight into their own practice and need to help others gain insight about any concerns with their practice. In the decisions reviewed, nurses frequently did not recognize their own responsibility in an error that was made or their lack of judgment in the situation.

There were instances where the complacency about meeting professional standards was a boundary issue. In some situations, employer policy was violated when an RN did not consider the appropriateness of entering their agency or facility when they were off duty and/or using equipment and supplies for their personal use. There were instances where an RN used the computer inappropriately for their personal use. For example, doing an Internet search not related to the care of their patients, visiting Internet sites not appropriate to the practice setting, and accessing the electronic health record of clients out of curiosity or some other personal motive not related to their assignment of care.

FAILURE TO MAINTAIN CURRENCY OF PROFESSIONAL knowledge and competence was the second trend found in the review of conduct decisions. This trend was identified most often in those situations where the RN had not maintained their competence, had not kept pace with the changes in their practice setting or they were not familiar with their employer’s policies and procedures.

They had not maintained their competence in skills due to many factors, including the lack of opportunity to perform the clinical skill in the practice setting, not keeping current on best practices or relying on past clinical experience or skills previously learned in their nursing education program that are now outdated.

Examples of failing to maintain currency of professional knowledge included not knowing best practices for diabetes management and use of insulin, failing to attend required in-services that the employer had arranged to inform nurses of new procedures in the practice setting and not being aware of legislation for the prescribing of medication and the CARNA guidelines for medication administration that are outlined in the document Medication Administration: Guidelines for Registered Nurses. Noted in the decisions that were reviewed was that RNs were prescribing medications, though not authorized to do so.

Examples of situations where nurses were prescribing included when they suggested the use of over the counter medications without an order from an authorized practitioner, or relying on an outdated prescription and the inappropriate use of a standing order, rather than the use of a medical protocol.

Medical protocols are evidence-based, apply to a range of clients who meet certain conditions or criteria, are pre-approved by the appropriate medical and nursing authority within an agency and are supported by agency and nursing policy. The RN must use professional judgment in the consideration of the parameters outlined in a medical protocol to determine if a particular client meets or does not meet the criteria for implementation.

The committee noted some of the factors that may have influenced the ability of a nurse to practice safely and competently were fatigue, financial pressures, family issues and substance abuse. Although these factors are important, ultimately, an RN must maintain their fitness to practice. Competent and ethical practice must be embedded in nursing. The CARNA Nursing Practice Standards state that the RN must comply with the Canadian Nurses Association Code of Ethics for Registered Nurses, must practice with honesty, integrity and respect, must practice competently and regularly assess their practice and must take the necessary steps to improve personal competence.

Our scope of practice is defined as that which we are authorized, educated and competent to do and emphasizes that nursing practice is more than just a list of skills or interventions that we perform. Critical thinking and accurate interpretation of complex information from a variety of sources are essential to the clinical decision-making required for safe and effective patient care. RNs have a responsibility to maintain their competency in those skills and interventions that are required in their role in the practice setting. The Nursing Practice Standards state that the RN applies nursing knowledge and skill in providing safe, competent, ethical care.

FAILURE TO DOCUMENT APPROPRIATELY WAS THE third trend. In reviewing the conduct decisions, CDRC identified situations where documentation of nursing care was incomplete and inaccurate. In some instances, this inaccurate documentation or absence of documentation was identified as part of a chart audit when the concern was related to possible substance abuse by the RN.

A key feature of professional practice is the personal accountability of the practitioner. Indicator 1.1 of the CARNA Nursing Practice Standards states “the registered nurse is accountable at all times for their own actions.” Being accountable includes being responsible for something or someone and being answerable for one’s actions and omissions. Practitioners must be able to justify their actions and decision-making. Documentation is part of that responsibility.
Documentation is not separate from care and it is not optional. It is an integral part of RN practice and an important tool that RNs use to ensure high-quality client care. Quality documentation demonstrates the application of current knowledge, clinical skills and judgment. Documentation is the permanent record that demonstrates the nurse’s accountability and gives credit to nurses for their professional practice. When documentation is incomplete or inaccurate it brings into question whether the care was completed. When done well, nursing documentation is a valuable tool to support effective communication between providers and continuity of care within and across settings and reflects that the RN has competently applied their knowledge to assess, plan, intervene and evaluate patient outcomes. Comprehensive and accurate documentation provides a record of astute nursing insights, reflects the excellence of holistic nursing care and provides a health-care record of the professional and personal support that RNs provide every day to clients and their families.

DISSEMINATION OF CDRC FINDINGS
CDRC hopes that sharing their findings will encourage RNs to:
- reflect on their current practice
- have an open discussion about practice issues
- identify areas in which change is needed in their practice setting
- cooperatively problem solve to ensure that steps are taken to minimize the occurrence of unprofessional or unskilled practice in the future

CDRC believes it is important that the trends identified in the conduct decisions are widely shared with RNs so that they have insight on those factors that can prevent or interfere with a supportive practice environment and a culture of quality within a practice setting. This information provides an opportunity for RNs to reflect on these trends and recognize their responsibility in ensuring that their nursing practice and conduct meet the standards of the profession and the policies relevant in the practice setting.

CARNA NURSING CONSULTANTS HELP RNS ADDRESS PRACTICE CONCERNS
RNs can talk confidentially with a CARNA nursing consultant – Policy and Practice, who can support them in meeting professional standards by helping them to:
- understand the application of legislation, regulations, standards, guidelines and position statements to their practice
- foster evidence-informed decisions on issues with the potential to affect nursing practice, policy and education in nursing and health care
- use the “Addressing Unsafe Practice Situations” framework included as appendix 2 in the CARNA Nursing Practice Standards. The framework provides a process for RNs to clearly identify a concern and address the concern before it leads to a situation of imminent harm or unprofessional practice by:
  - identifying their problems or questions
  - considering a range of viable options
  - using evidence to support practice
  - selecting actions to resolve their questions or concerns

CONTACT INFO
To reach a CARNA nursing consultant call 780.451.0043 or toll free in Canada 1.800.252.9392

CARNA Education Sessions for RNs
Attend the session on Addressing Unsafe Practice Situations. See pages 21-22 for details.

Visit www.nurses.ab.ca
MEMBERS WANTED!

Invigilators for Canadian Registered Nurse Exam

CARN A has a unique opportunity for RNs, retired nurses or associate members who wish to contribute to the profession by performing the role of an invigilator during the administration of the Canadian Registered Nurse Exam (CRNE).

The primary responsibilities of the invigilator are ensuring the security of the exams before, during and following the writing sessions and ensuring that all candidates write the examination under fair conditions. Specific policies must be followed and guidance is available for trouble-shooting any unexpected occurrences.

CRNE is offered three times per year and is held on the same day in up to seven writing centres throughout the province. The exam currently consists of two books, both with a maximum duration of 3 1/2 hours: one administered in the morning session, the second in the afternoon session.

Qualifications
- minimum of 15 years nursing experience
- demonstrated commitment to the profession of nursing
- reside in Grande Prairie, Fort McMurray, Edmonton, Red Deer, Calgary, Lethbridge or Medicine Hat
- not currently serving as a member of a CARNA regulatory committee (Registration, Registration Review, Competence, Hearing Tribunals, Complaint Review, Appeals or Nursing Education Program Approval Board)

Expectations
- participate in a minimum of one examination per year (held in February, June and October)
- commit to one to two hours preparatory time to review materials and prepare for administering the examination
- attend orientation program in May to learn role and responsibilities
- provide formal written feedback on administering the examination and identify any areas of concern and recommendation for consideration
- maintain a quiet, comfortable environment for the writers

CARN A will be reimbursing invigilators on a per diem rate appropriate to the role performed to compensate members for time required prior to, during and following the administration of the examination.

Application deadline is April 30, 2008.

How to Apply
- Obtain an application form at www.nurses.ab.ca.
- Contact Treena Hrytsak at 780.453.0502 or toll free, 1.800.252.9392, ext. 502.
- Request an application by fax: 780.452.3276.

Jurisdictional Review of Examination Items

Six members
One day only - Aug. 21, 2008

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

Qualifications
CARN A 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 CARN A office on Aug. 21, 2008.
- 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:

Kim Campbell, Registrar/Director
TEL: 780.453.0508 or toll free 1.800.252.9392, ext. 508
E-MAIL: kcampbell@nurses.ab.ca

Application deadline is May 30, 2008.

How to Apply
- Obtain an application form at www.nurses.ab.ca.
- Contact Treena Hrytsak at 780.453.0502 or toll-free, 1.800.252.9392, ext. 502.
- Request an application by fax: 780.452.3276.
Lack of standard dosing methods contributes to IV infusion errors

Improvements in drug infusion technology have enhanced our ability to dose parenteral medications very precisely. However, it’s common to find multiple dosing methods, such as mcg/kg, mcg/kg/min, mcg/kg/hour and many others, used for a single drug (see table 1 for examples).1 The lack of standardization makes selection of the proper dosing method error-prone. In some cases, the wrong dosing method has been used when prescribing the drug; Lesar found this to be the case in 29.5 per cent of 200 consecutive prescribing errors, particularly with pediatric patients.2 In other cases, the wrong dosing method has been selected when programming an infusion pump. A few examples of error reports we have received follow.

An 80-year-old comatose man (80 kg) from a long-term care facility was taken to an urgent-care centre for treatment of urosepsis and septic shock. Based on the patient’s weight, IV Dopamine (400 mg/500 mL) was started to treat persistent hypotension.

The infusion, ordered in mcg/kg/minute, was to be titrated to maintain his blood pressure. Over the next hour, the infusion was titrated upward twice in 5 mcg/kg increments with no response. A critical-care transport service was then called to take the patient to a nearby hospital for admission to a critical-care unit.

When the transport team arrived, one of the paramedics reviewed the patient’s IV infusions and, per protocol, independently calculated the rate of infusion for each IV solution. While reviewing the pump settings, the paramedic noticed that the Dopamine dose had been programmed in mcg/kg/HOUR, rather than mcg/kg/MINUTE. Although a Baxter Colleague smart pump was used to program the initial infusion, the nurse elected to bypass the pump library and programmed the rate using the pump’s dose calculator mode. The nurse accidentally selected mcg/kg/hour, which appeared on the pump’s screen on an alphabetical list before mcg/kg/minute. This is a potential error-promoting pump feature; the more frequently used mcg/kg/minute dosing method should appear as a choice before the lesser used mcg/kg/hour. After the pump was reprogrammed to deliver the correct dose, the patient’s blood pressure increased and he became responsive.

To cite another recent example – this one from the Pennsylvania Patient Safety Reporting System – an order for propofol 80 mcg/kg/HOUR for an elderly man was administered at 80 mcg/kg/MINUTE due to a pump programming error, resulting in over sedation.

A mix-up between a mcg dose and mcg/kg dose, a 3 kg infant received a 36 mcg bolus dose (12 mcg/kg) of fentanyl instead of a 12 mcg dose (4 mcg/kg). Using a Smiths Medical Medfusion 3500 Syringe Pump with smart pump technology, the nurse had not noticed that the pump prompted for a mcg/kg dose, not a total dose. She subsequently entered “12” into the pump, which calculated a dose of 36 mcg for the 3 kg infant. In this case, a dose limit alert displayed on the pump but was overridden. A second nurse who double-checked the final pump settings also failed to detect the error. Later that day, the same infant received a 1.8 mg bolus dose of midazolam instead of the intended dose of 0.6 mg when the same programming error was made.

The variability of dosing methods contributes to the risk of pump programming errors. Two years ago, a review of smart pump drug library sets from more than 100 independent hospitals revealed the magnitude of this problem.1 In fact, variability of dosing methods for the same drug was also revealed within individual hospitals, sometimes within a single unit (excluding differences explained by adult and pediatric dosing).

See check it out! at right for suggestions to reduce the risk of IV infusion dosing errors caused by the variability of dosing methods.

### Table 1. Dosing Variability for Calcium and Magnesium

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### References:


check it out!

Consider the following to reduce the risk of IV infusion dosing errors:

- **Standardize dosing methods.** Look for variable dosing methods for the same medication in your hospital, and work with a multidisciplinary team to select a standard way to dose the drug for adults and a standard way to dose the drug for pediatric patients. Include the approved dosing method on preprinted or electronic order sets.

- **Use smart pumps.** Use smart pumps with functional dosage error reduction software. heed pump alerts as they often signal that the wrong dosing method has been selected from the pump's library. Other safety features include unchangeable dosing units once a drug is selected.

- **List dosing methods.** Display the drug’s dose on the drug label and medication administration record the same way it is needed to program the pump.

- **Verify dosing methods.** Prescribers should list the dosing method (e.g., 10 mcg/kg; 1 g/m2) along with the calculated dose when prescribing drugs at risk for error (e.g., drugs for pediatric patients, chemotherapy). Nurses should verify both the dosing method and calculated dose before drug administration.

- **Verify pump settings.** Have a second nurse independently verify pump settings when starting infusions with selected high-alert drugs, changing infusion rates, transferring the patient and at the beginning of each shift. Be sure the dosing method and total dose make sense for the patient given his or her weight, age and condition.

- **Suspect an error.** If a patient is not exhibiting the expected physiologic results, consider the possibility of an error and verify the order and pump settings.

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**Occupational health nursing: Using Clinical Skills in the Workplace**

BY ANITA VOLK, RN, COHN (C) AND ALLISON SANTO, RN, COHN (C)

The following fictional letter is intended to inform RNs about this specialty area of practice.

Dear Jennifer,

After reflecting on our conversation, I realize that I spent a fair bit of time explaining my role as an occupational health nurse (OHN). I was reminded of my mom’s disappointment that I had given up “real nursing in a hospital” to do occupational therapy. I think that my chosen nursing specialty is one of the least understood, even among other nurses—never mind family or the general public.

So, I thought I’d try to clarify my practice.

Firstly, I must say that my 10 years of hospital-based nursing is the foundation for what I do now. I could not practice in this role without it. Every day, I need and use every assessment technique, treatment skill and nursing knowledge I gained in a hospital setting.

I used to think that patients left our care on discharge and simply returned to their homes. I never really considered that they may be going back to a work setting and how that could impact recovery.

OHNs answer the following fundamental question: Is the worker’s current health status compatible with the tasks they are expected to do on the job? We need to ensure that the worker can safely perform their duties and not put themselves or others at risk. This question applies to workers who are new to the company, those who have illness or injury (work-related or otherwise) and those who are returning to work following time away for recovery. It also applies to those who haven’t missed time, but require temporary modifications to their tasks or duties to aid in recuperation.

Occupational health nursing requires the ability to perform a number of health assessments and testing, including:

- determining if employee health status is compatible with the job
- identifying the need for modified work activity
- preventing future health concerns by testing workers exposed to hazards
- implementing programs to help workers maintain or improve their health
- providing treatment of injuries
- participating in part of a critical incident management team

OHNs face unique challenges. In a hospital setting, nurses are surrounded by other health-care professionals who understand confidentiality and privacy of information. In an occupational health setting, the OHN is likely to be the only health-care professional in the organization. We are surrounded by individuals who do not understand the scope of information we can and cannot share. We must be extremely cautious in our conversations, in our written communication and in our storage and maintenance of files to ensure we do not breach confidentiality of medical information in our possession.

An OHN’s role will vary depending on the mandate set out by the organization he or she works for and in accordance with the legislated requirements set out in various federal and provincial acts, such as the Occupational Health and Safety Act. It can be a single role, such as disability management, or it can include administrative roles such as managing other staff, maintaining budgets, purchasing supplies and equipment and program management. Part of the mandate for OHNs can also include assuming training roles, such as teaching first-aid and CPR.

I love the path my nursing career has taken. Every day offers new challenges that build and expand my skills and knowledge. I’m encouraged to do lots of reading and research on all aspects of health so I can act as a resource or direct clients to a resource. OHNs have the opportunity to impact health-care costs by helping employees maintain their health and assisting in and monitoring their recovery. It is a rewarding and satisfying way to practice nursing. I know that I am doing real nursing, even though I am not in a hospital setting.

Take care.

BY ANITA VOLK, RN, COHN (C) AND ALLISON SANTO, RN, COHN (C)
BY CHRISTINA M.S. VOLSTAD, RN, CPMHN (C)

Arriving at the main entrance of the Helen Huntley Forensic Pavilion at Alberta Hospital Edmonton, I locate my ID card for security clearance. I show it to security guards, who sit behind a glass window. They clear me to pass through the first set of two locked doors. Once through, I bypass the elevator and walk up three ramps to reach the second floor, where I arrive at two more locked doors, each requiring a scan of my ID card to permit entrance to the maximum security unit. I open the door to the staff lounge and drop off my lunch and other personal belongings. I swipe my ID one last time to enter the nursing station and begin my day.

Delivering nursing care in a secure environment is one of many things that distinguish forensic psychiatric nursing from other nursing specialties, but it is not exclusive to the nursing role we play.

A Need for Increased Awareness

Over the past 12 years, I have been questioned on numerous occasions about how I decided to work as a forensic psychiatric nurse. The answer is that I happened to stumble upon it. Mental health nursing was always an area of interest since my career started in 1995; the forensic part was a twist to the story. Initially, I had my fears and doubts about working with individuals in conflict with the law. I soon came to realize that complex issues and past experiences resulted in their admittance to the facility. They were not much different than those of other individuals with other mental health issues. This realization allowed me to clarify my role and clear up any misconceptions I had about this population.

Over the years, I received many interesting questions from colleagues about my role. The one that stands out is “How can you work with dead people?” After informing them that they’ve been watching too many episodes of CSI on TV, I acknowledge their bravery for asking the question many other nurses were afraid to ask. I’m glad to welcome them into my world where patients in my care, who are very much alive, struggle with mental disease.

The Forensic Psychiatric Provincial Program in a Nutshell

The Forensic Psychiatric Provincial Program of Alberta is committed to providing care to adults and adolescents with mental health disorders who have been in conflict with the law. Services provided are offered by a team of experts, focused on inpatient and community assessment, treatment, rehabilitation, follow-up and consultation. Program evaluation and research are fundamental aspects of the program contributing to the development of excellence in care.

A Unique Role

As an integral part of the forensic psychiatric team, nurses combine psychiatric mental health nursing philosophy and practice within a socio-cultural context that takes into account the criminal justice system. We provide comprehensive care to mentally ill offenders and their families, balancing autonomy of the patient within the confines of the criminal justice system. Well, what exactly does this mean? It means that the nurse functions as part of a forensic team playing a key role in identifying mental health issues and collaborating with the patient to reduce the risk of reoffending. Part of reducing recidivism rate is accomplished through psychosocial education.
aimed at engaging the patient in treatment, increasing their awareness and knowledge to assist them in choosing and achieving realistic goals once reintegrated back into the community. Our program works in conjunction with the Alberta Criminal Code Review Board, a panel that decides whether the patients remain in hospital or will be released into the community with or without conditions.

Crucial to a forensic psychiatric nurse’s role is the ability to view the patient as more than the sum of their criminal offense, emphasizing instead the patient as a human being. We are creative in our approaches and sensitive to the complex needs of patients, taking into account their psychosocial status and the safety and security of the public. From my perspective, one of the more challenging aspects on a day-to-day basis is balancing the need for a secure environment, while engaging and establishing therapeutic relationships with patients.

As with all nursing specialties, caring is the cornerstone of forensic psychiatric nursing practice. When a palliative care nurse struggles with a patient continuing to smoke after a lung cancer diagnosis, nursing care is still unconditional. When a forensic psychiatric nurse struggles with developing a therapeutic relationship with a patient diagnosed with schizophrenia and who has committed first-degree murder, nursing care is, in this case, unconditional. Right now, you may be thinking “not really.” However, all registered nurses in Alberta practice under the same code of ethics and nursing practice standards that guide us in the excellent work we do regardless of race, ethnicity, culture, spiritual beliefs, social or marital status, sex, sexual orientation, age, health status, lifestyle, mental or physical disability and/or ability to pay (Code of Ethics for Registered Nurses, CNA 2002). This applies to those who are not criminally responsible for their actions.

Implications for the Public
The need for forensic psychiatric nurses is not going away anytime soon. As the population of Alberta increases, so too will the need for services. Nurses, whether caring for patients in an in-patient or out-patient program, play a significant role, helping reduce their risk of reoffending. By contributing to reducing the potential for reoffending, we indirectly play a vital role in decreasing the financial burden of the health-care system by reducing associated costs of readmissions and legal expenses. Money saved could be more effectively spent in mental health promotion.

Turning back the hands of time is not an option in altering the devastation associated with having a mental illness and committing a criminal offense. We do know that there is an option of making a difference in assisting mentally ill individuals in conflict with the law to make healthy choices in the future. RN

For more information about the Provincial Forensic Psychiatric Program, visit www.capitalhealth.ca under Programs and Services.

For more information about forensic nursing, visit the website of The Forensic Nurses’ Society of Canada at www.forensicnurse.ca
Being a Friend

BY KATHY KNOWLES, RN AND LINDA BRIDGE, RN

According to Marcus Buckingham and Curtis Coffman, authors of The Leadership Challenge, it is important to have a best friend at work – someone you can share with.

I know that I would not have survived my nursing career as long as I have, if I hadn’t had friends at work to talk with. My colleagues and I shared surface thoughts and feelings. This was all we knew how to do. Critical incident stress debriefing did not come about until the late 80s and certainly was not a norm for nurses in my area.

Even today, most nurses I talk with have never had an opportunity to be involved in an official debriefing. So, like me, nurses continue to debrief themselves and each other the best way we know how.

This type of debriefing worked for the majority of my experiences. However, occasionally I found myself needing something deeper than just a rehashing of events. Yet amazingly it was at these times that I found myself holding back, not sharing my true fears and feelings.

I remember wanting someone to listen to my worries and trying to share some deeper feelings, only to have these awkward attempts unknowingly brushed aside or ignored. Or worse yet, it led others to come back with their own horror stories, to show me that I wasn’t alone and they too had experienced bad things. This often left me feeling discounted and worse.

Perhaps it was too difficult for them to hear about my fears and me theirs? Maybe it was too uncomfortable for us to just sit quietly while others shared? Either way, it led me to push down my deeper feelings which led to me becoming frustrated and angry.

Then I began to feel powerless to change the environment I worked in. I got caught up in the “ain’t it awful” and, with no clear solutions, I became more negative and withdrawn. Eventually I started to avoid situations and social outings where shop talk took over. I cut myself off from the very support group that had helped me over the years and sadly I did not replace it with anything or anyone, at least for a while.

There were things I could have used to help me deal with my work and my feelings about it. I just did not believe in them. No one I knew was using journal writing or, heaven forbid, counselling. I waved these off as things you do when you’re ill or not coping and I never considered myself as either of these.

Then I became physically ill and was forced to change career plans. It was this forced intimacy that created an opportunity for me to examine my life – the good, bad and the ugly.

The reason that I was so hesitant to take the plunge and talk about my true fears and feelings was because I hadn’t even admitted them to myself. I wasn’t used to owning my own fears or even acknowledging them. I cut myself off from the very situations and social outings where shop talk took over. I cut myself off from the very support group that had helped me over the years and sadly I did not replace it with anything or anyone, at least for a while.

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Understanding myself and why I feel the way I do is a must for building healthy friendships. I’m letting go of my regrets for not opening up to friends and colleagues a long time ago. I am working hard to rectify that omission by sharing my feelings, not just the surface facts, about events, talking about my fears of incompetency, self doubt and lack of knowledge (even if they are unfounded) and sharing my humanness with them.

I am finding new joy in my friendships. These relationships are at a new level and I feel richer for them.

I am forever grateful for my colleagues and friends from work. RN

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THE HOPELESSLY HUMAN NURSE
Reprinted from Thoughts from the Teeter Totter, an e-newsletter published by Hopelessly Human Productions. www.hopelesslyhuman.ca

Investing in the

Alberta Registered Nurses Educational Trust (ARNET) is a registered charity, dedicated exclusively to supporting nursing education by distributing financial assistance. By investing in RNs, we are investing in the true heart of the health-care system.

We Need Your Help!

With increasing numbers of funding requests, we encourage you to join your nursing colleagues in making ARNET your charity of choice. By donating to ARNET, you are playing an active role in the future of nursing. Whether donating for the very first time or as someone who has contributed in the past, we hope that you will consider participating in one of our fundraising events throughout the month of May or pledging a donation in support of nursing education today. All donations will receive a charitable tax receipt and the knowledge that your investment will have a lasting and positive impact for all Albertans.

ARNET Annual Silent Auction at the CARNA/PHEN Conference and CARNA Awards Gala

Thursday and Friday, May 22-23, 2008
Coast Plaza Hotel, Calgary

An ARNET tradition!

If you would like to donate an item or a sample of your talented craft or artwork to our event, please contact the ARNET office at 780.451.0043, ext. 547 or toll-free at 1.800.252.9392, ext. 547. All proceeds support continuing nursing education.
Donate to ARNET and WIN

Airfare for two to Mexico sponsored by Uniglobe Geo Travel

Carna Awards Gala
Thursday, May 22, 2008
Coast Plaza Hotel, Calgary

Purchase a star in support of continuing nursing education and help us celebrate the nursing profession at this star-studded event...

You could be on your way to Mexico.

National Nursing Week
May 12-18, 2008

Join ARNET during Nursing Week
Wednesday, May 14, 2008
Northlands Agricom, Hall B, Edmonton

Drop by ARNET’s booth for educational funding information and the opportunity to show your support of ARNET.

Notes for Nursing

Thank a special nurse with ARNET’s “Notes for Nursing”

Recognize the contribution that an RN made to your life through a charitable donation to ARNET. We’ll send a Note for Nursing 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 tax receipt for your donation and each of you will share in the knowledge that you are supporting continuing nursing education in Alberta.

Mail or fax the form at right to send the name of your honoured nurse with your charitable donation today!

Mail your donation to:

Alberta Registered Nurses Educational Trust
11620-168 Street
Edmonton, AB T5M 4A6
1.800.252.9392, ext. 547
780.451.0043, ext. 547

Thank you for including ARNET in your charitable giving plans.
Alberta RN is proud to feature Alberta recipients of the Canadian Nurses’ Association (CNA) Centennial Awards. CARNA will recognize all Centennial Award recipients from Alberta in the May issue of Alberta RN in honour of National Nursing Week.

Cathy Carter-Snell

PRESENT OCCUPATION/POSITION
Instructor and curriculum coordinator for the forensic studies and advanced studies in critical care nursing programs at Mount Royal College in Calgary

MAJOR ACCOMPLISHMENTS
Cathy Carter-Snell has contributed significantly to the growth of nursing knowledge and evidence-based practice through her participation in numerous nursing research projects over her 30-year nursing career.

She has made a unique contribution to the development of forensic nursing in Canada. Carter-Snell developed and now coordinates and teaches the forensic studies program, which is delivered online by Mount Royal College and is available to nurses across Canada. She has also been a leader in the development of the Forensic Nursing Society of Canada (FNSC), an organization of forensic nurses from across the country who have a desire to advance the practice and recognition of this specialty area. FNSC nominated Carter-Snell for this Centennial Award, acknowledging her significant contributions to the field.

She is an independent contractor for a sexual assault examination service. Having recently completed her PhD in nursing, her dissertation will provide relevant evidence-based information for sexual assault clinicians.

Carter-Snell is well recognized and respected among her peers. In 2007, she was awarded the Achievement Award by the International Association of Forensic Nurses for her contribution in this field. Carter-Snell was also the recipient of the CARNA Nursing Excellence in Education Award that same year.

Barbara Dobbie

PRESENT OCCUPATION/POSITION
RN in private practice in Calgary

MAJOR ACCOMPLISHMENTS
An RN at the leading edge, Dr. Barbara Dobbie has infused new ideas, concepts and approaches into the profession of registered nursing through a legacy that includes numerous curricula, standards and programs. Along the way, her wisdom and healing hands have touched many lives. Instrumental in developing a Canada-specific specialization program in energy-based holistic nursing, she is highly trained in several holistic therapies.

In 1986, Barbara Dobbie, was one of the founding members of the Canadian Holistic Nurses Association (CHNA). She led the development of the standards of practice in 1996 and anchored holistic nursing in theory by participating in the development of the three level specialization program. These actions have provided CHNA with foundation, credibility, professionalism, expansion and consistency across Canada allowing nurses to learn the art and science of holistic nursing.

CHNA awarded Dobbie the Award of Excellence in 1998. The association also nominated her for this Centennial Award. In 2004, she received the CARNA Lifetime Achievement Award. Active in the Alberta Association of Nurses in Independent Practice, she has served as president of both the Calgary and Alberta chapters and represented the province on the national association.

The Centennial Awards were created by the Canadian Nurses Association to celebrate 100 exceptional registered nurses in 2008. Award recipients are introduced by CNA in each issue of the Canadian Nurse Journal. To learn more about all the recipients, visit www.cna.100.ca.
call for resolutions

CARN A Annual General Meeting

COAST PLAZA HOTEL, CALGARY
MAY 23, 2008, 1145-1315 HRS.

CARN A members are encouraged to submit resolutions prior to the CARN A annual general meeting (AGM). A resolution is a statement of position on an issue and 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.

Resolutions received in advance of the AGM will be posted on the CARN A website. Although written resolutions are accepted from the floor, advance posting of resolutions allows all members to consider resolutions before the meeting. 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 CARN A Provincial Office at 1.800.252.9392, ext. 525 or dwozniak@nurses.ab.ca
For more information, contact Debbie Elliott, ERC Acting Chair at 780.735.2363 or elliott3@shaw.ca

how to write a resolution

There are two parts to a resolution:

1. addressing the issue/problem
2. providing solutions or ideas to address the issue/problem

Addressing the issue

Each resolution must address only one issue at a time. Provide factual information, beginning with the statement “Whereas.” This portion contains all the background information and may use cited material.

Providing solutions/ideas to address the issue

Begin this section with “Resolved that,” and follow with a solution/idea to address the issue. Reference any materials used to support writing the resolution.

More tips on writing resolutions and a resolution template are available at www.nurses.ab.ca.

CNA Call for Resolutions

There are two ways that CARN A members can submit resolutions to the Canadian Nurses Association (CNA) for its June 16, 2008 annual general meeting in Ottawa.

1) Individual member resolution
   Deadline for submission was March 24, 2008.

2) Potential jurisdictional resolution
   Members can submit potential issues to the CARN A Elections and Resolutions Committee (ERC) which could then help craft a resolution for consideration by Provincial Council at its June 2008 meeting. Please include your name and contact information for follow-up by the committee.
   Deadline for submission is April 30, 2008.

   To submit a resolution, contact the CARN A provincial office at 1.800.252.9392, ext. 525 or dwozniak@nurses.ab.ca
   For more information, contact Debbie Elliott, ERC Acting Chair at 780.735.2363 or elliott3@shaw.ca

Call for 2008 Election Scrutineers

CARN A is seeking a scrutineer and an alternate scrutineer for the 2008 Provincial Council election to comply with the rules governing CARNA elections.

QUALIFICATIONS

- registered nurse member of CARN A
- Current members of CARN A Provincial Council, CARNA employees and candidates running for any position in the 2008 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, 2008. The opening and counting of ballots requires a one day commitment.
- 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.

PROCESS

Obtain an application form by:
- downloading the form at www.nurses.ab.ca
- calling Diane Wozniak at 780.453.0525 or 1.800.252.9392, ext. 525

QUESTIONS

If you have questions about the role of the scrutineer, please contact Debbie Elliott, Acting Chair, Elections and Resolutions Committee, at 780.735.2363, elliott3@shaw.ca

NOMINATION DEADLINE: May 16, 2008
Discipline Decisions

Discipline summaries are submitted for publication in Alberta RN by the Hearing Tribunals as a brief description to members and the public of the member’s unprofessional behaviour and of the sanction ordered by the Hearing Tribunal. Publication is not intended to provide comprehensive information of the complaint, findings of an investigation or information presented at the hearing.

CARNA Member
Registration number: 40,157

The Hearing Tribunal made a finding of unprofessional conduct against member #40,157 who, while employed to give advice to patients by telephone, failed to do a complete assessment as per the protocol regarding a call from parents about their newborn who reported their concerns about weakness, inability to cry, breathing difficulties and low temperature of the infant. The member falsified documentation regarding the call by filling in answers to questions not asked; provided inappropriate recommendations thereby placing the patient at risk by delaying admission to hospital, and incorrectly assured the parent that a home visit would be done. Regarding four other patient calls, the member failed to follow the proper protocols; failed to do complete assessments (four calls); provided recommendations without using the protocol (three calls); falsified the patient record by entering answers to questions not asked (two calls) and failed to document answers to questions asked (two calls). The Tribunal issued a reprimand and ordered the member to pay a $500 fine for falsification of patient records. In addition, the Tribunal ordered the member to do courses in charting, professional responsibilities and clinical skills (including assessment) and to provide a further performance evaluation from her new employer which must address many specific areas of practice and satisfy a Hearing Tribunal that she is practicing at the level expected of a registered nurse. The member is restricted to working for her current employer pending provision of that satisfactory performance evaluation, unless she obtains permission from a Hearing Tribunal to work elsewhere. Conditions shall appear on the member’s practice permit. Failure to comply with the Order may result in suspension of CARNA practice permit.

CARNAMember
Registration number: 61,962

The Hearing Tribunal made a finding of unprofessional conduct against member #61,962 who made four medication errors over a period of six months. The Tribunal acknowledged that the member had, prior to the hearing, completed a basic medication administration course. The Tribunal issued a reprimand and ordered the member to provide a detailed work plan outlining how to prevent medication errors; and to provide a performance evaluation from his current employer covering six months of practice, focusing on the member’s medication administration. The member is restricted to working for his current employer until a Hearing Tribunal receives a satisfactory performance evaluation, unless a Hearing Tribunal gives the member permission to work elsewhere, in which case the member must provide an evaluation from that new employer as well. Conditions shall appear on the member’s practice permit. Failure to comply with the Order may result in suspension of CARNA practice permit.
**C A L G A R Y / W E S T**

**6TH ALBERTA RESPIRATORY DISEASE SYMPOSIUM**
April 17-20, 2008. Banff
CONTACT: Lynelle Watt, 780.492.1909, lynelle.watt@ualberta.ca, www.ARDS2008.com

**NATIONAL EMERGENCY NURSES AFFILIATION ANNUAL CONFERENCE**
Emergency Nursing: No Mountain Too High
May 6-10, 2008. Banff
CONTACT: www.nena.ca

**WELLNESS AND HOLISTIC HEALTH – IMPLICATIONS FOR PRACTICE**
May 9, 2008. Calgary
CONTACT: 403.440.8809, www.mtrooyal.ca/wellnessconference

**CALGARY/WEST ANNUAL NURSING WEEK DINNER**
Big Birthday Bash!
May 12, 2008. Calgary
CONTACT: Sarah Kopjar, 403.282.4095, skopjar@shaw.ca or Chris Davies, 403.932.7243, cdavies@nurses.ab.ca

**C A R N A A W R D S G A L A 2 0 0 8**
Celebrating Nursing Excellence
May 22, 2008. Calgary
CONTACT: TL2 Conference and Event Management, 780.419.6070, events@tl2.ca or www.nurses.ab.ca

**C A R N A N A N N U A L G E N E R A L M E E T I N G**
May 23, 2008. 1200-1330 hrs. Calgary
CONTACT: TL2 Conference and Event Management, 780.419.6070, events@tl2.ca.

**13TH ANNUAL SPRING LUNCHEON AND SILENT AUCTION**
Faculty of Nursing Alumni
May 31, 2008. Calgary
CONTACT: Judy Hanson, hansonj@ucalgary.ca, or Pat Rosenau, 403.220.6285

**THE ALBERTA ASSOCIATION OF TRAVEL HEALTH PROFESSIONALS 12TH ANNUAL CONFERENCE**
June 12-14, 2008. Kananaskis
CONTACT: www.aathp.com

**CANADIAN HOLISTIC NURSES ASSOCIATION LEVEL I: INSTITUTE**
CONTACT: Debbie Freeman, 403.266.2362

**N A T I O N A L**

**DIABETES EDUCATOR COURSE 2008**
May 12-15, 2008. Vancouver
CONTACT: www.interprofessional.ubc.ca

**NATIONAL HEALTHCARE LEADERSHIP CONFERENCE**
Regionalization: Lessons Learned or Lessons Lost?
June 2-3, 2008. Saskatoon
CONTACT: www.healthcareleadershipconference.ca

**CANADIAN NURSES ASSOCIATION 2008 BIENNIAL CONVENTION AND ANNUAL MEETING**
Be the Change
June 15-18, 2008. Ottawa
CONTACT: www.cna-aic.ca

**5TH INP/APNN INTERNATIONAL CONFERENCE ON ADVANCED NURSING PRACTICE**
Sept. 17-20, 2008. Toronto
CONTACT: International Conference Services Ltd., 604.681.2153, inpapnn2008@meet-ics.com

**INTERNATIONAL**

**HEART RHYTHM 2008**
May 14-17, 2008. San Francisco
CONTACT: www.hrsonline.org

**HEALTHY PEOPLE FOR THE HEALTHY WORLD CONFERENCE**
CONTACT: healthyconf2008@gmail.com, www.healthyconf2008.com

**INTERNATIONAL NURSING RESEARCH CONFERENCE**
Facing the Challenge of Health Care Systems in Transition
CONTACT: Orly Toren, orlyto@sheba.health.gov.il, www.d-convention.com/israelnursing

**NOTE**
Please note: Alberta RN does not publish a June issue. Please visit www.nurses.ab.ca for up-to-date event listing until publication is resumed in July.

Submission deadline for events listed in Alberta RN July 2008 is June 1. Go to www.nurses.ab.ca for an up-to-date listing of events.

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Reunions

Calgary General Hospital
Class of 1968 • 40-Year Reunion
May 2-4, 2008. Calgary
CONTACT: Linda Fontaine (Fairhurst), lfonta@telusplanet.net or Marg White, whiteme@telusplanet.net

Foothills Hospital School of Nursing
Class of 1978 • 30-Year Reunion
Oct. 3-5, 2008. Comox, B.C.
CONTACT: Shirley Revitt 403.238.3889; revitt@shaw.ca

Lethbridge College Nursing Alumni
Wine and Cheese Reception
May 16, 2008
CONTACT: www.Celebrating50.ca

Misericordia Hospital School of Nursing
Class of 1983 • 25-Year Reunion
April 18-19, 2008
CONTACT: Donna Weir, 780.464.2771, donnalynnweir@shaw.ca or Kathleen Waterhouse (Leonard), kwaterhouse@nurses.ab.ca

Misericordia Nurses Alumnae Banquet
April 19, 2008. Fantasyland Hotel
CONTACT: Cheryl Mittelstadt, 780.438.1967. Tickets are $45.

Mount Royal College School of Nursing
Class of 1988 • 20-Year Reunion
Sept. 27, 2008
CONTACT: Viola Routly, 403.944.7800, 403.239.7833 or cell: 403.860.5578, viola.routly@calgaryhealthregion.ca

Red Deer College
Class of 1983 • 25-Year Reunion
Fall 2008
CONTACT: Sandy Bartoli, 403.343.1948, sandybartoli@hotmail.com, Jacky McAfee, 403.782.5904, jackymcafee@hotmail.com. Reunion organizers are requesting volunteer assistance with planning.

Royal Alexandra Hospital School of Nursing
Class of 1968 • 40-Year Reunion
April 25-26, 2008
CONTACT: Grace Craig, gkcraig@shaw.ca or Lynne Offord, llofford@telusplanet.net

Royal Alexandra Hospital School of Nursing
Class of 1973 • 35-Year Reunion
April 26, 2008, RSVP by April 18, 2008
CONTACT: Anne Boisjoli (Lendrum) 780.459.5802, Peggy Mair (Shugg) 780.458.8656, Julia Nielsen (Stephen) 780.432.3772

University of Alberta Hospital School of Nursing
Class of 1968 • 40-Year Reunion
October 3-4, 2008. Edmonton
CONTACT: Liz Bonnville, 780.435.6122, rlbonn10@hotmail.com

IN MEMORIAM

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

New sessions are regularly added. Check the CARNA website for up-to-date listings or call your regional coordinator for more information.

Register early. Pre-registration is required.

Topics currently offered:

Best Practices Resources for RNs
Keeping up to date with best practice information can be a challenge. This presentation explores the use of NurseOne (CNA’s Nursing Portal) and the resources available in the CARNA library to search for information to support evidenced-based practice. Participants will gain an increased awareness of resources for best practice information.

Continuing Competence
This session provides an overview of the continuing competence process, information about how to document your continuing competence activities and information about the continuing competence questionnaire and document audit. Participants will have the opportunity to ask questions.

Paperwork or Patient Care – What Matters?
This session focuses on best practices in documentation that support RNs in the provision of safe, competent and ethical care. The CARNA resources for this session are Nursing Practice Standards (March 2003) and Documentation Guidelines for Registered Nurses (September 2006).

Addressing Unsafe Practice Situations
Using scenarios and the CARNA framework, this session will help RNs understand and apply principles to clearly identify and address a concern from their practice. The session will provide information for an objective and factual approach to identifying, documenting and addressing the concern or unsafe practice situation.

New topics planned in 2008:

Understanding the Conduct Process
This session will provide an overview of the conduct process from initiation of an investigation through the hearing process.

Edmonton/West

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<td>April 29, 2008</td>
<td>1300-1430</td>
<td>CARNA Provincial Office, 11620-168 St., Edmonton</td>
<td>April 25, 2008</td>
<td><a href="http://www.nurses.ab.ca">www.nurses.ab.ca</a></td>
<td>Penny Davis 780.484.7668, Alison Adams 780.756.0551</td>
<td><a href="mailto:pdavis@nurses.ab.ca">pdavis@nurses.ab.ca</a>; <a href="mailto:aadams@nurses.ab.ca">aadams@nurses.ab.ca</a></td>
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|------------|---------|------------------------------------------------|-------------|--------|----------|-----------|
| May 27, 2008 | 1300-1430 | CARNA Provincial Office, 11620-168 St., Edmonton | May 23, 2008 | www.nurses.ab.ca | Penny Davis 780.484.7668, Alison Adams 780.756.0551 | pdavis@nurses.ab.ca; aadams@nurses.ab.ca |

Calgary/West

| DATE       | TIME    | HOST SITE                                      | REGISTER BY | ONLINE | BY PHONE | BY E-MAIL | |
|------------|---------|------------------------------------------------|-------------|--------|----------|-----------|
| June 9, 2008 | 1300-1400 | Coombs Lecture Theatre, Foothills Hospital | May 28, 2008 | www.nurses.ab.ca | Marie Mastre, 1.800.252.9392 ext. 284 | Use the registration form on next page |

Edmonton/West

| DATE       | TIME    | HOST SITE                                      | REGISTER BY | ONLINE | BY PHONE | BY E-MAIL | |
|------------|---------|------------------------------------------------|-------------|--------|----------|-----------|
| June 11, 2008 | 1300-1400 | CARNA Provincial Office, 11620-168 St., Edmonton | May 28, 2008 | www.nurses.ab.ca | Marie Mastre, 1.800.252.9392 ext. 284 | Use the registration form on next page |

New sessions on all topics are regularly being added Go to www.nurses.ab.ca for the most current listing
Using scenarios and the CARNA framework, this session will help RNs understand and apply principles to clearly identify and address a concern from their practice. The session will provide information for an objective and factual approach to identifying, documenting and addressing the concern or unsafe practice situation.

Registration is on a first come, first serve basis. Deadline for registration for both sessions is Wednesday, May 28, 2008.

**How to Register**

Online at www.nurses.ab.ca

By phone:
Marie Mastre
1.800.252.9392, ext. 284

Fax the completed form to:
780.452.3276

Mail the completed form to:
CARNA
11620-168 Street
Edmonton, AB
T5M 4A6

Please register me for the following session:

- June 9, 2008
  - Calgary
  - 1300-1400
  - Coombs Lecture Theatre
  - Foothills Hospital

- June 11, 2008
  - Edmonton
  - 1300-1400
  - CARNA Office
  - 11620-168 Street
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, ext. 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).


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5717-14th Ave. S.W., Calgary, AB T3H 3M2 Fax: (403) 242-5503
Email: Beverly.Routledge@straffordfoundation.org
For more information visit www.straffordfoundation.org

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Please provide a phone number so we can personally follow up with you. You may also check our website at www.padis.ca for information about our work place.
Moving?
Update your registration profile online

Members can now make changes to their address, telephone number and employer information by logging on to the member’s only section at www.nurses.ab.ca.

If you change your family name, please forward your request to CARNA by mail along with the supporting documentation.

According to the Health Professions Act, members have a responsibility to notify CARNA as soon as possible of any changes related to their personal information such as address, telephone number and employer information.

If you have any questions, contact CARNA toll free at 1.800.252.9392 or 780.451.0043 in Edmonton.
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BC Women’s Hospital & Health Centre (BCW) is the largest maternity facility in Canada, with over 7,000 births every year. BCW provides the highest level of care to pregnant women and newborns throughout the province, as well as supporting the specialized health needs for BC women throughout all the phases of their lives. This includes strong leadership in research and the education and professional development of health care professionals.

BC Women’s is an agency of the Provincial Health Services Authority (PHSA), which plans, manages and evaluates selected specialty and province-wide health care services across BC. PHSA embodies values that reflect a commitment to excellence. These include: Patients first • Best value • Results matter • Improvements through knowledge • Open to possibilities.

As the Perinatal leader, innovator, knowledge translator, and change agent, you will be accountable for promoting excellence in nursing practice and quality of patient care. The scope of this role is both broad and complex, encompassing patient care planning, consultation, education, dissemination of research and administration across programs and systems. Working in collaboration with the President, the Vice Presidents, the Chief of Nursing and perinatal programs, you will assume a leadership position in liaison with Community/Public Health organizations and practitioners throughout BC, and organize/teach provincial perinatal and women’s health education programs in partnership with other care providers. This role acts as a resource, providing a high level of consulting for planning in the areas of perinatal, perinatal addictions and/or women’s health care and advanced clinical practice approaches.

Ideally, you have a level of education, training, and experience equivalent to a Masters Degree in Nursing, or related field and at least five years’ recent related experience in progressively senior leadership positions or advanced practice roles. Eligible for registration with the College of Registered Nurses of BC (CRNBC), you have current certification in CPR and, ideally CNA Certification in Perinatal Nursing. Your advanced communication, leadership and previous experience working with patients with drug and alcohol addictions are complemented by demonstrated knowledge and clinical experience in perinatal nursing, and/or women’s health together with experience in teaching and program development.

We invite you to apply online for this position at http://careers.phs.ca or for more information, please call 604-875-7216.

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www.aspencerha.ab.ca

GRADUATE PROGRAMS
APPLICATION DEADLINES

As of October 1, 2008, the Faculty of Nursing will offer only a September entry date to our Master of Nursing and PhD programs.

For September 2009 entry, applications with all required documents must be submitted to the Nursing Graduate Studies Office by October 1, 2008.

The application deadline for all subsequent years will be October 1 for entry into the program the following September.

For complete details about graduate studies in nursing, visit our website at www.nursing.ualberta.ca.

We look forward to receiving your application!

CAREER OPPORTUNITIES

Carewest is a leading-edge public organization for adults who require continuing care and rehabilitation services. We operate nine sites in Calgary, with opportunities at both the south and north locations.

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- Operational Stress Injury Clinic

For more information regarding the above programs and career opportunities, please visit www.carewest.ca.

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Salem Manor Nursing Home is a 102-bed, faith-based continuing care facility located in Leduc, Alberta. Salem Manor’s mission is to continue our Christian heritage by meeting the physical, spiritual, emotional, and social needs of those entrusted to us in a loving home environment.

We are currently looking for pleasant, energetic, mature individuals with a strong interest in serving the needs of the residents at Salem Manor Nursing Home.

Immediate openings for Full-Time and Part-Time

Registered Nurses

Nights, Evenings, Days

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• A graduate of an accredited nursing program with current CARNA registration.
• Experience in long term care an asset.

Please apply in person or submit your resume to:
Human Resources, Salem Manor Nursing Home
4419-46 Street, Leduc, Alberta T9E 6L2
Fax: (780) 986-4130 Email: humanresources@salemsoctery.ca

We thank all applicants, however, only those selected for an interview will be contacted.

All new employees must provide a criminal record check in accordance with the Protection for Persons in Care Act.

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Salem Manor Nursing Home

Salem Manor Nursing Home is a 102-bed, faith-based continuing care facility located in Leduc, Alberta. Salem Manor’s mission is to continue our Christian heritage by meeting the physical, spiritual, emotional, and social needs of those entrusted to us in a loving home environment.

We are currently looking for two pleasant, energetic, mature individuals with a strong interest in serving the needs of the residents at Salem Manor Nursing Home.

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Please forward your resume to:
Human Resources Advisor, Salem Manor Nursing Home
4419- 46 Street, Leduc, Alberta T9E 6L2
Ph: (780) 986-8654 ext 225 Fax: (780) 986-4130
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It’s time for all RNs to celebrate their successes

Praise is a complex thing. It’s something most of us, from even the youngest age, instinctively seek out, yet we are often uncomfortable accepting it and even less comfortable pointing out our successes or accomplishments to others. Perhaps no one understands that hesitation better than RNs.

As a profession, and as individuals, RNs rarely sing their own praises, despite an ever-expanding and evolving scope of responsibilities and an astounding list of accomplishments. True, there are awards that acknowledge excellence in nursing, including our own CARNA Awards, but it is also important to celebrate successes informally and to give yourself and your colleagues the praise you deserve on a regular basis.

Alberta’s RNs have much to be proud of, both as a profession and as individuals. RNs are integral to our health-care system - in fact, it is not overstating it to say that nothing can be accomplished without the involvement of RNs. From patient care and disease prevention, to education, research, political action and leadership, RNs play a pivotal role in leading, preparing and implementing changes that will influence the health of all Albertans. Indeed, when you look at the many new provincial health strategies that have been launched in recent months, you see that RNs are leading and shaping many of those initiatives.

This year marks the 100th anniversary of the Canadian Nurses Association, a milestone that encourages all nurses to look back at how our profession has grown and changed over the years. While it’s true that today’s RNs face many new challenges, they also have unprecedented opportunities that would have been unimaginable to the nurses of 100 years ago. Today, RNs can travel anywhere in the world and take their skills and experience from hospitals and clinics, to the classroom, the boardroom and the political stage. They are shaping the vision, developing policies, refining practices and developing the strategies that will define the next 100 years of nursing. In the process, they are creating a stronger, more vibrant health-care system that will create healthier futures for people around the world.

National Nursing Week, held May 12-18, invites the public to learn more about the breadth and depth of the nursing profession. The theme for this year’s celebration is Think you know Nursing? Take a Closer Look, which encourages the public to challenge their perceptions of the work nurses do within our health-care system and focuses attention on the diversity and complexity of the changing roles of nurses. It is also a perfect time for RNs to reflect on their own nursing careers - where they began, how the journey evolved and where they are today. This month’s issue of Alberta RN includes two articles by RNs who have built rewarding careers in forensic nursing and occupational health - non-traditional specialties that took their career path in exciting new directions. They are excellent examples of the myriad options that are available to today’s RNs and the diverse roles and responsibilities nurses embrace.

On May 22, CARNA will host its annual Awards Gala at the Calgary Coast Plaza. The nominees and recipients were announced in the March issue of Alberta RN and will be formally recognized at the gala. Although it is an exciting event, it is merely a single day. Thousands of Alberta RNs personify excellence in the work they do everyday. These RNs work tirelessly to make a difference in the lives of Albertans, and deserve to be celebrated for their dedication, commitment and passion for the profession. Taking time to reflect on our pride in the profession and praise the RNs that exemplify excellence is something we should do everyday, to remind us of what it means when we say “I am a nurse.”

Mary-Anne Robinson, RN, BN, MSA
Executive Director
Phone: 780.453.0509 or 1.800.252.9392, ext. 509
E-mail: mrobinson@nurses.ab.ca
a century of leadership

During 2008, Alberta RN will feature photos from the collection of the CARNA Museum and Archives to mark the 100th anniversary of the Canadian Nurses Association.

District nurse with baby in the Hermaruka area in 1944.

An important area of practice for district nurses during the first 30 years of the program was maternal and child welfare. Pre and post-natal care and delivery of babies were a major part of a nurse’s work. By the 1950s, this had changed as few babies were born at home and the public health or teaching aspect of the work had greatly increased.

The CARNM Museum and Archives collections are available for research and educational purposes. We maintain permanent and temporary exhibits including a lamp that was used by Florence Nightingale in the Crimean War as well as two online exhibitions at www.nurses.ab.ca.

LOCATION: CARNM Provincial Office, 11620-168 Street, Edmonton
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