From Applicant to RN
Internationally Educated Nurses

12 Candidates Seeking Election to Provincial Council in Four Regions

Candidate profiles start on page 12

Registered nurse, nurse practitioner and certified graduate nurse members in the South, Central, Calgary/West and Edmonton/West regions will be mailed a ballot by June 1, 2008 to vote in the 2008 CARNA election.

In accordance with CARNA bylaws, ballots must be received at the CARNA provincial office by July 10, 2008. Please allow sufficient time for mailing.

Ballots will be mailed to the address shown on the register of regulated members as of May 1, 2008.

If you have any questions about the voting process, please contact Diane Wozniak at 780.453.0525 or toll-free at 1.800.252.9392, ext. 525.

Shape the future of nursing—Vote
Your vote counts.
The next issue of Alberta RN will be published in July 2008. The deadline for submissions to Notice Board and Reunions is June 1, 2008.

For the most up-to-date information, please visit www.nurses.ab.ca.
President’s Update
Shaping Registered Nursing

At its March meeting, Provincial Council made several decisions which will impact all of you. These are the types of decisions that are important for registered nurses (RNs) to make for themselves and an example of why it is important to value our status as a self-regulating profession.

First, Council passed motions intended to help address the nursing shortage by creating interim limited licensure for internationally educated nurses (IENs). The new licensure category would allow IENs, who are currently assessed by CARNA as not eligible for a temporary permit, to practice as a graduate nurse in Alberta while completing requirements for full RN licensure. Members tell us that the existing RN shortage is a threat to patient safety and exerting enormous pressures on the current nursing workforce. CARNA’s Registration Committee – a committee comprised of CARNA members like yourself – was asked to develop the model for the new category of licensure for Council’s approval.

This issue of Alberta RN contains more information about IEN licensure (see page 10), but there is one point I would like to highlight: CARNA is in a much better position now to assess the eligibility of IENs thanks to the availability of a process called substantially equivalent competence (SEC). Prior to SEC, assessment of IEN eligibility depended completely on information submitted in documents. Now, IEN eligibility can also be determined using the evidence-based process used by Mount Royal College which provides an opportunity to recognize previous knowledge and skills.

Second, Council approved a plan for implementing the motion passed at the November meeting which requires all RNs infected with a blood-borne pathogen to notify the registrar. CARNA is developing the processes for reporting and will be providing members with additional information.

The third Council decision I would like to address is the approval of an increase in annual registration fees over three years, starting with the 2009 membership year. Fee increases are never popular, but this decision was necessary. CARNA membership fees have not increased since October 2005 while costs have been rising due to Alberta’s booming economy. There have also been a significant number of changes in the regulatory environment which require work by CARNA, such as the introduction or revision of government legislation and regulations. CARNA is also playing a key role in helping to address the nursing shortage by accelerating IEN registration, advocating for effective retention strategies and lobbying for increased nursing education seats.

As the new provincial government proceeds with its legislative agenda, it is important to recognize and support our status as a profession. CARNA provides all of us, as RNs, a voice in shaping our professional standards and it is our membership in CARNA that allows us to call ourselves registered nurses. That is why it is important to support the work of our regulatory college and professional association. CARNA is working to ensure that the public receives safe, competent and ethical nursing care and to provide leadership for the profession in Alberta. I hope that you will support the work we do on your behalf and for the future of nursing in Alberta.

Margaret Hadley, RN, MN
E-mail: president@nurses.ab.ca
Phone: 780.466.6566

CARNA Provincial Council Meeting
June 6, 2008

All CARNA members are welcome to attend.
To confirm your attendance, please contact:
Wendy Buckley
780.453.0510 in Edmonton or toll-free 1.800.252.9392, ext. 510
wbuckley@nurses.ab.ca
Notice of Proposed Change to CARNA Bylaws

RE: Interim Appointments to Provincial Council

Approved for publication by Provincial Council at its regular meeting held on March 17-18, 2008

According to CARNA Bylaws, notice of proposed Bylaw amendments must be published in Alberta RN at least 60 days before the date of the meeting at which it is to be voted on by Provincial Council, to allow members a chance to provide feedback.

Proposed revisions are highlighted in the column on the right.

<table>
<thead>
<tr>
<th>CURRENT CARNA BYLAW</th>
<th>PROPOSED REVISIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.1 Regional Representatives (1) If a Registered Nurse member of Provincial Council, other than the President and President-Elect, is unable to complete their term of office, Provincial Council shall appoint the individual who was the runner-up in the last election for the position as a replacement, to serve the remainder of the term of office. (2) If the position cannot be filled according to sub-section (1) above: a. the position will remain vacant until the next regularly scheduled CARNARNA election, and b. the term of the position will be adjusted to maintain the one-third turnover rate in accordance with Article 4.3. (3) If a vacancy occurs as a result of a lack of candidates for the position, and a Provincial Council member is unable to fulfill their commitment under Article 4.3 (4) of these Bylaws: a. the position will remain vacant until the next regularly scheduled CARNARNA election, and b. the term of the position will be adjusted to maintain the one-third turnover rate in accordance with Article 4.3. (4) Interim appointment of a member to Provincial Council for up to 12 months requires: a. the vacancy must occur before January 1 b. the appointee meets the eligibility requirements of Section 9.1(1) c. the appointment is for the remainder of the current fiscal year only.</td>
<td>(1) If a Registered Nurse member of Provincial Council, other than the President and President-Elect, is unable to complete their term of office, Provincial Council shall appoint the individual who was the runner-up in the last election for the position as a replacement, to serve the remainder of the term of office. (2) If the position cannot be filled according to sub-section (1) above: a. council can appoint an interim registered nurse member to the position until the next regularly scheduled CARNARNA election, and b. the term of the position will be adjusted to maintain the one-third turnover rate in accordance with Article 4.3. (3) If a vacancy occurs as a result of a lack of candidates for the position, and a Provincial Council member is unable to fulfill their commitment under Article 4.3 (4) of these Bylaws: a. council can appoint an interim registered nurse member to the position until the next regularly scheduled CARNARNA election, and b. the term of the position will be adjusted to maintain the one-third turnover rate in accordance with Article 4.3. (4) Interim appointment of a member to Provincial Council for up to 12 months requires: a. the vacancy must occur before January 1 b. the appointee meets the eligibility requirements of Section 9.1(1) c. the appointment is for the remainder of the current fiscal year only.</td>
</tr>
</tbody>
</table>

Letter to the Editor

For at least a quarter century, provincial health-care budgets have been growing. They are rising in absolute dollars – more and more each year. Secondly, and more importantly, budgets are rising as a proportion of total dollars available. In the 70s, many provinces spent about 25 percent of their budgets on health. Today, most spend over 40 percent.

This cannot continue indefinitely or one day health will crowd out all the other necessities and consume 100 percent of budgets. We have to find ways to bring new dollars into health care, new ways to make better use of the dollars we have. One of the keys to better use is nursing.

Nurses are the best-kept secret in health care. One of the answers to the health-care issue is division of labour. Today, when we speak of getting medical attention, we say we need to “go to the doctor.” In the future, we should think of “going to the nurse.” If doctors are in short supply and cost is an issue, nurses can fill many fundamental roles. We can make good use of nursing skills on the front lines of primary care.

Another way nurses can help address the cost question is by working outside of acute-care settings. Hospitals are expensive. A great deal of health care can be delivered in other settings. Nurses can help reduce the reliance on expensive facilities by delivering outreach services in public health and preventative care and training, extending the frontier of patient contact beyond traditional locations and into the community.

Let’s move beyond old models and think in new terms. Not only can we do better, we can save money and help preserve our valued universal care system.

Mary Ellen Mann
Fourth-year nursing student, Mount Royal College
Highlights of Provincial Council
March 17-18, 2008

Interim Limited Licensure for IENs

Council passed two motions related to interim limited licensure for internationally educated nurses (IENs) who are currently assessed as not eligible for a temporary permit (TP). A TP authorizes the applicant to practice as a graduate nurse in Alberta while waiting to meet two key requirements to obtaining full registered nurse (RN) licensure: passing the Canadian Registered Nurse Examination (CRNE) and obtaining a satisfactory reference from a Canadian employer.

Provincial Council agreed to the development of a model for interim limited licensure for IENs that is incorporated as a step toward meeting the requirements of full licensure as an RN in Alberta, based on the following guidelines:

- Development of this model does not negate the need to identify other efforts to address the nursing shortage including, but not limited to, increasing nursing education seats, retention strategies for the current RN workforce and workforce optimization initiatives.

Provincial Council also directed the CARNA Registration Committee to submit a specific recommendation on a model for interim limited licensure of IENs for Council’s review by the end of April 2008.

The eligibility of each IEN for a TP depends on CARNA’s determination that the applicant possesses substantially equivalent competence or the combination of education, experience, practice or other qualifications expected of all initial registrants, including Alberta graduates and Canadian applicants. In Alberta, RNs enter the profession as generalists and the competencies reflect generalist nursing education, knowledge and skill.

CARNA Fee Review

Council approved an increase in annual registration fees over three years starting with the 2009 membership year as follows:

<table>
<thead>
<tr>
<th>Practice Year</th>
<th>Increase</th>
<th>Total RN Dues (not incl. GST)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>$50</td>
<td>$410</td>
</tr>
<tr>
<td>2010</td>
<td>$40</td>
<td>$450</td>
</tr>
<tr>
<td>2011</td>
<td>$30</td>
<td>$480</td>
</tr>
</tbody>
</table>

Comparison of Fees paid in 2008 by RNs in Canadian Nursing Jurisdictions (not including PST or GST)

<table>
<thead>
<tr>
<th>Jurisdiction</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>British Columbia (CRNBC)</td>
<td>$350.00</td>
</tr>
<tr>
<td>Alberta (CARNA)</td>
<td>$380.00</td>
</tr>
<tr>
<td>Saskatchewan (SRNA)</td>
<td>$460.00</td>
</tr>
<tr>
<td>Manitoba (CRNM)</td>
<td>$321.42</td>
</tr>
<tr>
<td>Ontario (CNO + RNAO)</td>
<td>$382.93</td>
</tr>
<tr>
<td>Quebec (OIIQ)</td>
<td>$274.29</td>
</tr>
<tr>
<td>New Brunswick (NANB)</td>
<td>$316.00</td>
</tr>
<tr>
<td>Newfoundland and Labrador (ARNNL)</td>
<td>$283.93</td>
</tr>
<tr>
<td>Nova Scotia (CRNNS)</td>
<td>$392.00</td>
</tr>
<tr>
<td>Prince Edward Island (ARNPEI)</td>
<td>$350.00</td>
</tr>
<tr>
<td>Yukon (YRNA)</td>
<td>$460.95</td>
</tr>
<tr>
<td>NWT/Nunavut (RNANT/NU)</td>
<td>$381.00</td>
</tr>
</tbody>
</table>

NOTE: Ontario fees include fees paid to the College of Nurses of Ontario and the Registered Nurses Association of Ontario for the purposes of comparison.
Recognition of Québec Professional Exam

Council reviewed a comparative table of licensure exams in Québec and Alberta for the years 1946-1979 and agreed to recognize the Quebec professional exam administered during those years for the purpose of RN registration in Alberta. Québec had asked all jurisdictions to accept the Québec professional exams from 1946-1979 so that these nurses would not be excluded from the updated Mutual Recognition Agreement (MRA), expected to be signed off this spring. The MRA allows RNs who are eligible to practice in one jurisdiction to be eligible to practice in another jurisdiction without requiring additional assessment or examination of competencies. Recognition of the Québec exam would not set aside the requirement in Alberta for English language competency. In June 2007, CARNA Provincial Council agreed to recognize the professional exam currently administered in Québec.

Voting Delegates to CNA AGM

Council approved seven CARNA members to serve as additional CARNA voting delegates at the Canadian Nurses Association annual general meeting (AGM). The RNs responded to a call for voting delegates published in the February issue of Alberta RN seeking members who were attending the CNA Biennial Convention in Ottawa and willing to serve as CARNA voting delegates at the AGM. CARNA’s 31 votes will be divided among these seven CARNA members, the president, president-elect, executive director, chair of the Elections and Resolutions Committee and nine elected provincial councillors.

The RNs who responded to the call for voting delegates are the following:

<table>
<thead>
<tr>
<th>Name</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yvonne M. Campbell</td>
<td>Edmonton</td>
</tr>
<tr>
<td>Cathy Giblin</td>
<td>Edmonton</td>
</tr>
<tr>
<td>Betty Gourlay</td>
<td>Calgary</td>
</tr>
<tr>
<td>Liliane Julien</td>
<td>Calgary</td>
</tr>
<tr>
<td>Gislind Moehrle</td>
<td>Lac La Biche</td>
</tr>
<tr>
<td>Nicole Simpson</td>
<td>Edmonton</td>
</tr>
<tr>
<td>Malcolm Weisgerber</td>
<td>Lethbridge</td>
</tr>
</tbody>
</table>

Interim Appointments to Provincial Council

Council approved criteria for proposed amendments to CARNA Bylaws which give Provincial Council authority to make appointments to fill a vacancy until the next scheduled election when none of the current provisions in the bylaws apply. According to the proposed amendment, Council can make an interim appointment based on the following criteria:

- The vacancy occurs before January 1. Filling the vacancy by January would ensure the appointee would attend at least three council meetings.
- The appointment is for the remainder of the current fiscal year only. As per Section 9.1 (3), the appointee is eligible to be nominated to run for council in the next election.
- The appointee meets the eligibility criteria specified in Section 9 of the CARNA Bylaws.

Approval of Joint Document

Council approved the revised Joint Statement on Family Violence, a position statement originally developed in 1999 in collaboration with the College of Licensed Practical Nurses of Alberta and the College of Registered Psychiatric Nurses of Alberta. All feedback collected by a process of consultation initiated by CARNA with members was considered in revising the document. The three regulated nursing groups recognize that family violence is a major public health concern facing society and believe that nurses have a significant role in addressing family violence.

Use of Funds

Council approved the use of unrestricted net assets in the amount of $1,189,000 for 2009 and $461,000 for 2010 to offset the projected operating budget deficit. Council also approved the use of unused restricted capital contributions of $400,000 to pay down a portion of the callable debt used to finance the renovations to the CARNA building. A callable debt is a loan which allows the financial institution to request payment at any time and provides CARNA with a floating term loan with the flexibility to pay down the debt at any time or make lump sum payments without incurring penalties. The lump sum payment means that the debt will be repaid 18 months early.

Open Forum

During the Open Forum segment of the meeting agenda, Council was asked to consider the following suggestions:

- a) that Provincial Council include a student member
- b) that Provincial Council include a student delegate at the CARNA AGM as a voting or non-voting delegate
CARNA Fee Increase for 2009-2011

First increase since 2005

At its March 18, 2008 meeting, Provincial Council considered the current demands and growth areas for CARNA during the next three years and the associated cost pressures. Provincial Council subsequently approved an increase in annual registration fees over the next three years, starting with the 2009 membership year.

2008-2011 Registration Fees for Registered Nurse members

<table>
<thead>
<tr>
<th>PRACTICE YEAR</th>
<th>INCREASE</th>
<th>ANNUAL FEE</th>
<th>TOTAL INCL. GST*</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008 (current)</td>
<td>n/a</td>
<td>$360</td>
<td>$378.00</td>
</tr>
<tr>
<td>2009</td>
<td>$50</td>
<td>$410</td>
<td>$430.50</td>
</tr>
<tr>
<td>2010</td>
<td>$40</td>
<td>$450</td>
<td>$472.50</td>
</tr>
<tr>
<td>2011</td>
<td>$30</td>
<td>$480</td>
<td>$504.00</td>
</tr>
</tbody>
</table>

* based on GST rate of 5%

NOTE: Registration fees for nurse practitioner and certified graduate nurse members will also increase $50 in 2009, $40 in 2010 and $30 in 2011.

How do CARNA fees compare to other jurisdictions and professions?

Comparison of Fees Paid by RNs and Proposed Increases in Canadian Nursing Jurisdictions

<table>
<thead>
<tr>
<th>COLLEGE AND/OR ASSOCIATION</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>British Columbia (CRNBC)</td>
<td>$350.00</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Alberta (CARNA)</td>
<td>$360.00</td>
<td>$410.00</td>
<td>$450.00</td>
<td>$480.00</td>
</tr>
<tr>
<td>Saskatchewan (SRNA)</td>
<td>$460.00</td>
<td>$490.00</td>
<td>$510.00</td>
<td>n/a</td>
</tr>
<tr>
<td>Manitoba (CRNM)</td>
<td>$321.42</td>
<td>$321.42</td>
<td>$341.42</td>
<td>n/a</td>
</tr>
<tr>
<td>Ontario (CNO + RNAO)</td>
<td>$382.93</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Quebec (OIIQ)</td>
<td>$274.29</td>
<td>$274.29</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>New Brunswick (NANB)</td>
<td>$316.00</td>
<td>$331.00</td>
<td>$346.00</td>
<td>$361.00</td>
</tr>
<tr>
<td>Newfoundland and Labrador (ARNNL)</td>
<td>$283.93</td>
<td>$326.16</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Nova Scotia (CRNNS)</td>
<td>$392.00</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Prince Edward Island (ARNPEI)</td>
<td>$350.00</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Yukon (YRNA)</td>
<td>$460.95</td>
<td>$474.75</td>
<td>$489.00</td>
<td>$503.70</td>
</tr>
<tr>
<td>Northwest Territories/Nunavut (RNANT/NU)</td>
<td>$381.00</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
</tbody>
</table>

NOTE: Several jurisdictions are in the process of considering fee increases for 2009-2011 and exact figures are not available. Ontario fees include fees paid to the College of Nurses of Ontario and the Registered Nurses Association of Ontario for the purposes of comparison.

Comparison of 2008 Annual Registration Fees Paid by RNs to Other Professions in Alberta

<table>
<thead>
<tr>
<th>Profession</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Nurses</td>
<td>$360</td>
</tr>
<tr>
<td>Lab Technicians</td>
<td>$410</td>
</tr>
<tr>
<td>Dietitians</td>
<td>$551</td>
</tr>
<tr>
<td>Occupational Therapists</td>
<td>$550</td>
</tr>
<tr>
<td>Dental Hygienists</td>
<td>$598</td>
</tr>
<tr>
<td>Pharmacists</td>
<td>$708</td>
</tr>
</tbody>
</table>
Why is Provincial Council increasing the registration fee?

Current demands, growth areas and associated cost pressures over the next three years include the following:

1. **Inflationary cost increases** for the past three years as well as a CNA fee increase (includes NurseOne and the Nursing Portal) and a competitive workforce environment. CARNA membership fees have not been increased since October 2005 while, at the same time, costs have been rising due to Alberta’s booming economy.

2. **Ongoing implementation costs related to the Health Professions Act**, such as growing demand for practice support and registration services from members, ongoing implementation of the Continuing Competence Program and a projected 25 percent increase in the volume of complaints made against members. (74 new complaints have been submitted in the past six months ending March 2008, while a total of 104 new complaints were submitted in the last practice year ending Sept. 30, 2007.)

3. **Increasing resource pressures stemming from the introduction or revision of government legislation and regulations** which require external experts, increased legal consultation and increased demand on staff time. This includes work related to:
   - the Federal-Provincial Agreement on Internal Trade
   - the Trade, Investment and Labour Mobility Agreement between British Columbia and Alberta
   - regulation development for Bill 41 Amendments to the Health Professions Act, a general review of the Health Professions Act and the Health Information Act, and changes to the Federal Narcotics and Controlled Substances Act related to nurse practitioner prescribing.

4. **Organizational growth pressures and efficiencies** as steady annual increases in membership numbers increase demand for member services. There are additional costs of accommodating additional staff, considering new ways of communicating with members and committees (teleconferences, web-based communications, video conferencing, electronic newsletters) and providing technology support for new software applications.

5. **Addressing the nursing workforce shortage**, including participation in initiatives to increase nursing education seats, help retain the current workforce and optimize the nursing workforce.

   There are also pressures to accelerate registration of internationally educated nurses (IENs) and develop alternative processes for IEN assessment, remediation and licensure. CARNA now receives 150-200 new IEN applications per month, a four-fold increase during the past six months. There has been a dramatic increase in call volumes from applicants, employers and recruiters. Since July 2007, CARNA has been able to hire additional staff to manage the increased workload with short-term grant funding allocated by regional health employers and Alberta Health and Wellness, with a commitment ending November 2008. Although IEN recruitment is viewed as a short-term solution to the nursing shortage, cost pressures related to nurse recruitment are expected to continue over the next three years.

6. **Growth in education programs for registered nurses and the resulting increase in program approvals** for basic and advanced nursing education programs. Expenses incurred by CARNA to administer the Canadian Registered Nurse Exam are projected to rise as the number of graduates applying to write the exam increases as a result of the planned 60 per cent increase in the number of entry-level nursing education seats by 2012.

**Additional factors**

**Capital Reserve**

The CARNAR registration fee continues to include $20 towards a capital reserve. CARNA recently decreased its capital reserve by paying down the long-term debt on the building.

**Support of Continuing Nursing Education**

CARNA’s contribution to the Alberta Registered Nurses Educational Trust (ARNET) in support of continuing nursing education will increase by half a percent in 2009 and an additional half per cent in 2010. Since 2001, CARNA has contributed one percent of registration fees annually to ARNET, while requests for funding from members have increased 40 per cent since 2003.

**Government Relations**

Provincial Council also decided to create a new Government Affairs Advisory Committee with a proposed mandate of identifying public policy and political issues and recommending strategies to Provincial Council.

**Reallocation**

Provincial Council also made the difficult decision to discontinue the Quality Practice Environment Consultation (QPEC) program because it competes for staff time with other policy and practice priorities and is not required in CARNA’s legislative mandate. QPEC is a valued program that provides intensive consultation, survey and improvement processes at the site level, but can only be provided to a relatively small number of members. QPEC will be discontinued following completion of existing programs.
Where do my fees go?

The Health Professions Act gives CARNA the responsibility for carrying out nursing regulation to protect the public interest. The administration and processes required to support nursing regulation and professional practice are financed through member fees which represent more than 80 per cent of CARNA revenue.

Costs by Functional Area based on 2008 budget

<table>
<thead>
<tr>
<th>Functional Area</th>
<th>Percentage</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corporate Services</td>
<td>23%</td>
<td>$2,970,872</td>
</tr>
<tr>
<td>Policy and Practice</td>
<td>15%</td>
<td>$1,946,825</td>
</tr>
<tr>
<td>Communications</td>
<td>11%</td>
<td>$1,367,838</td>
</tr>
<tr>
<td>Governance</td>
<td>20%</td>
<td>$2,555,250</td>
</tr>
<tr>
<td>Regulatory Services</td>
<td>31%</td>
<td>$4,015,034</td>
</tr>
</tbody>
</table>

Corporate Services includes maintenance of the registration database and website, printing and office supplies, building and equipment expenses and staff costs.

Policy and Practice includes development of policies, guidelines, standards and position statements, practice consultation services, the regional coordinator program and the CARNA library and archives.

Communications includes Alberta RN, the CARNA website, the annual general meeting and conference, government relations and advertising.

Governance includes CNA/CNPS membership, provincial council elections, governance committees and contributions to ARNET.

Regulatory Services includes registration and renewal services, conduct, continuing competence and nursing education program approval.

Options for Paying Registration Fees

- payment online using credit card or cheque
- payment by mail using credit card or cheque
- payment in person at the CARNA office in Edmonton using debit card, cash, cheque or credit card
- payroll deduction, if your employer offers you this option

Coming this Summer

Simpler, faster and always secure...
Renew Online for 2009 at www.nurses.ab.ca

Update personal information at your convenience.
All you need is Internet access and an e-mail address.
The nursing shortage and the related efforts by employers and government to recruit internationally educated nurses (IENs) have intensified interest by media and the public in the registration process for IENs, the substantially equivalent competence (SEC) route of entry into the profession, and the Mount Royal College IEN Assessment Centre. At the same time, the College and Association of Registered Nurses of Alberta (CARNA) processes for registering IENs are undergoing intense scrutiny and the organization is under immense pressure both internally and externally to streamline processes, while fulfilling our duty to public safety.

During the 2006-2007 practice year, new applications to CARNA from IENs increased 230 per cent over the previous year and we currently receive an average of 200 IEN applications each month. Between Oct. 1, 2007 and March 31, 2008, CARNA performed a preliminary assessment of 691 IEN applicants. Of those, 53 per cent were referred to the Mount Royal College SEC Assessment Centre. During the same time frame, CARNA issued 119 RN permits and 154 temporary permits to IENs.

CARNA has devoted significant time and resources to collaborating closely with employers and government to expedite the process of determining eligibility of individual IENs for RN licensure in Alberta. CARNA’s primary focus remains public safety as we uphold our commitment to assessing the competencies of applicants using the best practices available at this time.

What is the connection between IENs and SEC?
Substantially equivalent competence was included in the Health Professions Act (HPA) as a route-of-entry to registration for internationally-educated health professionals. CARNA is legally required under HPA to establish an SEC process to recognize the professional competence of RNs educated outside Canada.

How did CARNA’s assessment of IEN eligibility change under HPA and the SEC route of application?
Under previous legislation, eligibility for nursing registration was determined by assessing education, using transcripts and credentials. However, the information provided by credentials and transcripts is limited. Credential terms have different meanings in different countries and the education of nurses around the world is not consistent. The depth and scope of nursing education is often not evident on transcripts. In addition, transcripts from an initial nursing education program completed years ago may not reflect an applicant’s current nursing experience and competence.

What are the benefits to IENs under the current assessment process?
In Alberta, RNs enter the profession as generalists and the entry-to-practice competencies reflect generalist nursing education, knowledge and skill. However, CARNA recognizes that nursing educational preparation and practice varies around the world. Under HPA, an IEN applicant is able to provide evidence of competence in the practice of the profession through a combination of education, experience, practice or other qualifications that demonstrate knowledge and skill (competencies) expected of a registered nurse in Alberta.

The SEC route-of-entry provides an opportunity to recognize previous knowledge and skills, while allowing individuals to build on their existing knowledge. It identifies any specific gaps in competencies for individual IEN applicants and allows CARNA to require specific remediation to help the applicant meet registration requirements.

What kind of information are IENs required to provide CARNA with their application for assessment of eligibility?
There are several documents that must be submitted to CARNA as part of the IEN application process. Official transcript documents are requested by the nurse and sent to CARNA directly by the educational institution. The nurse also reports on nursing experience since graduation and documents currency of practice, defined as a minimum of 1,125 hours of registered nurse practice within the past five years. Verifications of registration/licensure in good standing from other regulatory colleges with which the nurse has been licensed must be submitted to CARNA directly from the registering body. Proof of current English language competency is also a requirement. Detailed information regarding application requirements can be found at www.nurses.ab.ca, under Applicants > International Applicants.
What happens next?
Once all documents are received to support the application, CARN is able to assess the applicant’s file. The outcome may be that the applicant possesses the knowledge and skills (competencies) expected of an RN in Alberta at this time and is eligible for initial registration (temporary permit). If CARN is not able to determine this from credentials and experience, we must defer the decision pending further SEC assessment activities.

What if CARN is unable to determine eligibility for initial registration from the application?
In this instance, CARN requires the applicant to undergo a SEC assessment through the Mount Royal College IEN Assessment Centre. The assessment is the result of a three year research project initiated by the college and funded by Human Resources and Social Development Canada to create and evaluate an evidence-based prior learning assessment and recognition system for registered nursing licensure eligibility.

What do the applicant and CARN gain from the Mount Royal College SEC assessment?
The Mount Royal College SEC assessment involves paper and pencil examinations, clinical lab and case management situations, designed to allow the applicant to demonstrate if they meet the competencies expected of RNs in Alberta. It will also identify if competency gaps exist and if there is a need for additional preparation to become eligible for registration. At present the SEC assessment and additional nursing education courses are available in Calgary and Edmonton.

How long is the SEC assessment process?
An applicant may require a general assessment or one or more of three focused assessments (clinical areas of obstetrics, pediatrics or mental health) or some combination of the general and focused assessments. A “complete” assessment involves a general assessment and all three focused assessments. The process is comprehensive and usually takes from one to three days, but could take up to five days, depending upon the number of assessments required.

How long is the process to complete remedial or additional training, if required?
Each applicant is assessed individually. There is no one size fits all time frame for additional training. The factor of personal choice also enters into the process because the applicant decides if and when they will pursue remediation.

How long does an IEN have to wait before actually beginning work in Alberta?
The time required for registration to be established can vary significantly from applicant to applicant. For some, a delay occurs while meeting the English language competency requirements.

What happens after CARN determines that an IEN is eligible to practice?
Once all requirements are met, the nurse is deemed eligible for a CARN temporary permit and to write the Canadian Registered Nurse Exam. The temporary permit is time limited to six months. The nurse may apply to have a temporary permit renewed a maximum of two times and the Canadian Registered Nurse Exam may be written a maximum of three times. On successful completion of the Canadian Registered Nurse Exam, with a satisfactory reference from a Canadian employer, based on a minimum of 225 hours of supervised nursing practice, the nurse is eligible for a CARN RN permit.

The College of Registered Psychiatric Nurses of Alberta does not utilize the SEC process for IENs, but uses the International Qualification Assessment Service. Could CARN choose to use this service to expedite initial temporary permits for RNs?
The International Qualifications Assessment Service (IQAS) was established by the Alberta government to assess international educational documents and compare them to educational credentials in a Canadian province. IQAS is utilized by CARN when CARN requires credential assessment. IQAS does not determine profession-specific competence.

Do other provinces require IENs to undergo a similar SEC Assessment?
Nova Scotia has adopted Mount Royal College’s SEC assessment program and will offer the service to the nursing jurisdictions of PEI, New Brunswick, Newfoundland and Labrador. In addition, interested stakeholders have established a Capacity Building for IEN Assessment Pilot Project to support the development of competency assessment services for IENs in the western provinces and northern territories (British Columbia, Saskatchewan, Manitoba, Yukon, Northwest Territories and Nunavut).

Does the SEC process place Alberta at a disadvantage to other Canadian provinces in recruiting IENs?
Recruitment efforts by employers and government are very successful. IENs seem to be very interested in obtaining licensure in Alberta and professional recruitment firms are actively recruiting IENs for the Alberta market. Applications from the Philippines have historically comprised the greatest number of applications for eligibility for RN licensure in Alberta. Active recruitment campaigns have generated a significant number of applications from other countries, but the number of applications from the Philippines continues to be strongly represented among those submitted to CARN.

Does Alberta set a markedly higher bar for IEN nurses than other provinces?
Most Canadian provinces already require a baccalaureate degree for entry-to-practice.
As of January 1, 2010, new Alberta nursing graduates will be required to meet this entry-to-practice requirement. However, IEN applications to CARN without a baccalaureate degree will still be eligible for registration through the SEC route once they demonstrate the requisite competencies. Alberta, like all Canadian jurisdictions also requires successful passing of the licensing examination. This is the Canadian Registered Nurse Exam for all provinces and territories, with the exception of Québec, which requires the OIIQ examination. RN
Diane Denham
RN, BScN, CPN(c)

RATIONALE FOR SEEKING ELECTION
As a registered nurse for the past 32 years, I am passionate about the profession of nursing in Alberta and committed to making a difference. If elected, as the provincial council member for Edmonton/West, I would embrace this opportunity to shape the future of nursing in Alberta. I believe this is my chance to advance safe, competent, ethical nursing care and provide progressive, innovative leadership that encourages professionalism with the opportunity to influence health policy. In addition, I am specifically committed to working with registered nurses and other organizations to find solutions to the pending nursing shortage in Alberta.

ATTRIBUTES I WOULD BRING TO THE POSITION
I bring a magnitude of knowledge and experience to this position. I am hard-working, dedicated and have many years of front line and management experience in nursing. I am respectful of other people’s opinions and concerns. Given my many years of nursing, I am knowledgeable about various aspects of our profession. I am optimistic, cheerful and sincerely interested in others. I believe integrity and honesty are the essence of nursing.

PRESENT EMPLOYMENT
I have been at the Wetaskiwin Hospital since 1989 and I am currently the acute care nursing manager for obstetrics, a medical surgical nursing unit, the operating room and the sleep study program.

PREVIOUS NURSING WORK EXPERIENCE
Since graduating from nursing in 1976, I have worked as a staff nurse in Rockglen, Sask., an operating room nurse in Saskatoon, Sask., a staff nurse in long-term care in Swift Current, Sask., an operating room nurse in Swift Current, Sask., a surgical/emergency room nurse in Brampton, Ont. and Regina, Sask., and as a nursing coordinator for the supply and processing department in Regina, Sask.

EDUCATIONAL PREPARATION
In 1976, I graduated with my diploma of applied arts in nursing from the Wascana Institute of Applied Arts and Sciences in Regina. I completed my post graduate certification in operating room nursing from the Wascana Institute in 1977. I received my certificate in hospital and health care administration in 1981 from the University of Saskatchewan. In 2002, I successfully achieved certification in peri-operative nursing from the Canadian Nurses Association and have since re-certified in 2007. In 2002, I completed my baccalaureate degree in nursing from the University of Alberta.

PRESENT/PREVIOUS INVOLVEMENT WITH CARNA
I have been a member of CARNA since 1989 and prior to that, a member of the College of Nurses of Ontario and Saskatchewan Registered Nurses Association. In addition, I am one of the recipients of the 2007 Peri-operative Specialty Certification Award from the Canadian Nurses Foundation. I have been nominated by my nursing staff for the 2008 CARNA Award of Nursing Excellence in Administration.

NURSING AND COMMUNITY ACTIVITIES
At present, I am a member of the Operating Room Nursing Association of Canada and the Operating Room Nurses of Alberta Association. I am a past board member of the Wetaskiwin Hospital Foundation Board. I have been a canvasser and a zone coordinator for the Canadian Diabetic Association.
Scott Fielding  
RN, BSN, MBA  

**RATIONALE FOR SEEKING ELECTION**  
Health care is at a crossroads that we have never experienced previously and nursing needs to take a strong leadership role as advocates of the patients and health-care system. Decisions that are being made now will impact nursing practice and functions in the future. Due to the issues that are currently facing nurses, there will be the need for collaboration between various stakeholders such as the academic institutions, regulatory agencies and employers to discuss and recommend changes that will have a positive effect on the work lives of nurses within Alberta.

I feel that with the experience I have obtained in my current role, as well as the connections that I have with these various stakeholder groups, I will be able to not only represent the individual nurse, but also the population of nursing throughout Edmonton/West Region. I am seeking election to be part of that decision making:

- wanting to become more involved in my chosen profession  
- wanting to be part of the decision making regarding the nursing profession  
- wanting to gain a better understanding of the responsibilities that a professional regulatory agency has to both its members and to the general population

**ATTRIBUTES I WOULD BRING TO THE POSITION**  
- strong leadership skills  
- decisive decision making  
- ability to see multiple sides of a discussion  
- experience to see the ‘big’ picture, yet able to identify the fine points needed to support that ‘big’ picture  
- professional/personal connections to various key stakeholders and leaders throughout the province

**PRESENT EMPLOYMENT**  
- senior leader, patient care, Cross Cancer Institute (Edmonton), Alberta Cancer Board

**PREVIOUS NURSING WORK EXPERIENCE**  
- operations manager, emergency department, University of Alberta Hospital, Capital Health, Edmonton,  
- nurse consultant, Superior Consultant, Connecticut USA

**EDUCATIONAL PREPARATION**  
- diploma, nursing, University of Alberta Hospital school of nursing  
- BSN, Central Connecticut State University  
- MBA, Athabasca University

**PRESENT/PREVIOUS INVOLVEMENT WITH CARNA**  
- limited direct involvement with CARNA  
- indirect involvement with various activities related to current employment, such as the Clinical Leaders and Nursing Practice Network (CLNPN)

**NURSING AND COMMUNITY ACTIVITIES**  
Through my current role I am involved in:

- international nurse recruitment activities  
- co-chair, Provincial Leadership Capacity Project  
- member, Health Workforce Education Sub-committee  
- member, Provincial Pandemic Planning Sub-committee

---

L. Diane Martin  
RN, BScN, MEd  

**RATIONALE FOR SEEKING ELECTION**  
- ongoing commitment to nurses and nursing  
- Bring nursing education’s perspective to Provincial Council and to bring council’s perspective to a nursing education setting  
- involvement in Provincial Council is one of the best ways to make a difference in the nursing profession  
- contribute to nursing practice through examination of issues from many perspectives

**ATTRIBUTES I WOULD BRING TO THE POSITION**  
- able to create positive working relationships within committees and working teams  
- able to view nursing from diverse perspectives

**PRESENT/PREVIOUS INVOLVEMENT WITH CARNA**  
- district councillor and president, North Central District  
- member, Provincial Council

**NURSING AND COMMUNITY ACTIVITIES**  
- instructor trainer in CPR  
- teach babysitting courses in a rural community

---

Marilyn McSporran  
RN  

**RATIONALE FOR SEEKING ELECTION**  
- long-time nurse educator  
- ANEA Leadership in Nursing Education Award

**EDUCATIONAL PREPARATION**  
- RN from Royal Alexandra Hospital school of nursing  
- BScN and MEd from University of Alberta

**PRESENT/PREVIOUS INVOLVEMENT WITH CARNA**  
- district councillor and president, North Central District  
- member, Provincial Council

**NURSING AND COMMUNITY ACTIVITIES**  
- involved with my church’s caring ministry program  
- teach babysitting courses in a rural community  
- commitment to lifelong learning  
- considerable experience in nursing education  
- liaison with other schools of nursing from Northern Alberta in the Collaborative BScn Program  
- willingness to share knowledge and resources with colleagues  
- positive working relationships gained with former students over many years

---
Lloyd Tapper
RN, BScN, MN, NP

Rationale for Seeking Election
I want to provide a voice for nurses in Edmonton/West on issues related to nursing self-governance and the direction of nursing policy as we shape the future of our profession.

Attributes I Would Bring to the Position
As an elected member of Provincial Council, I will bring my passion for nursing, my flexible personality, and my team building skills to the professional practice environment.

Present Employment
Currently I am employed as a nurse practitioner in the emergency department at the Northeast Community Health Centre in Edmonton, Alta. This position requires the implementation of nursing competencies consistent with the CNA’s definition of advanced nursing practice.

Carroll Thorowsky
RN, BScN, MSA

Rationale for Seeking Election
I have a passion for nursing and the desire to work with other nurses across the province and Canada to help shape a more positive future for our profession in Alberta and the health system at large. I believe registered nurses deserve to experience quality work life and Albertans deserve to experience quality health care. I seek election to Provincial Council so I can advocate for the membership and be involved in finding solutions to the many challenges our profession is currently facing.
ATTRIBUTES I WOULD BRING TO THE POSITION
I communicate well and am a good listener. I have leadership and organizational skills. With many years of nursing experience I have a broad understanding of the issues nurses face in providing safe, competent and ethical nursing care. I also have significant insight, knowledge and experience regarding government structure and processes from working in the provincial health system. I now have the time and energy to dedicate to the position.

PRESENT EMPLOYMENT
I am semi-retired.

PREVIOUS NURSING WORK EXPERIENCE
I have many years of nursing experience in a variety of roles that include: front line acute and rehabilitation, administration/management, clinical policy and standards development, and program planning.

EDUCATIONAL PREPARATION
RN, BScN, MSA

PRESENT/PREVIOUS INVOLVEMENT WITH CARNA
I was a member of North Central District Council Executive Committee prior to the structural change in 2000. I also served on various nursing subcommittees and the Alberta Registered Nurses Educational Trust for several years. I attended many workshops, annual general meetings and conferences over the years.

NURSING AND COMMUNITY ACTIVITIES
In the past, I have served as a member of the Alberta Brain Injury Society and Parent Advisory Councils and participated in local community activities as they arise.

Leslie McCoy
RN, BN, MN

RATIONALE FOR SEEKING ELECTION
I believe the nursing profession has the wisdom, ingenuity and discipline to set the course for improved health care in Alberta and want to be an active participant in these initiatives.

ATTRIBUTES I WOULD BRING TO POSITION
• positive, solution-based approach to challenges
• strong interpersonal skills and the ability to work independently or as a team member
• willingness to network with nurses across South Region
• commitment to the work of CARNA

PRESENT EMPLOYMENT
• director, Children’s Health, Chinook Health

PREVIOUS NURSING WORK EXPERIENCE
• director, emergency preparedness
• staff nurse, acute-care pediatrics
• staff nurse, renal dialysis
• clinical instructor, Lethbridge College (sessional)

EDUCATIONAL PREPARATION
• bachelor of nursing, advanced critical care nursing
• taking courses towards my master’s degree

PREVIOUS INVOLVEMENT WITH CARNA
• participated in the Continuing Competence Program document audit at CARNA (January 2008)

NURSING AND COMMUNITY ACTIVITIES
• active in hospital committees
• volunteer, Medicine Hat PARTY Program

Julie Seib (Wells)
RN, BN

RATIONALE FOR SEEKING ELECTION
I am seeking election to CARNA Provincial Council in the South Region because I have first-hand understanding of the issues registered nurses in the region are facing. With staff shortages, budget cuts and an increase in acuity of patients, registered nurses face difficult decisions in regards to their practice. I feel that best practice and providing safe, competent nursing care is essential and that all nurses work to provide such care in today’s health care environment. Fitness to practice is essential with long working hours and demands for overtime as well as staff mix of experienced and newer nurses on units to provide the best possible care.

PRESENT EMPLOYMENT
I currently work in the ICU at the Medicine Hat Regional Hospital as well as casual work in pediatrics, the ICU step-down unit. In addition, I teach clinical with the Medicine Hat College faculty of nursing. I feel with all my experiences I have a good understanding of what today’s nurses are facing in our changing health-care environment.

PREVIOUS NURSING WORK EXPERIENCE
I have worked in psychiatry, long-term care, a 22 bed rural hospital, as well as a general ICU in the United States of America. Prior to working in Medicine Hat, I worked at the University of Alberta Hospital in Cardiothoracic ICU, CCU and in the emergency department. I also taught clinical with the University of Alberta faculty of nursing.

EDUCATIONAL PREPARATION
• bachelor of nursing, advanced critical care nursing
• taking courses towards my master’s degree

PREVIOUS INVOLVEMENT WITH CARNA
• participated in the Continuing Competence Program document audit at CARNA (January 2008)

NURSING AND COMMUNITY ACTIVITIES
• active in hospital committees
• volunteer, Medicine Hat PARTY Program
Sandra Cook Wright
RN, BN

RATIONALE FOR SEEKING ELECTION
• taking courses for my master’s degree has made me realize that I need to take a more active role in my professional body
• to learn the process for decision making
• chance to make a difference for the future of nursing
• to educate nurses on the role CARNA can play in their nursing practice
• to advance my own nursing practice
• to help develop plans to retain nurses in Alberta

ATTRIBUTES I WOULD BRING TO THE POSITION
• honesty, integrity, curiosity
• enjoy teaching and learning
• while working as staff nurse preceptored many students

PRESENT EMPLOYMENT
• patient care manager of the intensive palliative care unit

PREVIOUS NURSING WORK EXPERIENCE
• staff nurse for more than 30 years
• experience in medicine, general surgery, urology, plastics oral maxillary and vascular surgery, palliative care
• clinical instructor of first and third year students for the University of Calgary and Mount Royal College.
• taught lab skills first year nursing students at University of Calgary
• assistant patient care manager in trauma surgery
• patient care manager, general surgery

EDUCATIONAL PREPARATION
• graduated from Ottawa Civic Hospital school of nursing
• BN with distinction from Athabasca University
• presently working towards master’s in health studies

PRESENT/PREVIOUS INVOLVEMENT WITH CARNA
• None, I am sorry to say.

NURSING AND COMMUNITY ACTIVITIES
• committees for work- clinical working group
• disaster planning for Foothills Hospital

My studies have made me realize that I need to become more involved in my provincial nursing body. We are certainly facing a staff crisis in Calgary and this opportunity would be a good way to become involved and provide insight into some of the global issues facing our profession.

Jody Wright
RN, BN

RATIONALE FOR SEEKING ELECTION
• I’m looking to expand my nursing career
• would like to learn new skills in communication and leadership

ATTRIBUTES I WOULD BRING TO THE POSITION
• dynamic personality
• “big picture” thinker
• outstanding public relations skills and team player
• exceptionally responsible, dependable and honest

PRESENT EMPLOYMENT
• working in a part-time position (0.7) at Alberta Children’s Hospital (ACH) in the post-anesthetic care unit (PACU)
• working in a casual position at Southern Alberta Forensic Psychiatric Centre (SAFPC)

PREVIOUS NURSING WORK EXPERIENCE
• 2000 - 2006 worked on a medical/surgical unit at ACH in roles including staff nurse and charge nurse
• fall 2006-community health, working flu clinics
• acting as a preceptor for 4th year students

EDUCATIONAL PREPARATION
• bachelor in nursing from the University of Calgary
• PACU training course
• attending various workshops i.e., “Developing Charge Nurses”, “Non-violent Crisis Intervention”

INvolVEMENT WITH CARNA
• limited but seeking new opportunities

NURSING AND COMMUNITY ACTIVITIES
• presently exploring legal nursing opportunities
• annual participation in pediatric nursing conference
• previous volunteer, Habitat for Humanity
Phyllis Holmes
RN, BN, MHS

RATIONALE FOR SEEKING ELECTION
I welcome the opportunity and challenge to help shape the future of nursing.

ATTRIBUTES I WOULD BRING TO THE POSITION
• My nursing experience reflects a broad background that encompasses various nursing roles. This experience helps me understand the range of challenges facing nurses and the nursing profession.
• My advanced education expands my understanding of the issues facing the health-care field in general and provides a strong focus for nursing in particular.

PRESENT EMPLOYMENT
• working program leader, staff development for East Central Health Region

PREVIOUS NURSING WORK EXPERIENCE
• acute care (pediatrics, neurology/neurosurgery)
• long-term care
• home care
• nursing management as home care team leader
• nursing education
  i. instructor in the rural nursing program
  ii. staff development coordinator

EDUCATIONAL PREPARATION
• RN diploma
• nursing refresher course
• bachelor of nursing
• master’s of health studies (leadership focus)

PRESENT/PREVIOUS INVOLVEMENT WITH CARNA
• interested member of AARN/CARNA since 1988

NURSING AND COMMUNITY ACTIVITIES
• member, Wainwright’s River Hills Chorus
• to be a liaison between clinical staff and information staff to ensure that the most up-to-date technology is available to clinicians in a way that enhances workflow and patient care

Andrea Reber
RN, BN

RATIONALE FOR SEEKING ELECTION
• want the opportunity to serve my nursing colleagues and the public by being part of CARNA’s mission to promote and support safe, competent, ethical nursing care
• feel strongly that due to critical nursing shortages, and the impact this has both on nurses’ quality of work life and patient safety, that it is time that I get involved with CARNA and contribute in a positive way to improving the situation.

ATTRIBUTES I WOULD BRING TO THE POSITION
• passion for the nursing profession
• hope and the belief that in spite of the challenges we currently face in health care, nursing will thrive and nurses will take a leadership role in improving the current system
• wide variety of nursing experience with a solid understanding of the contributions to health that nurses make in all practice settings
• strong communication and teamwork skills

PRESENT EMPLOYMENT
Employed as clinical informatics coordinator for East Central Health Region, where my role is:
• to bring information and technology together in a way that supports and improves clinicians’ ability to provide safe care through easy access to patient information and best practice guidelines
• being part of a team of professionals responsible to implement computerized charting systems for all clinicians

PREVIOUS NURSING WORK EXPERIENCE
• acute care experience in emergency, cardiac and palliative care
• continuing care experience working with dementia residents
• management experience both as shift supervisor and unit manager
• instructor, MacEwan nursing instructor

EDUCATIONAL PREPARATION
• nursing diploma, Grant MacEwan College (1986)
• previous certification, TNCC, ACLS, CPR
• bachelor of nursing, Athabasca University (2002)
• project management certificate, Grant MacEwan College (2007)

PRESENT/PREVIOUS INVOLVEMENT WITH CARNA
• member of pilot project with CARNA to improve quality of nursing work life
• participant attending CARNA annual general meeting and conference for the last four years
• want the opportunity to increase my participation in CARNA activities

NURSING AND COMMUNITY ACTIVITIES
• past leader, 4H
• past recreational board member for my local community
• chairperson of organizing committee that held a nursing conference with 110 participants celebrating nursing in 2004
Highlights of the 2006/07 Annual Report

The following are excerpts from the statistics published in the CARNA 2006/07 Annual Report. Visit www.nurses.ab.ca to download the complete report or call 1.800.252.9392 to request a hard copy.
### Demographic Profile of Registered Nursing in Alberta

#### Working Status

<table>
<thead>
<tr>
<th>Status</th>
<th>2006</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employed Full-time</td>
<td>37.3%</td>
<td>37.0%</td>
</tr>
<tr>
<td>Employed Part-time</td>
<td>42.0%</td>
<td>41.8%</td>
</tr>
<tr>
<td>EmployedCasual</td>
<td>14.3%</td>
<td>12.8%</td>
</tr>
</tbody>
</table>

Remainder are employed in other industries and seeking employment in nursing, employed in other and not seeking employment in nursing, not employed and seeking employment in nursing, not employed and not seeking employment in nursing, did not respond or are on leave.

#### Highest Level of Nursing Education

<table>
<thead>
<tr>
<th>Level</th>
<th>2006</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diploma</td>
<td>55.5%</td>
<td>52.2%</td>
</tr>
<tr>
<td>Baccalaureate</td>
<td>41.4%</td>
<td>44.6%</td>
</tr>
<tr>
<td>Masters</td>
<td>2.7%</td>
<td>2.9%</td>
</tr>
<tr>
<td>Doctorate</td>
<td>&lt;1%</td>
<td>&lt;1%</td>
</tr>
</tbody>
</table>

#### Top Three Employment Sectors

<table>
<thead>
<tr>
<th>Sector</th>
<th>2006</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>61.5%</td>
<td>60.4%</td>
</tr>
<tr>
<td>Nursing home or in long term care</td>
<td>7.3%</td>
<td>8.0%</td>
</tr>
<tr>
<td>Community health agency</td>
<td>7.3%</td>
<td>7.1%</td>
</tr>
</tbody>
</table>

#### Top Three Position Types

<table>
<thead>
<tr>
<th>Type</th>
<th>2006</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff or community health nurses</td>
<td>77.8%</td>
<td>79.0%</td>
</tr>
<tr>
<td>Other</td>
<td>6.0%</td>
<td>6.4%</td>
</tr>
<tr>
<td>Instructors</td>
<td>4.9%</td>
<td>4.7%</td>
</tr>
</tbody>
</table>

#### Age

<table>
<thead>
<tr>
<th>Category</th>
<th>2006</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>41 or older</td>
<td>60.9%</td>
<td>58.2%</td>
</tr>
<tr>
<td>31 to 40</td>
<td>23.7%</td>
<td>23.0%</td>
</tr>
<tr>
<td>Under 30</td>
<td>15.4%</td>
<td>18.7%</td>
</tr>
<tr>
<td>unknown</td>
<td>&lt;0.1%</td>
<td>&lt;0.1%</td>
</tr>
</tbody>
</table>

#### Gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>2006</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>4.2%</td>
<td>4.4%</td>
</tr>
<tr>
<td>Female</td>
<td>95.8%</td>
<td>95.6%</td>
</tr>
</tbody>
</table>
Complaints projected to increase 25 per cent in 2007-2008

CARN has received 76 new complaints in the first six months of the current practice year while 104 new complaints were submitted in the 12-month period ending Sept. 30, 2007. Complaints Director Sue Chandler attributes the increase in complaints to increased awareness by employers of their obligations under the Health Professions Act to report unprofessional conduct.

NOTE: This table was not included in the 2006/07 annual report.

### Table 1: Practising Members by Status at September 30

<table>
<thead>
<tr>
<th>Membership Year</th>
<th>RN</th>
<th>NP</th>
<th>CGN</th>
<th>Graduate Nurse</th>
<th>Limited Temporary Permit</th>
<th>Temporary Permit Renewal</th>
<th>TOTAL Practising Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>27,064</td>
<td>190</td>
<td>45</td>
<td>1,141</td>
<td>45</td>
<td>n/a</td>
<td>28,820</td>
</tr>
<tr>
<td>2007</td>
<td>29,369</td>
<td>206</td>
<td>44</td>
<td>1,169</td>
<td>49</td>
<td>36</td>
<td>30,932</td>
</tr>
</tbody>
</table>

### Table 2: Non-practising Member Transferring to Practising in 2007

<table>
<thead>
<tr>
<th>Membership Year</th>
<th>Associate/Retired to RN</th>
<th>Former Member to RN</th>
<th>Total Non-practising to Practising Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>237</td>
<td>3</td>
<td>240</td>
</tr>
</tbody>
</table>

### Table 3: Non-regulated Members Non-practising at September 30

<table>
<thead>
<tr>
<th>Membership Year</th>
<th>Associate</th>
<th>Honorary</th>
<th>Initial Non-Practising</th>
<th>Retired Nurse</th>
<th>Student</th>
<th>Total Non-regulated/Non-practising</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>1,057</td>
<td>55</td>
<td>84</td>
<td>496</td>
<td>7</td>
<td>1,733</td>
</tr>
<tr>
<td>2007</td>
<td>1,143</td>
<td>38</td>
<td>71</td>
<td>469</td>
<td>12</td>
<td>1,733</td>
</tr>
</tbody>
</table>

### Table 6: Initial Registration of Alberta Graduates by Type of Nursing Education Program

<table>
<thead>
<tr>
<th>Membership Year</th>
<th>Diploma College</th>
<th>Hospital</th>
<th>Baccalaureate University</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>171</td>
<td>1</td>
<td>1,009</td>
<td>1,181</td>
</tr>
<tr>
<td>2006</td>
<td>247</td>
<td>1</td>
<td>1,034</td>
<td>1,282</td>
</tr>
<tr>
<td>2005</td>
<td>262</td>
<td>0</td>
<td>641</td>
<td>903</td>
</tr>
<tr>
<td>2004</td>
<td>256</td>
<td>0</td>
<td>804</td>
<td>1,060</td>
</tr>
<tr>
<td>2003</td>
<td>151</td>
<td>0</td>
<td>618</td>
<td>769</td>
</tr>
<tr>
<td>2002</td>
<td>141</td>
<td>1</td>
<td>506</td>
<td>648</td>
</tr>
<tr>
<td>2001</td>
<td>124</td>
<td>2</td>
<td>456</td>
<td>582</td>
</tr>
<tr>
<td>2000</td>
<td>88</td>
<td>0</td>
<td>456</td>
<td>544</td>
</tr>
<tr>
<td>1999</td>
<td>97</td>
<td>5</td>
<td>373</td>
<td>475</td>
</tr>
<tr>
<td>1998</td>
<td>62</td>
<td>9</td>
<td>507</td>
<td>578</td>
</tr>
<tr>
<td>1997</td>
<td>123</td>
<td>19</td>
<td>526</td>
<td>668</td>
</tr>
<tr>
<td>1996</td>
<td>210</td>
<td>64</td>
<td>370</td>
<td>644</td>
</tr>
<tr>
<td>1995</td>
<td>270</td>
<td>192</td>
<td>279</td>
<td>741</td>
</tr>
<tr>
<td>1994</td>
<td>290</td>
<td>320</td>
<td>177</td>
<td>787</td>
</tr>
<tr>
<td>1993</td>
<td>317</td>
<td>399</td>
<td>147</td>
<td>863</td>
</tr>
<tr>
<td>1992</td>
<td>349</td>
<td>430</td>
<td>102</td>
<td>881</td>
</tr>
<tr>
<td>1991</td>
<td>353</td>
<td>442</td>
<td>171</td>
<td>966</td>
</tr>
</tbody>
</table>

### Table 7: Canadian Initial Registrations by Province or Territory

This table shows the geographic origin of RNs who registered in Alberta for the first time in 2007 compared to the previous three years.

<table>
<thead>
<tr>
<th>Membership Year</th>
<th>British Columbia</th>
<th>Alberta</th>
<th>Saskatchewan</th>
<th>Manitoba</th>
<th>Ontario</th>
<th>Quebec</th>
<th>New Brunswick</th>
<th>Nova Scotia</th>
<th>Prince Edward Island</th>
<th>Newfoundland and Labrador</th>
<th>Yukon</th>
<th>Northwest Territories and Nunavut</th>
<th>CANADA TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>67</td>
<td>1,060</td>
<td>53</td>
<td>29</td>
<td>92</td>
<td>14</td>
<td>19</td>
<td>23</td>
<td>2</td>
<td>17</td>
<td>2</td>
<td>2</td>
<td>1,378</td>
</tr>
<tr>
<td>2005</td>
<td>68</td>
<td>905</td>
<td>58</td>
<td>48</td>
<td>108</td>
<td>11</td>
<td>14</td>
<td>39</td>
<td>5</td>
<td>32</td>
<td>4</td>
<td>0</td>
<td>1,290</td>
</tr>
<tr>
<td>2004</td>
<td>81</td>
<td>1,282</td>
<td>68</td>
<td>58</td>
<td>134</td>
<td>19</td>
<td>29</td>
<td>46</td>
<td>5</td>
<td>30</td>
<td>5</td>
<td>3</td>
<td>1,403</td>
</tr>
<tr>
<td>2003</td>
<td>120</td>
<td>1,181</td>
<td>66</td>
<td>78</td>
<td>134</td>
<td>22</td>
<td>43</td>
<td>60</td>
<td>10</td>
<td>93</td>
<td>2</td>
<td>6</td>
<td>1,875</td>
</tr>
</tbody>
</table>

### Table 8: Geographic Origin of International Initial Registrations

This table shows the geographic origin of RNs who registered in Alberta for the first time in 2007 compared to the previous three years.

<table>
<thead>
<tr>
<th>Membership Year</th>
<th>Africa</th>
<th>Asia</th>
<th>Europe</th>
<th>North America</th>
<th>Oceania</th>
<th>South America</th>
<th>Central America</th>
<th>INTERNATIONAL TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>7</td>
<td>97</td>
<td>32</td>
<td>15</td>
<td>12</td>
<td>1</td>
<td>1</td>
<td>164</td>
</tr>
<tr>
<td>2005</td>
<td>7</td>
<td>81</td>
<td>32</td>
<td>13</td>
<td>8</td>
<td>0</td>
<td>1</td>
<td>141</td>
</tr>
<tr>
<td>2004</td>
<td>8</td>
<td>82</td>
<td>32</td>
<td>14</td>
<td>4</td>
<td>0</td>
<td>1</td>
<td>133</td>
</tr>
<tr>
<td>2003</td>
<td>9</td>
<td>113</td>
<td>21</td>
<td>14</td>
<td>8</td>
<td>0</td>
<td>1</td>
<td>186</td>
</tr>
<tr>
<td>2002</td>
<td>9</td>
<td>113</td>
<td>21</td>
<td>14</td>
<td>8</td>
<td>0</td>
<td>1</td>
<td>186</td>
</tr>
</tbody>
</table>

### Table 4: Temporary Permits (TPs) Issued to Graduate Nurse Members by Geographic Origin (number and per cent of total)

<table>
<thead>
<tr>
<th>Membership Year</th>
<th>Temporary Permit (Alberta)</th>
<th>Temporary Permit (Canadian)</th>
<th>Temporary Permit (International)</th>
<th>Total TPs Issued to Graduate Nurse Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>675</td>
<td>123</td>
<td>171</td>
<td>1,169</td>
</tr>
</tbody>
</table>

### Table 5: Initial RN Practice Permits Issued by Geographic Origin (number and per cent of total)

<table>
<thead>
<tr>
<th>Membership Year</th>
<th>Alberta Graduate Registrations</th>
<th>Other Canadian Registrations</th>
<th>Non-Canadian Registrations</th>
<th>TOTAL INITIAL RN Practice Permits</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>1,292 (66.18%)</td>
<td>521 (28.91%)</td>
<td>133 (6.86%)</td>
<td>1,936 (100.00%)</td>
</tr>
</tbody>
</table>
## Disposition of Complaints Lodged under the Health Professions Act

The following table lists statistics regarding complaints dealt with in the 2006-2007 membership year.

<table>
<thead>
<tr>
<th>Action Taken</th>
<th>For complaints received in the 2006-2007 membership year</th>
<th>Notes</th>
<th>For complaints initially received in a previous membership year</th>
<th>Notes</th>
<th>Total HPA complaints on which action was taken 2006-2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for 2006-2007</td>
<td>104</td>
<td>68</td>
<td>172</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resolved by Complaints Director or parties (s. 55(2)(a) or (a.1) HPA)</td>
<td>22</td>
<td>Offered to two investigated persons by Complaints Director</td>
<td>1</td>
<td></td>
<td>23</td>
</tr>
<tr>
<td>Encourage complainant and investigated person to communicate and resolve; or with consent of parties, Complaints Director attempts to resolve</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Referred to Alternative Complaint Resolution (ACR) by Complaints Director (s. 55(2)(b) HPA)</td>
<td>0</td>
<td></td>
<td>0</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Request Expert to assess and write report on subject matter of complaint (s. 55(2)(e) HPA)</td>
<td>0</td>
<td></td>
<td>0</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Referred to investigation by Complaints Director on receipt of complaint (s. 55(2)(d) HPA)</td>
<td>77</td>
<td>65</td>
<td>142</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dismissed by Complaints Director Prior to Investigation (s. 55(2)(e) or (f) HPA)</td>
<td>6*</td>
<td>*2 dismissed by Complaints Director before investigation for lack of cooperation by complainant</td>
<td>24*</td>
<td>*1 dismissed prior to investigation and sent to registration department to manage</td>
<td>30</td>
</tr>
<tr>
<td>After Investigation (s. 66 HPA)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Being managed by Complaints Director under section 11B (incapacity) (s. 55(2)(g) HPA)</td>
<td>3*</td>
<td>*1 resolved</td>
<td>1*</td>
<td>* resolved</td>
<td>4</td>
</tr>
<tr>
<td>Complaint Review Committees: ACR meetings to review ACR agreements</td>
<td>0</td>
<td></td>
<td>0</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Complaint Review Committees: Complainant Appeal</td>
<td>0</td>
<td>5*</td>
<td>* all dismissed by Complaints Review Committee</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Hearing Tribunals: Hearings</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unprofessional conduct Sanction 3 reprimands and stipulations</td>
<td>3</td>
<td>24</td>
<td>Unprofessional conduct Sanction 1 caution 16 reprimands and stipulations 1 reprimand, suspension and stipulation 1 reprimand and cancellation 1 dismissal</td>
<td>27</td>
<td></td>
</tr>
<tr>
<td>Appeals completed after Hearing (to Appeals Committee’s Panel of Council or Court of Appeal)</td>
<td>0*</td>
<td>*1 appeal has been launched to Panel of Council but not yet heard</td>
<td>0*</td>
<td>*1 appeal has been launched to Panel of Council but not yet heard</td>
<td>0</td>
</tr>
<tr>
<td>Active investigations (cases still under investigation at year end)</td>
<td>64</td>
<td>3</td>
<td>67</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Referred to Hearing by Complaints Director (case has been referred to hearing but hearing not completed or not commenced as of year end)</td>
<td>6</td>
<td>15*</td>
<td>*1 member is deceased 2 hearings have commenced but are not yet completed</td>
<td>21</td>
<td></td>
</tr>
</tbody>
</table>

### Disposition of Complaints Continuing from Previous Years and Lodged under the Nursing Profession Act

The following table lists statistics regarding complaints continuing from previous years dealt with in the 2006-2007 membership year.

<table>
<thead>
<tr>
<th>Action Taken in 2006–2007</th>
<th>Total</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for 2006–2007</td>
<td>31</td>
<td></td>
</tr>
<tr>
<td>Complaints Dismissed after Investigation</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Complainant Appeal</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Hearings</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>3 unskilled practice 4 unskilled practice and professional misconduct 4 professional misconduct</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sanction</td>
<td>2 reprimands 11 reprimands and stipulations</td>
<td></td>
</tr>
<tr>
<td>Appeals after Hearing (Panel of Council presided)</td>
<td>*2</td>
<td></td>
</tr>
<tr>
<td>*One member appealed two complaints at the same time. Member withdrew appeal after one appearance before Panel of Council</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Active Investigations (case still under investigation)</td>
<td>*5</td>
<td></td>
</tr>
<tr>
<td>*4 are under indefinite undertaking to not practice as RN and not expected to return to nursing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Referred to Hearing (case has been referred to hearing but hearing not completed or commenced)</td>
<td>*9</td>
<td></td>
</tr>
<tr>
<td>*4 are under indefinite undertaking and not expected to return to nursing 1 hearing has commenced but not completed</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: In addition, there are at least 10 files open for persons who are still in the process of complying with an order of the Professional Conduct Committee after a hearing.
**CONTINUING COMPETENCE**

**Highlights of the Questionnaire and Document Audit**

The CARNA Continuing Competence Program (CCP) questionnaire and document audit are tools used to monitor the quality and effectiveness of the CCP and compliance with the program. The questionnaire review and document audit will substantiate what members reported at renewal and may identify trends in professional development goals as well as availability of learning resources.

This year, a random sample of 1,650 members was selected to complete the questionnaire. Of that number, a random sample of 150 members was selected to participate in the document audit.

The following is a summary of the responses to the questionnaire and review and audit:

How helpful was the feedback you collected in assisting you in prioritizing your learning needs?

Ninety-two per cent of respondents rated their feedback as somewhat helpful to extremely helpful.

<table>
<thead>
<tr>
<th>Feedback Level</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extremely helpful</td>
<td>13%</td>
</tr>
<tr>
<td>Somewhat helpful</td>
<td>41%</td>
</tr>
<tr>
<td>Not at all helpful</td>
<td>3%</td>
</tr>
</tbody>
</table>

Describe one goal that you developed.

The majority of respondents specified their learning goal was to attend more in-services or courses.

Describe one learning goal that you developed: Respondents*

- To attend more in-services/courses/increase knowledge/be informed 33
- To be more competent/find areas to improve 8
- To acquire a better understanding of best practice/safety standards/policies/procedures 6
- To ensure a good environment for patients/good patient service/better understanding of what patients are going through 5
- To improve collaboration/teamwork 4

* Multiple mentions

Which of the following did you include in your plan?

Respondents more frequently mentioned they read books and journal articles, attended in-service sessions and consulted with experts and their peers.

What did you include in your learning plan? Percent of Respondents*

- Reading books and journal articles 68
- In-service sessions 68
- Consultation with experts/peers 66
- Workshops 47
- Internet research 40
- Conferences 33
- Presentations 27
- Academic courses (college/university) 9
- Other 14

* Multiple mentions

Using the five-point scale provided, rate your ease of access to professional development resources/activities that pertain to your learning goals/objectives.

Ninety-four per cent of respondents indicated that it was somewhat to extremely easy for them to access personal development resources or activities that pertained to their learning goals or objectives.

<table>
<thead>
<tr>
<th>Ease of Access</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extremely easy</td>
<td>15%</td>
</tr>
<tr>
<td>Somewhat easy</td>
<td>48%</td>
</tr>
<tr>
<td>Not at all easy</td>
<td>7%</td>
</tr>
</tbody>
</table>

In general, do you think that the CARNA Continuing Competence Program enhances the provision of professional nursing service by RNs?

Yes 82%
No 15%

In general, do you think that the CARNA Continuing Competence Program requirements assist to maintain your competence to practise?

Yes 72%
No 24%

***

Thirty-two per cent of respondents who provided additional comments most frequently said that RNs are continually working to improve and learn more, regardless of the program. Fourteen per cent indicated that the program is useful and that it adds to professionalism and promotes competence and awareness.
Top ranked CARNA Nursing Practice Standards indicators selected:

<table>
<thead>
<tr>
<th>NPS Indicator</th>
<th>Per cent of Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.7 The registered nurse regularly assesses their practice and takes the necessary steps to improve personal competence.</td>
<td>27%</td>
</tr>
<tr>
<td>2.2 The registered nurse uses appropriate information and resources that enhance patient care and achievement of desired patient outcomes.</td>
<td>15%</td>
</tr>
<tr>
<td>1.5 The registered nurse participates in quality improvement activities.</td>
<td>10%</td>
</tr>
<tr>
<td>4.2 The registered nurse uses communication and team building skills to enhance client care.</td>
<td>10%</td>
</tr>
</tbody>
</table>

**CONCLUSION**

The review provided valuable information that will assist CARNA in improving the CCP and preparing for future annual audits. Program enhancements already underway include changes to the online questionnaire to improve efficiency and convenience, revisions to the CCP worksheets to streamline documentation and modifications to CARNA correspondence to increase clarity.

Thank you to the registered nurses, nurse practitioners and certified graduate nurses who participated in the CCP audit process for the 2007 practice year.

Committed to Competence: Demonstrating Accountability

As a registered nurse, you demonstrate accountability to the public and to the profession by practising within certain parameters defined by the Health Professions Act (HPA), Registered Nurses Profession Regulation, the Canadian Nurses Association Code of Ethics for Registered Nurses, CARNA Nursing Practice Standards, other CARNA standards documents and position statements and employer policies and procedures.

Accountability refers to accepting responsibility for one’s actions and decisions, and is reflected by your actions which, in RN practice, include accurate documentation. Your documentation of client assessments and nursing interventions demonstrates accountability for your nursing practice. Accountability also includes documenting your decisions, actions and outcomes associated with all steps of the continuing competence process and keeping your records for five years.

Your documentation developed to comply with the requirements of the CCP must be clear, logical, chronological and consistent with the information you reported at registration/renewal. Documentation of your continuing competence activities is your official record of participation in the CCP, a requirement of HPA and one of the ways RNs demonstrate accountability to the public, the profession and to themselves.

FOR ADDITIONAL GUIDANCE regarding documenting your continuing competence activities, go to the Resources section of www.nurses.ab.ca and refer to the CARNA interpretive document Documenting Your Continuing Competence Activities.
ISMP MEDICATION SAFETY ALERT!®

Mental slips and lapses: No one is immune

Everyone in health care has made mistakes during the course of their career. No one is immune, regardless of education and experience. Many of these mistakes arise from random and unpredictable mental slips and lapses.

Mental slips and lapses result from a failure to carry out your otherwise correct intentions. They are often controlled by the subconscious, which chooses the wrong automatic action in response to a situation. Slips and lapses occur only after you have developed the specific skills involved because you no longer need to proceed slowly and attentively. These types of mistakes are most often caused by distractions, preoccupation or inattention at critical moments.

Whereas prescribing and dispensing medications create a few opportunities for error, drug administration may occur many times a day, leaving nurses especially vulnerable to errors from mental slips and lapses at each instance.

As an example, one evening, a nurse put aside her usual cup of coffee to prepare a patient’s dose of chloral hydrate in a cup. On her way to give the dose, she stopped to talk to a co-worker. In the middle of the conversation, she drank the chloral hydrate, thinking it was her coffee!

Mental slips and lapses are also responsible for 11 percent of prescribing errors, 12 percent of administration errors, and 73 percent of transcription errors.1 The processes of receiving and transcribing orders are particularly vulnerable to distractions, as unit secretaries and nurses are often answering telephones and requests for information while carrying out drug order-related tasks.

One example is evident in the transcription of a telephone message (see Illustration 1), which was written down and read back! Chances are this nurse said the correct word ‘insulin’ instead of ‘heparin’ when reading back the order. Yet, for many reasons, including distractions and even the fact that both insulin and heparin are dosed in units, the nurse made a mental slip and documented the wrong drug. Fortunately, the patient received insulin, not heparin, because the nurse who accepted the telephone order also administered the medication without realizing that she had transcribed the drug name incorrectly. However, another nurse might have given the heparin as transcribed without noticing the second line of the order, which links the drug to a glucose value.

Because we are all prone to mental slips and lapses, it is imperative to plan any error reduction strategies with the assumption that we will all make mistakes, no matter how careful and vigilant. See check it out! in the right column for ways to avoid or manage mental slips and lapses.

REFERENCE:

check it out!

Tips to manage mental slips and lapses:

- **Focus.** Minimize distractions when receiving telephone orders and administering medications:
  - create quiet workspaces for unit secretaries and nurses during order transcription or receipt of telephone orders
  - implement policies for “Do Not Disturb” times (during drug administration) and locations (in the medication room)
  - provide phone and call-bell support for nurses administering medications

- **Simplify.** Each step of a process carries about a one percent chance of error. Thus, reducing the number of steps lessens the risk of errors. To cite one instance, use pharmacy-prepared dosing charts for drugs available in standard concentrations (e.g., dopamine) instead of manually calculating the dose.

- **Checklists.** For critical processes with multiple steps, develop checklists for reference so that a mental lapse does not cause an omission.

- **Independent double checks.** For selected high-alert drugs, require an independent double check in which calculations and pump settings are performed separately by two nurses and compared for verification. The second nurse checks the drugs, doses and routes against the original order.

- **Slow down.** Pay attention to alerts and prompts on computer screens, reminder labels on medications and messages printed on medication administration records. Speed should never come before safety.

- **Wellness.** Physical and mental stress can contribute to lapses in attention. So, be sure to take meal breaks each shift and time outs after stressful events to improve your mental focus.

ILLUSTRATION 1

Aboriginal Achievement Award Recipient
Crystal Desjarlais

On March 28, 2008, Crystal Desjarlais was awarded an Aboriginal Achievement Award in the personal achievement category by the Métis Nation of Alberta for overcoming personal obstacles.

Desjarlais, and her eight siblings, was raised by her single mother. She witnessed first hand the affects of alcohol abuse on her father, before he died when she was eight years old.

As a teenager, Desjarlais was a bright student and exceptional athlete by day. By night, she experimented with drugs and alcohol.

Desjarlais decided she wanted more out of life and went on to enroll in the nursing program at MacEwan College, with graduation later this year. Currently, Desjarlais works at Extended Care in Mayerthorpe.

Meet your new regional coordinator for CARNA South region

Val Mutschler

T: 403.504.5603
E: vmutschler@nurses.ab.ca

Val Mutschler graduated from the University of Calgary bachelor of nursing program at the Medicine Hat College site in 2004. She has been employed as an occupational health and safety nurse and as a public health nurse. Prior to attaining her nursing degree, she managed an injury prevention initiative for the Safe Community Coalition of South Eastern Alberta and was the program director for the Safety City Society of Medicine Hat.

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, the Health Professions Act 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

Val will provide regional coordinator services to members in South region in cooperation with Regional Coordinator Pat Shackleford.

Carna Regional Coordinator Program
A resource and communication link for Alberta RNs

Visit www.nurses.ab.ca

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

Scott-Wright, Margaret, a graduate of the St. Georges Hospital school of nursing, who passed away on March 11, 2008.

Primeau, Joyce (Manchee), a graduate of the Royal Alexandra Hospital school of nursing, who passed away on April 6, 2008.
MEMBERS WANTED!

If you are a registered nurse seeking an opportunity to advance the profession by sharing your knowledge and experience, you are invited to apply for a volunteer position on one of the following CARNA committees.

CARNA reimburses committee members for travel expenses related to committee meetings and offers a salary replacement/per diem to compensate members for time away from work. Orientation and relevant reference materials are provided to all committee members.

Awards Selection Committee

Three members
Term beginning Oct. 1, 2008

The CARNA Awards Selection Committee is an operational committee composed of five volunteer RN members and the executive director. The committee reviews criteria, reviews nominations and selects qualified recipients for the CARNA annual awards program.

Qualifications

To complement the composition of the committee, preference will be given to RNs working in clinical practice, education or research.

Expectations of Members

- serve a two-year term, beginning Oct. 1, 2008
- prepare for meetings and teleconferences
- review nomination submissions and objectively apply award criteria
- participate in two to four meetings per year

Questions

If you have questions about the work of the committee or the expectations of members, please contact:

Rachel Champagne
Manager, Communications
T: 780.453.0516 or toll-free at 1.800.252.9392, ext. 516
E: rchampagne@nurses.ab.ca

How to Apply

Visit www.nurses.ab.ca for an application form or contact Diane Wozniak at 780.453.0525 or toll-free at 1.800.252.9392, ext. 525.

Application deadline: Aug. 24, 2008

Conduct Decision Review Committee

One member
Central Region
Term beginning June 2008

The CDRC reviews conduct decisions to identify significant trends and issues that affect the ability of Alberta’s RNs to provide safe, competent and ethical nursing care. It provides an excellent opportunity for RNs who want to make a difference by examining what resources are needed to support nurses in their practice.

Qualifications

- minimum three years experience as a direct care provider in a continuing care/long-term care setting
- live in the CARNA Central Region

Expectations of members

- attend four to five full day meetings per year at the CARNA provincial office in Edmonton
- commit to preparatory time for meetings

NOTE: Members of CARNA regulatory committees cannot apply for membership on this committee.

Questions

If you have questions about the work of the committee or the expectations of members, please contact:

Marie-Andrée Chassé,
Nursing Consultant, Policy and Practice
T: 780.451.0043 or toll-free at 1.800.252.9392, ext. 526
E: mchasse@nurses.ab.ca

How to Apply:

Visit www.nurses.ab.ca for an application form or contact Ruby Sutton at 780.453.0522 or toll-free at 1.800.252.9392, ext. 522.

Application deadline: June 30, 2008
Elections and Resolutions Committee

Three members
Term beginning Oct. 1, 2008

The Elections and Resolutions Committee (ERC) is responsible for:

- recommending a slate of qualified candidates for members of Provincial Council and president-elect, whenever an election for that office is required
- developing the rules governing the CARRA campaign and election process for review and approval by council
- providing support for members submitting resolutions for CARRA's annual general meeting
- supporting the development of resolutions for proposal at the 2009 CNA Biennium for council's consideration
- soliciting names of members interested in becoming members of ERC to be considered by council

Qualifications

CARRA attempts to achieve broad representation of membership by appointing members from a variety of geographic regions. Preference will be given to RNs working outside of Edmonton and Calgary.

Expectations of Members

- serve a two-year term
- prepare for meetings and teleconferences
- attend four to six teleconferences and up to two face-to-face meetings in Edmonton
- network to generate nominations

Questions

If you have questions about the work of the committee or the expectations of members, please contact:

Margaret Ward-Jack  
Director, Communications  
T: 780.453.0515 or toll-free  
at 1.800.252.9392, ext. 515  
E: mwardjack@nurses.ab.ca

How to Apply:

Visit www.nurses.ab.ca for an application form or contact Diane Wozniak at 780.453.0525 or toll-free at 1.800.252.9392, ext. 525.

Application deadline: Aug. 24, 2008

Competence Committee

One member needed
Term beginning Oct. 1, 2008

The committee is responsible for continued development, implementation and evaluation of the Continuing Competence Program and Competence Committee 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

CARRA strives to achieve broad representation of membership by appointing members from a variety of practice settings and geographic regions. To complement the current composition of the committee, members with the following qualifications are required:

- one RN member with a minimum of five years of nursing experience as a staff nurse in acute care or community health
- resident of the CARRA Central Region

Expectations of members

- complete a three-year term
- attend six to seven one-to-two day meetings per year, as required, at the CARRA office in Edmonton
- attend a one-day orientation session
- 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, Deputy Registrar  
T: 780.453.0507 or toll-free  
at 1.800.252.9392, ext. 507  
E: tgushuliak@nurses.ab.ca

Application deadline: Aug. 24, 2008

Hearing Tribunal

Two members needed
Term beginning Oct. 1, 2008

The Hearing Tribunal considers evidence at a hearing, gathered in the investigation of a complaint made about a member and, based upon the evidence, determines if the RN has met the standards of the profession. Panels of two or three regulated members and one public representative are formed to adjudicate hearings into allegations of unprofessional conduct. If the member is found to be unskilled, or to have engaged in other unprofessional conduct, the Tribunal decides what measures are necessary to protect the public from the unsafe practice, how to remediate and rehabilitate the individual nurse and determines compliance with its discipline orders.

Qualifications

To complement the current composition of the tribunal, three members with the following qualifications are required:

- currently practicing as a staff nurse (in home care or acute care); or in education with a minimum 10 years experience in that setting
- resident in one of the following CARRA regions: Calgary/West, Central (including David Thompson and East Central health regions), Northwest and South

Please note that individuals with an active legal practice will not be considered for these positions.

Expectations of Members

- serve a four-year term
- attend an average of 12 hearings and compliance meetings per year in Edmonton—hearings may be rescheduled on short notice
- must attend a one-day orientation session
- attend an annual meeting
- accept the responsibility of chair of the Hearing Tribunal after approximately one year

Questions

If you have questions about the work of the Hearing Tribunal or the expectations of members, please contact:

Sue Chandler, Complaints Director  
T: 780.453.0519 or toll-free  
at 1.800.252.9392, ext. 519  
E: schandler@nurses.ab.ca

Application deadline: Aug. 24, 2008
A member hopes to stimulate discussion on the proposed revisions to the legislated scope of RN practice, their implications for the future of RN practice in Alberta and the possible morphing of nursing into doctoring.

The Future of RN Practice in Alberta

BY JUNE F. KIKUCHI, RN (RET.), PhD

From September 2006 to May 2007, a series of thought-provoking articles by CARNA Policy and Practice Consultant Debbie Phillipchuk appeared in Alberta RN under the theme “The Time Has Come: Describing and Shaping RN Practice.” It opened with:

As each health profession comes under the Health Professions Act (HPA), RNs are seeing examples of tasks and activities that used to be done by RNs being done by a variety of other professionals. Physiotherapists do wound care and dietitians insert nasogastric tubes for swallowing studies. RNs notice the initiatives aimed at supporting licensed practical nurses to work to their full scope of practice and are left wondering what is left for them to do and what is their role?

I thought, “Why are RNs sitting back and wondering what there is left for them to do? Why aren’t they claiming wound care and assessment of swallowing capacity as within their scope of practice?” In seeking answers, I realized that, under HPA, my questions are irrelevant. I then began thinking about the recent proposed revisions to the legislated scope of RN practice and their implications for the future of RN practice in Alberta.

I hope that my thoughts about these matters will stimulate a much needed discussion.

Legislated Scope of RN Practice

In an effort to understand why other health-care professionals are now engaged in activities that seem to fall within the scope of RN practice, I turned to recent CARNA documents. The following are some of their key points germane to this article.

The document, Scope of Practice for Registered Nurses states:

With the passing of HPA and pursuant regulations... previously existing legislated exclusive scopes of practice for health professions [have been] replaced with practice statements that allow for overlapping scopes of practice between health professions. Only those acts determined to pose significant risk to the public and legislated as ‘restricted activities’ are ‘exclusive’ in the sense that only those professions who are authorized to perform each restricted activity may legally do so, based on individual practitioner competence.

The document, Health Professions Act: Standards for Registered Nurses in the Performance of Restricted Activities states that “members of several different professions may be authorized to perform the same restricted activities” and that “the restricted activities identified in Schedule 7.1 of GOA provide a legal framework for restricted activities, but they do not provide a list of specific interventions or tasks that might fall within the definition of the restricted activity.” It goes on to say that the document builds on the Nursing Practice Standards and “identifies standards for the performance of restricted activity interventions in clinical practice [and] guidelines that are to be used to determine if a particular restricted activity intervention not currently performed by RNs in a particular setting should become part of their nursing practice.” One guideline states that “the determination of whether or not a registered nurse performs a specific intervention/task within a restricted activity category must be mutually agreed upon between registered nurses and other health-care professionals in the practice setting.”
Proposed Revisions to Restricted Activities for RNs

With each article in the aforementioned series, it became apparent that CARNA was trying to determine if there was support for revising the restricted activities that RNs are authorized to perform. Based on input from readers, various stakeholders and a random sample of 500 members, CARNA concluded that there was support to revise the activities to allow:

- RNs to order and apply X-rays
- RNs to prescribe specified medications
- Nurse practitioners (NPs) to order radiation therapy

Provincial Council added its support, approving the potential revisions, in principle, at its May/June 2007 meeting.

The potential revisions are defended by CARNA on several grounds. For example, with the shortage of doctors, they will permit RNs to engage in activities that will help improve the efficiency of health care, reduce waiting times and allow RNs to use their knowledge and skills more fully.

In supporting the proposed revisions, it would seem that CARNA is taking full advantage of the fact that the scope of RN practice as defined under HPA “provides opportunities for nursing practice to grow and change” and that CARNA is of the mind that the revisions will help nursing practice to grow and change for the better. But, will they?

What Does it All Mean for RNs and the Nursing Profession?

Today, we are bombarded by messages to grow and change. But, as we know, all growth and change is not good (e.g., that which occurs with cancerous tumours). The proposed revisions may help to increase the efficiency of health care and decrease the frustrations of RNs who have to wait for doctors to order an X-ray, but the trade-off is huge! With the ongoing nursing shortage, RNs are increasingly experiencing moral distress because they are unable to provide the kind of nursing care that they know patients need and deserve. Overworked and exhausted, it would seem that the last thing RNs need is to take on additional activities—especially an activity that will help ease the burden of doctors, but increase the burden of RNs, robbing them of time and energy needed to provide nursing care. It is argued that, if RNs were allowed to order and apply X-rays in an emergency department, they would only need to call the doctor once—to read the X-ray. Clearly, RNs are not ordering and applying X-rays as part of a nursing assessment. They are merely functioning as the doctor’s helper. How will this type of activity help nursing practice to grow and change for the better?

I predict that the proposed revisions will be met with enthusiasm by the provincial government and others concerned with the bottom line. With RNs ordering and applying X-rays and prescribing specified medications and with NPs ordering radiation therapy, the doctor shortage problem can be reduced and costs better contained as RNs are a less costly health resource than doctors.

I suspect that the proposed revisions are just the tip of the iceberg of what is lying in wait. More than likely, CARNA will be asked to consider the adoption of other restricted activities of the same ilk and RNs will be asked in their practice settings to perform an increasing number of restricted activity interventions that doctors currently perform. Eventually, with RNs doing more doctoring than nursing, I predict that authorization will be sought and granted for licensed practical nurses to do much more of what RNs are currently authorized to do, leaving RNs providing even less hands-on nursing care than they presently do.

Some RNs, particularly those who think their care is not valued by other professionals, may welcome a move away from traditional nursing care and toward what is perceived as the higher valued doctoring care. Others may say that, as in times past, the doctoring care that they are giving will in time come to be viewed as nursing care. Still, others may say that it is all part of the evolution of RN practice. But, what are the chances that nursing practice will evolve into an entity that no longer has the characteristics of nursing practice, but instead those of doctoring practice. Under HPA, those chances are high, with practice statements purposely being stated very broadly to allow for overlapping scopes of practice between health-care professions and with restricted activities not being exclusive to one profession. Additionally, with decisions regarding who will perform restricted activity interventions to be made by the RNs and other health-care professionals in a particular practice setting, those chances are increased.

Conclusion

The speed with which the proposed changes to the restricted activities for RNs arrived at the door of Provincial Council is amazing. In just nine months, we went from being introduced to the idea of considering revisions to approval being given, in principle, by Provincial Council to the proposed revisions.

No “letters to the editor” querying the revisions have appeared in Alberta RN. Does this mean that all CARNA members are in agreement with the revisions and are not concerned about them? Or, have they dismissed them as just a few revisions, nothing to worry about? Perhaps, the problem lies with me. I am not seeing what others see. I hope so because, right now, the future of RN practice in Alberta worries me. Does it worry you?

References


Dr. Joanne Profetto-McGrath

PRESENT OCCUPATION/POSITION
Interim Dean, University of Alberta faculty of nursing

MAJOR ACCOMPLISHMENTS
Dr. Joanne Profetto-McGrath is well known as a leader among nurses. Through her teaching, leadership and research she exemplifies excellence in nursing. Her clinical focus in medical and surgical nursing has led her to educate and support many in the workforce today.

Profetto-McGrath has been involved with a national program of recognition for medical and surgical nurses and was one of the first members of the newly formed Canadian Association of Medical and Surgical Nurses (CAMSN) in 2007.

In 2003, Profetto-McGrath co-led a focus group of medical and surgical nurses in Capital Health Region to identify and clarify their uniqueness. This work has become a reference document for CAMSN and others across Canada. “The Uniqueness of Medical-Surgical Nursing” has been critical in the development of CAMSN’s mission statement and in unifying the vision.

Dr. Lillian Douglass

PRESENT OCCUPATION/POSITION
Adjunct Associate Professor, University of Alberta faculty of nursing and a joint appointment at Edmonton’s Cross Cancer Institute

MAJOR ACCOMPLISHMENTS
Dr. Lillian Douglass is adjunct associate professor, the former associate dean in the faculty of nursing at the University of Alberta and has taught at the Universities of Western Ontario, McGill and Mahidol in Bangkok. She was director of the Medicine Hat school of nursing for 10 years and her professional experience spans the four areas of nursing practice.

Douglass served as president of the College and Association of Registered Nurses of Alberta (CARNA) from 1993-1995 and on several CARNA committees. She also served on the CNA Nursing Registration/Licensure Committee and the Committee on Testing Services in the 1980s and was a member of the CNA Board Development Committee in 1995.

She is regularly consulted by policy-makers because of her recognized health-system expertise. Douglass was appointed to the Premier’s Advisory Council on Health (Alberta) in 2000 and has received many prestigious awards, including the Alberta Centennial Medal (2005), the CARNA Heritage of Service Award (1999) and a University of Alberta Faculty of Nursing Award (1996).
BY KATHY KNOWLES, RN AND LINDA BRIDGE, RN

When I worked at the bedside, charting was a task that caused me emotional grief. I knew that documentation was important, but it seemed that the environment was conspiring to make it an uncomfortable experience.

I felt guilty when I sat at the desk to chart because I sensed that it was wrong to be sitting down. It wasn’t unusual to get comments from anyone and everyone about looking idle. Fellow staff members would say things like “if you’re just sitting around I could use a hand” and the charge nurse would often pipe up “if you need something to do I have a list.”

What especially rankled me was when family visitors would comment on us (nurses) having nothing better to do. How dare I be sitting at the desk when they or their loved one had nothing to do? What were their tax dollars paying us for?

How often I longed for a place away from the eyes of family, patients and even my colleagues.

It seems like things haven’t changed much over the years, especially the negative emotions experienced by nurses from sitting at the desk. As I make rounds and say hi to those at the nursing desk, it’s as if the staff feel the need to justify why they are at the desk; “oh, you just caught me taking a breather” or “I’ve just now sat down to chart.”

I think that there was, and still is, not enough respect given to charting, that vital part of nursing that verifies what I have observed and/or carried out on behalf of the people in my care. Yet I know that I was certainly held accountable for the documentation, especially if it was not up to standards or, heaven forbid, not done.

Early in my career, when I was working on a surgical unit, I learned that often there was little or no consideration given for the time documentation consumed. Charting was left for the end of the day when I was officially off-duty and could hide in a corner to finish it.

Then, during my years of working in the emergency department, not only was there little quiet mental space for us to chart, there was literally no physical space. We mainly charted standing up, leaning against a counter, if and when we were lucky enough to find space there.

Sometimes, I used to sit in the patient’s cubicle with them and chart at the bedside. Of course that worked best when they were sleeping, unconscious and/or had no visitors. I often wondered what it would be like to be able to chart in a quiet private place. I often thought of going into the bathroom to chart but even that would afford no guarantee of privacy.

Because immediate charting was a necessity in the emergency room, documentation was another task that added to the sense of urgency of the place. At times, I felt these tasks were overwhelming me. There was less and less down time where it felt safe to take a minute to think and chart or to even take a breath.

I wonder how computer charting is going to add to the mix. Are we all going to be charting standing up and on the run? Will sufficient time be set aside in our list of tasks, and privacy given so we can think as we record our observations of the patients and their responses to events?

What happens when I don’t get a chance to think about the work I am doing? If I am an educated worker hired for my brain power, then when do I get the opportunity to sit and think?

I believe we are cheating the very community we are serving when we guilt ourselves out of time to sit at the desk, not just to chart, but to collaborate.

Desk time is the time needed to think, to confer, to ask questions and to explore the options for the plans being created for the patients. This is the reason that I was hired. This is part of my skill set. I was not hired just for the tasks that I can perform, but also for the level of thinking and creativity that I bring to the workplace issues. It is time that we as nurses begin to respect this part of our contribution to the patient’s care and be proud of the time we spend thinking.

Embrace your time; sit awhile. RN

© 2008 Kathy Knowles and Linda Bridge
Marion Allen, PhD
Professor, University of Alberta faculty of nursing
Associate Dean, University of Alberta faculty of graduate studies and research
Marion Allen is a member of the ARNET Board of Directors. She brings with her a wealth of knowledge, leadership and a reputation for having fun!

Why do you choose to sit on the ARNET Board?
It was an opportunity for me to make a contribution to the profession. I am committed to nursing education and I knew I might have something to offer.

Why do you donate to ARNET?
ARNET is a charity committed to supporting nurses in obtaining and updating their nursing knowledge.

By donating, I'm doing my part to ensure nurses have access to continuing education.

What are your plans for retirement?
My plans for retirement, other than off-roading and being on the back of my husband’s motorcycle, are staying involved with ARNET and other boards I sit on.

Pursuing Continuing Nursing Education?
The Alberta Registered Nurses Educational Trust (ARNET) is a registered charity providing financial assistance exclusively to CARNA members in their pursuit of their educational goals.
Through the generosity of our donors and funding partners, members are eligible to apply to ARNET for reimbursement funding support for self-paid educational activities, including financial assistance for:
• conferences, workshops and seminars
• specialty nursing certification programs and examinations
• degree level studies

ARNET application forms and funding information are available at www.nurses.ab.ca, under Member Info.

Donate to ARNET and WIN…
Airfare for two to Mexico sponsored by Uniglobe Geo Travel.
Purchase a star at the Awards Gala on May 22 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.
The physician’s role in fixing the nursing shortage

BY DR. TREVOR THEMAN, REGISTRAR, COLLEGE OF PHYSICIANS AND SURGEONS OF ALBERTA

The current nursing shortage is a major problem for our health system.

Coincident with global recruiting efforts by regional health authorities, there continues to be enormous pressure on CARN A, the regulatory body for nursing in Alberta, to register internationally trained nurses.

My goal in writing this report is to tie the shortage in nursing and other health care personnel to physician behaviour, and to help physicians consider what they can and should do when the system is under severe stress.

I wonder whether (and sometimes worry that) the effort to address the nursing shortage is either misguided or unbalanced. I question whether we (the health system, including the minister, health regions and local administrators) have considered and understood why we have a nursing shortage.

Have we addressed not only the need for a greater pool of new registrants (increasing nursing school enrolment, attracting nurses from other jurisdictions) but also answered the tough questions around retention and work choices?

Bringing new nurses into the system makes sense, but do we understand all the reasons for the present shortage? Is it simply a matter of absolute numbers? Does it have to do with conditions of work – 12-hour shifts and excessive patient care loads, for example? Do we know how many nurses have quit their full-time positions to work part-time or on a casual basis? Do we know if nurses are leaving specific work environments or nursing units or hospitals, and, if this is happening, do we know why?

From time to time, I hear from physicians who are upset that their patients can’t get access to specific care or resources, often because of bed shortages. It has been made clear that what happens in the emergency department is influenced by many upstream and downstream factors.

A simple example: If there are no beds in the hospital into which a patient can be admitted, the emergency room will have fewer available beds in which patients can be assessed and treated. And there will be no beds in the hospital if there are no long term care beds available for patients who are well enough to leave the hospital but not well enough to go home. To understand the problems in the emergency department, one needs to have a broader, more systemic view of the health system.

I expect most physicians understand this analysis and also understand the problem in part is the absolute shortage of nurses and other health-care workers.

I therefore find it surprising when I hear physicians who threaten to withdraw their services because their patients cannot gain timely access to the system.

I first wonder how that response can possibly help the situation. And secondly, I wonder what the physician expects to happen in response to his/her threats.

How will providing less service help patients gain better access? From where will the resources come – when they are already in short supply – to address the specific situation that is the focus of the threat?

I get particularly distressed when I hear physicians who yell, scream and threaten nursing staff and administration when their patients are not able to get timely access to care.

To understand the problems in the emergency department, one needs to have a broader, more systemic view of the health system.

There is good evidence that high nursing turnover correlates strongly with the culture of the institution or the specific workplace, including the degree to which nurses are subjected to unreasonable behaviour by physicians. So, when a physician reacts badly to a problem with patient access to the system, he or she is only contributing to the problem.

Why would a nurse who is already overworked and stressed by the various demands of his/her job be willing to continue to work in an environment like that? And if the environment is regularly like that, the odds are that rates of nursing turnover will be high. What then is the point of bringing in nurses to an environment that may already be toxic? How long will they stay?

I’m not suggesting that Alberta’s health care system doesn’t need an infusion of new human resources. I’m saying we should be looking at other factors that affect retention (and recruitment), including the work environment.

As physicians working within a complex system, there is a limit to what we can control. However, we can control our actions and help to make the workplace as functional and stress-free as possible. We can support and encourage our nursing colleagues. We can help integrate new nurses into care teams. We can, and should, identify and address bad behaviour by our medical colleagues. Not only is such behaviour a poor reflection on our own profession, it is ultimately self-defeating.

To return to the beginning, we have a serious nursing shortage. Physicians need to step up and be sure we are not part of the problem, even if we cannot control other parts of the solution. RN
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.

**CARN A Member**

**Registration number:** 56,107

The Hearing Tribunal made a finding of unprofessional conduct against member #56,107, who stole narcotics and mood-altering substances from her employer; falsified and destroyed narcotic sheets to cover the theft. The member admitted to the behaviour. The Tribunal gave the member a reprimand and accepted an undertaking to not practice as a registered nurse pending proof that she is safe to return to practice at which time the member has a choice to return to either a practice setting where there is no access to drugs or do a supervised practice in a setting where the member is expected to administer medications. In either setting, the member’s employer will report back to a Hearing Tribunal. The member is required to continue drug screening and provide further medical reports to a Hearing Tribunal. Conditions shall appear on the member’s practice permit. Failure to comply with the Order may result in suspension of CARN A practice permit.

**CARN A Member**

The Hearing Tribunal made a finding of unprofessional conduct against member who breached Nursing Practice Standard 3.4 and her employer’s policies when, after initially caring for an inpatient, she later attempted to involve that inpatient in her personal business by asking him to invest money in her personal business and to purchase products from a determined supply centre from which she would directly benefit. The Hearing Tribunal reprimanded the member and ordered that she pay a fine in the amount of $250 and successfully complete a course in responsible nursing. Conditions shall appear on the member’s practice permit. Failure to comply with the Order may result in suspension of CARN A practice permit.

**CARN A Member**

Registration number: 56,107

The Hearing Tribunal made a finding of unprofessional conduct against member #56,107, who stole narcotics and mood-altering substances from her employer; falsified and destroyed narcotic sheets to cover the theft. The member admitted to the behaviour. The Tribunal gave the member a reprimand and accepted an undertaking to not practice as a registered nurse pending proof that she is safe to return to practice at which time the member has a choice to return to either a practice setting where there is no access to drugs or do a supervised practice in a setting where the member is expected to administer medications. In either setting, the member’s employer will report back to a Hearing Tribunal. The member is required to continue drug screening and provide further medical reports to a Hearing Tribunal. Conditions shall appear on the member’s practice permit. Failure to comply with the Order may result in suspension of CARN A practice permit.

**CARN A Member**

The Hearing Tribunal made a finding of unprofessional conduct against member who breached Nursing Practice Standard 3.4 and her employer’s policies when, after initially caring for an inpatient, she later attempted to involve that inpatient in her personal business by asking him to invest money in her personal business and to purchase products from a determined supply centre from which she would directly benefit. The Hearing Tribunal reprimanded the member and ordered that she pay a fine in the amount of $250 and successfully complete a course in responsible nursing. Conditions shall appear on the member’s practice permit. Failure to comply with the Order may result in suspension of CARN A practice permit.

**CARN A Member**

Registration number: 56,107

The Hearing Tribunal made a finding of unprofessional conduct against member #56,107, who stole narcotics and mood-altering substances from her employer; falsified and destroyed narcotic sheets to cover the theft. The member admitted to the behaviour. The Tribunal gave the member a reprimand and accepted an undertaking to not practice as a registered nurse pending proof that she is safe to return to practice at which time the member has a choice to return to either a practice setting where there is no access to drugs or do a supervised practice in a setting where the member is expected to administer medications. In either setting, the member’s employer will report back to a Hearing Tribunal. The member is required to continue drug screening and provide further medical reports to a Hearing Tribunal. Conditions shall appear on the member’s practice permit. Failure to comply with the Order may result in suspension of CARN A practice permit.

**CARN A Member**

The Hearing Tribunal made a finding of unprofessional conduct against member who breached Nursing Practice Standard 3.4 and her employer’s policies when, after initially caring for an inpatient, she later attempted to involve that inpatient in her personal business by asking him to invest money in her personal business and to purchase products from a determined supply centre from which she would directly benefit. The Hearing Tribunal reprimanded the member and ordered that she pay a fine in the amount of $250 and successfully complete a course in responsible nursing. Conditions shall appear on the member’s practice permit. Failure to comply with the Order may result in suspension of CARN A practice permit.
In addition to these sessions, CARNA regional coordinators offer a variety of sessions throughout the year on many topics, including nursing leadership, documentation, best practice resources for RNs, Nursing Practice Standards and continuing competence. To find out which sessions are scheduled in your region, please contact your regional coordinator. Information on all upcoming CARNA education sessions can also be found on our website at www.nurses.ab.ca.

In addition to these sessions, CARNA regional coordinators offer a variety of sessions throughout the year on many topics, including nursing leadership, documentation, best practice resources for RNs, Nursing Practice Standards and continuing competence. To find out which sessions are scheduled in your region, please contact your regional coordinator. Information on all upcoming CARNA education sessions can also be found on our website at www.nurses.ab.ca.
EDMONTON/WEST

REGIONAL NURSING AFFAIRS NURSING WEEK EVENT
May 14, 2008. Edmonton
CONTACT: www.intranet2.capitalhealth.ca/nursingaffairs

BETWEEN A ROCK AND A HARD PLACE
When Healthcare Providers Experience Moral Distress
Hosted by CARNA and the Provincial Health Ethics Network
Sept. 19, 2008. Edmonton
CONTACT: TL2 Conference and Event Management, 780.419.6070, events@tl2.ca, www.nurses.ab.ca

WOUND CARE: CHAMPIONS FOR CHANGE
Oct. 6, 2008. Edmonton
CONTACT: GRHEdServices@capitalhealth.ca

BUILDING INTEGRATED HEALTH SYSTEMS
A National Symposium
Nov. 22-24, 2008. Edmonton
CONTACT: Buksa Conference Management, 780.436.0983, ext. 229, ihs@buksa.com

CALGARY/WEST

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

CARNA AWARDS GALA 2008
Celebrating Nursing Excellence
May 22, 2008. Calgary
CONTACT: TL2 Conference and Event Management, 780.419.6070, events@tl2.ca or www.nurses.ab.ca

CARNA ANNUAL GENERAL MEETING
May 23, 2008. 1200-1330 hrs. Calgary
CONTACT: TL2 Conference and Event Management, 780.419.6070, events@tl2.ca

NATIONAL

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

THE FOURTH ANNUAL EDUCATION CONFERENCE
Change, chaos and courage: Educating for Nursing Excellence
Aug. 25-26, 2008. Calgary
CONTACT: http://ucalgary.ca/nu/whatsnew

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

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

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

INTERESTED IN FORMING A NAVIGATOR/CARE COORDINATOR SPECIAL INTEREST GROUP?
If you are a nurse navigator, patient navigator or care coordinator working in any clinical area and are interested in networking with colleagues in similar roles, contact Janet Bates, 780.643.4480, janetb@cancerboard.ab.ca or Sally Turco, 780.735.2260, sallyturco@caritas.cha.ab.ca

CARNA SPECIALTY PRACTICE GROUPS
Contact your CARNA regional coordinator or go to www.nurses.ab.ca.

HALIFAX 8: THE CANADIAN HEALTHCARE SAFETY SYMPOSIUM
CONTACT: http://www.buksa.com/halifax

CANADIAN NETWORK OF NATIONAL ASSOCIATIONS OF REGULATORS CONFERENCE
Ethical Regulation: Doing the right things for the right reason
Nov. 3-4, 2008. Toronto
CONTACT: www.cnnar.ca

INTERNATIONAL

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

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.
Reunions

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

Holy Cross School of Nursing
Class of 1978 • 30-Year Reunion
Sept. 25-27, 2008
CONTACT: Sharon Iversen, 403.236.9242, axsiversen@shaw.ca

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

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 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.

Red Deer College
Class of 1997 • 10-Year Reunion
Spring 2009
CONTACT: Stacey Christianson, 403.649.885, toddchr@hotmail.com, or Danielle Tkachenko, 403.329.0109, dtkachenko@shaw.ca. Reunion organizers are requesting volunteers for planning and updated personal contact information.

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

University of Alberta Faculty of Nursing
Class of 1983 • 25-Year reunion
Fall 2008. Edmonton
CONTACT: Gwen Thompson, 780.439.5464, gwenthompson@shaw.ca

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

Yukon
find yourself here

Continuing care is seeking registered nurses and licensed practical nurses to provide residential care services for seniors, adults and children (dementia care, intermediate, extended and complex care). For more information, please contact Sheri Wilcox phone 867-867-5665; fax 867-393-8302; e-mail sheri.wilcox@gov.yk.ca.

Community nursing needs nurse practitioners to provide primary acute care, emergency services and community health programs in rural Yukon. On call after hours emergency coverage is required. For more information, please contact Tracey Maher phone 867-867-6259; fax 867-383-8302; e-mail: tracey.maher@gov.yk.ca.

Salaries range from $50,535 to $83,073 depending on location/position. Retention bonuses of $3,000 to $6,000 per year, based on position.

Post-Basic Nursing Practice

MacEwan

Hospice Palliative Care
Gerontology

compassion, dedication, leadership.
it's what you have to give.

As our population continues to age, the demand for health care professionals qualified to work with both the elderly and the terminally ill also increases.

MacEwan's Centre for Professional Nursing Education offers an innovative Post-Basic distance education program specializing in Hospice Palliative Care and Gerontological Nursing for RNs and other health care professionals.

Start this September.
Call toll-free 1-800-661-6878
Visit www.MacEwan.ca/postbasic
Take your career to a new level.
think MacEwan

PADIS
Poison and Drug Information Service

The Alberta Poison and Drug Information Service (PADIS) is seeking nurses with adult or pediatric Emergency or ICU experiences to join its multidisciplinary team of nurses, pharmacists and physicians. In this role you will:

+ Develop in-depth specialty expertise in acute and occupational toxicology and drug information;
+ Apply evaluation, critical thinking and communication skills in an intellectually challenging environment in delivering poison and medication care to the public and consultation services to health care professionals throughout Alberta and Saskatchewan via telephones;
+ Work in a supportive, performance-based environment;
+ Subsequently pursue skills in self-management, project management, and participate in education outreach and prevention programs.

Relocation reimbursement is available.
For details, contact Dr. Ingrid Vicas, Grace Button, or Lorraine Shpolyk at (403) 944-1414 or email us at: padis.admin@calgaryhealthregion.ca
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.

Picture Yourself in Chinook
Southern Alberta

We’re Hiring All Nurses

Chinook Health is a dynamic and innovative health region nestled in the foothills near the Rocky Mountains. Chinook Health offers a great lifestyle for everyone whether you are an outdoor enthusiast who enjoys skiing or camping or prefer cultural exploits like museums and dramatic or musical performances – this region has it all.

A range of career opportunities awaits you within Chinook Health. Visit our website at www.chr.ab.ca for full details or call 1-877-333-3431.

If you would like to be considered for positions send your resume to coddonnell@chr.ab.ca
Looking for a change in 2008?
Consider moving to Banff.

Live, work and play in the Rocky Mountains.

We are recruiting Operating Room RNs in support of our vision as a Centre of Excellence in Specialty Surgical and Emergency Care.

Relocation support available. Join a fast-paced and dynamic team. Opportunities for other Health Professionals.

Visit our website at www.foothillsmedicalcenterhospital.ca or send your resume to Travis Begg at foothills@calgaryhealthregion.ca

Mount Royal Continuing Education

Community & Health Studies

- Addiction Studies*
- Children’s Mental Health*
- Police Studies
- Human Justice
- Supportive Counselling Skills
- Online Programs

Inforamtion: (403) 440-8867 Email: cehealth@mtroyal.ca
http://conted.mtroyal.ca

Find out what’s waiting for you in the Northern Lights Health Region

Be part of a multi-disciplinary team in a first-class health care system. Work to your full scope of training in a flexible and innovative working environment focused on client care.

Serving over 20 communities, the Northern Lights Health Region is geographically the largest health region in Alberta. We offer attractive compensation packages, supportive work environments and dynamic communities.

Visit www.nlhr.ca for current positions
Contact Jeff Gillis at 780-788-1727 or jgillis@nlhr.ca for more information.

Rady Children’s Hospital goes for pediatric care, and nurses go to grow.

Rady Children’s Hospital is the only hospital in the San Diego area dedicated solely to pediatric care. We have embarked on some of the most ambitious and exciting new projects in our 54-year history, including a new state-of-the-art acute care pavilion.

We are looking for experienced RNs, and some are eligible for a TN Visa.

Current RN opportunities include:
- NICU
- PICU
- Operating Room
- E.D.
- Med/Surg
- More

For more information on current openings, visit our website at www.rchsd.org or www.PedsRN.com.

You can also email Nurse Recruiter slevin@rchsd.org or call 1-888-968-5495.

www.rchsd.org
Would you like to become a member of a dynamic, supportive learning community that values and promotes personal growth and excellence while helping to shape nursing and health care?

We have excellent teaching opportunities available within our Nursing Department for 2008/2009.

Join our team! We offer:

- BScN and PN programs
- Small class and clinical group sizes
- Mentoring and coaching for new instructors
- Exceptional professional development program

Check us out at www.rdc.ab.ca/employment.

At Red Deer College we are proud to be...

growing, learning, living our values.

---

Health Care Officer (Nurse Inventory)

Open to persons residing in Canada and Canadian citizens residing abroad.

For more information and to apply for these positions, please visit www.jobs.gc.ca or call I-800-551-5005. If you would like supplementary information about the work, please contact Heather Thompson, Regional Manager of Health Care at (306) 975-6000.

---

Infirmier ou infirmière de soins généraux (Inventaire)

Open to persons residing in Canada and Canadian citizens residing abroad.

For more information and to apply for these positions, please visit www.emplois.gc.ca or call I-800-551-5005. If you would like supplementary information about the work, please contact Heather Thompson, Regional Manager of Health Care at (306) 975-6000.

---

It’s a great time to be a nurse!

Is travel nursing right for you?

Solutions Staffing Inc. places Registered Nurses and Allied Professionals into short-term assignments throughout Western Canada. Come join us and hundreds of nurses who have taken advantage of...

- Personal and professional growth
- Assignments that vary in length from 1-13 weeks
- Paid travel and accommodations
- Exceptional wages and benefit packages
- The opportunity to visit new and exciting destinations throughout BC

Contact us today! SOLUTIONS STAFFING INC.
www.solutionsstaffing.ca
or tollfree 1.866.355.8355

A career that works for you, because you’ve worked for a career.
REGISTERED NURSES

Does your job smile back?

Discover what makes 2,800 employees choose a career with CapitalCare. Watch our video: www.capitalcare.net

CapitalCare is the largest public continuing care organization in Canada, with 11 sites in Edmonton and Sherwood Park. Our mission is to provide compassionate care and service to the frail elderly and disabled adults.

We offer a comprehensive benefits package including:
- Alberta Health Care
- Extended Health – including medical and vision
- Dental
- Life Insurance and AD&D Insurance
- Local Authorities Pension Plan
- Short Term and Long Term Disability
- RHSP

2nd column

You will have opportunities for training, development and advancement, and access to scholarships and bursaries. You will work in a culture of respect and recognition. Great team environment!

Fax your resume to Human Resources, 780-413-4711 or email: careers@capitalcare.net

780.425.JOBS (5627)
leaders in continuing care

The work you do today can impact a lifetime.

Registered Nurses

Are you an RN licensed to practise in Alberta? Do you have strong assessment, organization and communication skills? If so, take on one of these regular part-time opportunities, working 40-50 hours biweekly, covering Edmonton, Red Deer, Lethbridge or Calgary. Within our dynamic, regulated environment, you will perform health assessments, provide care to donors, and carry out duties related to the collection of blood and blood components. A current CPR certificate is required. Venepuncture experience would be an asset.

We offer a competitive salary and benefits package, and the opportunity to work with a group of dedicated professionals. Please send your resume and covering letter, quoting Competition 2009-001 and stating location preference to: Canadian Blood Services, Human Resources, 8249 – 114 Street, Edmonton, AB T6G 2H6. Fax: 780-425-8401. Email: human.resources.ab@blood.ca

For more details on this and other job opportunities, we invite you to visit our website. We thank all applicants for their interest. Only those selected for an interview will be contacted.

www.blood.ca

opportunities

Revera
Enhancing Lives

Revera Living owns and operates over 100 Continuing Care Centres and Retirement Residences across Canada and the United States. In Alberta we have fourteen homes located in Edmonton, Calgary, and Medicine Hat.

We currently have opportunities for dynamic professionals in the following positions:

Registered Nurse (full time, part time, casual)
Staff Educator (full time RN)
Program Manager (full time RN)

*Must be licensed with CARNA. Preference given to applicants with experience in Long Term Care

Interested applicants please submit your resume by e-mail to siyana.davis@reveraliving.com or by fax to 403-257-9268.

www.reveraliving.com

Respect | Integrity | Compassion | Excellence

It's in us to make a difference.
Make your move!

Make the most of your career at Saskatoon Health Region.

- An organization with a national reputation for innovation, caring and compassion in the delivery of health care services.
- Opportunities for professional growth and advancement.

The largest single employer in the province, the Region provides a comprehensive range of services to more than 500,000 residents of the city of Saskatoon and surrounding communities through an integrated network of hospitals and community-based health care facilities.

Share our dedication to excellence.

We have a wide range of challenging and exciting positions available for Registered Nurses and Registered Psychiatric Nurses.

To Apply:

If you are seeking a challenging and rewarding career opportunity in the health care profession, please contact:

Human Resources
Saskatoon Health Region
E-mail: jobs@saskatoonhealthregion.ca
1123 Hospital Drive
Saskatoon, Saskatchewan
S7N 0W8
Tel: (306) 975-2245
Fax: (306) 975-2444
www.saskatoonhealthregion.ca

Healing the Body  Enriching the Mind  Nurturing the Soul

We thank our team of 2200 RNs for your hard work and compassionate care, continuing our tradition of nursing excellence. Your contributions have helped to make Caritas Health Group a leading provider of faith-based health care.

Be the difference—Join the Caritas team!
View our job listings at www.caritas.ab.ca
caritas_hr@caritas.ab.ca 1-877-450-7555

Thank-you Caritas Nurses you make a difference

Celebrating Nursing Week—May 12 to May 18
Explore and Experience
Health Care Delivery
in Northwestern Saskatchewan

The Keewatin Yatthe Regional Health Authority invites you to Explore and Experience a health career in Northern Saskatchewan. We offer many opportunities for those ready for a challenge and excited about the delivery of health care. Northern Saskatchewan is unique, nestled amongst trees and nature, pristine waters and a simpler way of life.

If you are looking for that opportunity that allows you to learn and practice in an environment that fosters individual growth, learning and appreciates your skill and talent, then we have a NURSING position for you.

The benefits of working in the NORTH far exceed the monetary items. Nursing in the NORTH is an experience of a lifetime. Isn’t that what you want, an opportunity to not only work, but live and breathe the experience?? Build your career here with us and I promise that you will leave the north blessed with the confidence and encouragement to thrive in any environment. We realize that these opportunities are not for everyone. It takes a special kind of person to leave the bright lights of the big city for a calmer, more relaxed pace of life. Remember, it’s about the experience, memories that you will take with you wherever you go. Stories you can tell your grandchildren.

PS: Furnished housing at $350 per month is included with each offer, relocation, retention, paid health transportation, paid vacation, an extra week of holidays and so much more.

Qualifying Health Careers may be eligible for a Saskatchewan Provincial Recruitment Grant. Please check out www.health.gov.sk.ca/grants

Call Wendy Ericson-Lemaigre, Director of Human Resources to discuss a career with us at 306-235-5828 or 1-888-274-8508 or email wendy.ericson-lemaigre@kyrha.sk.ca www.kyrha.ca.

NURSE PRACTITIONERS:

- come join our team

WE OFFER:

- unique opportunity to work with Alberta First Nations communities and culture
- stability in the work environment
- full time, part time, casual or join the resource team
- allowances
- professional development

We also have other opportunities for public health and home care nursing positions.

For more information:

Alberta First Nations Nursing
First Nations and Inuit Health Branch
Health Canada
Treaty 7 Zone Office
#310, 9911 Chiila Boulevard
Tsuu Tina, AB T2W 6H6
Phone: (403) 292-6190
Fax: (403) 292-6154
www.healthcanada.gc.ca/nursingjobs

Canada
EMPLOYMENT OPPORTUNITY
Kapawe’no First Nation
Community Health Nurse/Home Care Nurse

Kapawe’no First Nation requires an enthusiastic and dynamic individual to fill the position of Community Health Nurse/Home Care Nurse. The successful candidate will be responsible for providing both public health and home care nursing services to the community. This individual reports on a regular basis to Chief and Council, First Nations and Inuit Health Branch and the Health Director. The following duties are performed on behalf of Kapawe’no First Nation:

DUTIES:
- Assists with completion of yearly work plans and budgets of programs subject to the First nation and Inuit Health Branch approval in conjunction with the Health Director and Health Team Members.
- Successfully implements work plan goals, objectives and activities
- Proposal and report writing
- Facilitating programming in conjunction with the Health committee
- Provide public health and home care nursing services.

REQUIREMENTS:
- Possess a Bachelor of Science Degree in Nursing from a recognized educational institution
- Current registration with the Alberta Association of Registered Nurses
- Possess a valid Alberta Driver's License
- Possess a current BLS/CPR Certificate
- Knowledge of a comprehensive community health program
- Ability in providing effective health promotion, health education, or counseling in the community
- Ability to work in a cross-cultural setting and provide nursing services in a community setting
- Ability to work with diverse groups, individuals and agencies in planning and delivering health services
- Administrative and computer skills
- Ability to communicate effectively both orally and in writing

The successful candidate will be required to submit a CPIC and CWIS check

ASSETS:
- Related work experience.
- Knowledge and understanding of Aboriginal Culture and Language would be a definite asset.

SALARY: Negotiable depending on qualifications

CLOSING DATE: Competition will remain open until a suitable candidate is found.

Please send your resume along with all required documentation to Kapawe’no First Nation

Raymond Robinson, Band Manager
Kapawe’no First Nation
P.O. Box 10
Grouard, Alberta
T0G 1C0

*Only successful applicants will be contacted for an interview.*
Flourish in Primary Care

Primary Care Networks (PCNs) are an exciting province-wide (and provincially funded) initiative that is improving how primary care is being delivered.

The Edmonton North PCN is the largest PCN in the Capital Health region, the third largest in the province, and works with over 100 family physicians. We are one of the newest PCNs in the province but are already one of the most innovative, driven to support a difficult and deserving target population and the drastically overworked and understaffed family physicians who serve them.

We do things differently in Edmonton North. One of our key differences is that we have a centralized model of program delivery. We are based out of Northgate Mall and are in the process of building a brand new, beautiful, welcoming and state-of-the-art multi-use clinic, education facility and office over 11,000 square feet in size.

We are seeking team-mates in the following roles to join us in our new space:

Nurse Practitioners
Registered Nurses
Registered Psychiatric Nurses

If you are:
+ Motivated in working to your full scope of practice
+ Inspired when serving the most complex, chronic and frail in our population
+ Believe in the value of primary care and the gains achieved by working as part of a multidisciplinary team
+ Interested in health education and promotion
+ Thrilled by the idea of not working shift work
+ Courageous enough to move to a dynamic and fluid organization...

...then we want to hear from you. Visit us on the web to learn more about us and to view full job descriptions at www.enpcn.com.

Resumes can be submitted (and questions directed) to:
Edmonton North Primary Care Network
ATT: Chantal Lowe
1038 Northgate Centre
9499 137 Avenue, Edmonton, Alberta T5E 5R8
Fax: (780) 473-7181  Email: greatjobs@enpcn.com

Opportunities

Prince Albert
Parkland Health Region

Nursing career opportunities in:
• Acute Care
• Home Care
• Long-term Care
• Public Health
• Community Health

For detailed information on career opportunities visit: www.paphr.sk.ca

Live • Work • Play
Healthy Living in Healthy Communities
opportunities

**Medicentres.ca**

**RNs, LPNs & EMT-As**

Permanent Part Time and Part Time

Family Practice Clinics in Edmonton and Calgary

Please submit resumes:

6306, 10418 Mayfield Road, Edmonton, Alberta T5P 4W4
Fax (780) 434-6512 Email: brenda@medicentres.com
or 8421, 3530-32 Avenue, N.E., Calgary, Alberta T2E 2C2
Fax (403) 226-4730 Email: brenda@medicentres.com

Only applicants being considered for interviews will be contacted.

**USA - UK - Middle East - ALBERTA**

RN, LPN, OT/PT - DIRECTOR OF CARE NURSING USA INC.

1-866-776-8773 nurses@mri-international.com

**Killam Health Care Centre**

**Employment Opportunities**

**REGISTERED NURSE**

Permanent Full Time Position (25 FTE)
(Adult Care Unit) COMPETITION a064010B

REGISTERED NURSE/REGISTERED PSYCHIATRIC NURSE

Permanent Full Time Position (Two (2) Positions Available)
(Long Term Care Unit) COMPETITION a0064018

Please forward resume, quoting competition number to:

Geri Clark, CEO, P.O. Box 48, Killam, AB T0B 3L0

The Killam Health Care Centre will provide financial assistance with rental accommodations, as well as, moving expenses.

Opportunities will remain open until suitable candidates are found.

**BC Women's Hospital & Health Centre (BCW)**

is the only facility in British Columbia devoted primarily to the health of women, newborns and families. It provides a broad range of specialized women's health services that address the health needs of women of all ages and backgrounds. BC Women's is one of the largest maternity facilities in Canada, with over 15,000 births in 2007/08, and is both the major primary and secondary maternity services provider in the Lower Mainland and the cornerstone of the provincial maternity care system. As an academic health centre BCW's mandate includes providing strong leadership in research and the education and professional development of health care professionals in areas related to the health of the populations we serve.

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

**A Uniquely Rewarding Career in Specialty Perinatal/Neonatal Programs**

**Neonatal & Perinatal Nursing**

Work alongside the best!

**Neonatal Program: BCW offers a one-of-a-kind Neonatal Program in partnership with BCCH that serves as the main tertiary nursery in the province, and is the only nursery to provide quasi-tertiary specialty services to assist critically ill premature and low newborns.** With 2 nurseries and 13+ beds, this Level II and III program has an internal interdisciplinary structure that has been designed to address “best & evidence-based practice” in support of quality care for infants and to meet ongoing challenges in a family-centered environment.

**Birthing Program/Antepartum & Post-partum: With over 7,000 births per year BCW has full-time, part-time and casual opportunities for RN’s to rotate through our state-of-the-art facility that includes: a 13-bed delivery suite with a mix of low and high risk patients, a 12-bed single room maternity care unit, a surgical suite, post-partum/ante-partum wards that deliver maternity care.**

All experienced RN’s need specialty education in NICU or Perinatal and/or a years of recent tertiary neonatal/perinatal experience. For RN’s without relevant experience we offer excellent training support programs. You must have adult CPR and NRP certification and are eligible for CRNBC registration.

**Fully Funded Specialty Training Opportunities**

We welcome experienced RN’s eager to train and become Perinatal/Neonatal Nurses. New grads are welcome for our NICU training.

**Recruiting Today For Upcoming BCIT Perinatal & Neonatal Speciality Nursing Programs (CTF)**

* Perinatal Program September 2008

British Columbia is great destination for those who seek the best of cosmopolitan living set amidst breathtaking scenery and unparalleled recreational options. There is simply no place like it on earth

For more information please visit: www.phsa.ca and www.bcwomens.ca

We invite you to apply online at: http://careers.phsa.ca

For more information please visit: www.phsa.ca and www.bcwomens.ca

The PHSA is committed to employment equity and hires on the basis of merit. We encourage applications from all qualified individuals, including women, ethnocultural groups, persons with disabilities and members of visible minorities.

**Women's**

**BC Women's Hospital & Health Centre**

An agency of the Provincial Health Services Authority

**Provincial Health Services Authority**


www.phsa.ca

www.bcwomens.ca
The Red Deer Primary Care Network is expanding their programs

Working within PCN physician clinics, baccalaureate prepared nurses with a keen interest in primary care enhancement will work collaboratively to support wellness. Requirements include:

- Advanced communication skills
- Ability to work positively, effectively and cooperatively in a multidisciplinary team
- Knowledge of community resources
- Current CARNA registration and BLS certification
- Valid driver’s license and completion of a criminal records check

Collaborative Care Nurse (0.6 FTE)

The Collaborative Care Nurse will play a key role in the provision of services for patients living with chronic diseases. Recent clinical experience with the targeted chronic diseases of Diabetes, COPD and Asthma is essential.

Maternal/Child Care Nurses (0.7 FTE and 0.5 FTE)

The Maternal Child Nurse supports women and their families through appropriate referral, monitoring of health concerns, and timely access to services for pre-conception, prenatal, post partum, and early parenting needs.

Street Nurse (0.5 FTE)

The Street Nurse provides services for street involved people for assessment of medical needs, immunization requirements, referral for additional health services and assistance in obtaining a Personal Health Number.

Mental Health Liaison (1.0 FTE)

The Liaison practices in partnership with the patients and their families in the provision of services for mental health related concerns through assessment, brief therapy and system navigation.

Only candidates selected for an interview will be contacted. Thank you for applying with the Red Deer Primary Care Network.

Please forward resume to:
admin@rdpcn.com
or by fax:
403-342-9502

Application Deadline: till suitable candidates have been selected

To learn more about the Red Deer PCN and career opportunities please visit our website www.redddeerpcn.com.
A leader.
An innovator.
A catalyst for change.

This is you. This is Capital Health.

With an international reputation for groundbreaking advances in medicine, Capital Health is a dynamic organization in Edmonton, Alberta, delivering unparalleled patient and family care across the entire continuum of health services. As Canada’s largest academic health region, Capital Health plays an active role in the education and development of future leaders in health care.

Opportunities currently exist for

REGISTERED & ADVANCED PRACTICE NURSES
including the Mazankowski Alberta Heart Institute, opening spring 2008

Situated in a region and province that leads the country in growth and economic opportunity, this is what Capital Health has to offer:

- A variety of shift schedules, a flexible work environment and competitive benefits
- Ongoing support, high calibre educational opportunities, research activities and quality initiatives
- A team-based approach for optimal patient care, including a close network of health care experts: Registered Nurses, Nurse Practitioners, Licensed Practical Nurses, Nursing Attendants, Technicians, Physicians, students and researchers
- Revolutionary technology that will facilitate leading edge patient care, while reducing workload on the nursing role

Extended specialty orientation, relocation assistance and temporary accommodation are available for eligible candidates.

You want more than just a career; you truly want to make a difference in health care.

Go to www.capitalhealth.ca for more information or contact us, quoting competition number CA-20086-RR, at:

CAPITAL HEALTH RECRUITMENT
7th Floor, North Tower, 10030 - 107 Street, Edmonton, Alberta T5J 3E4
Toll Free: 1-877-488-4860. Fax: (780) 735-0545. E-mail: careers@capitalhealth.ca

Visit us at www.capitalhealth.ca
Drug Use in Pregnancy
Identification, Treatment, & Outcomes for Mom & Babe

EDMONTON, Sept. 22, 2008 • CALGARY, Sept. 23, 2008

0815 to 1615 hrs

With
MAUREEN SHOGAN, RN, MN, RNC

The World of Drug Use: Crack, Crank, Oxys, Weed, Speed, & Ecstasy
- Manufacture & use of Methamphetamine, Cocaine, Opiates, Marijuana, & Ecstasy
- The Difference Between Crack and Crank
- Snorting, Smoking, Shooting, Injecting, Bumper Boozing, & Wilders' Oxygen
- How does a Mom Smoke? Speed Bailing, Ice, Crystal, Rollin', & Special K

Identifying Physiologic Symptoms of Maternal Abuse
- Major Clues that a Mom is using: What are the Signs that Give her Away?
- Physical Complications of Use: Absexes, Tooth Loss, Meth Mite Zits
- Possible Maternal Physiologic Effects of Meth, Cocaine, Marijuana, & Opiates
- Complications: Changes in Fetal Heart Rate and Uterine Responses to Vasocostructorctors
- When Labour Drugs Given by the Nurse Interact with Other Drugs in the Mom's System

Maternal Lifestyle and Behavioural Red Flags
- Distilling the Myths of what a Drug User “Looks Like”
- Maternal Issues of Intimate Partner Violence, Isolation, Illegal Activities, and Infections
- What in the Maternal History may Lead you to Suspect Drug Use?
- Deciphering Mysteries of Maternal Behaviours while High on Uppers or Downers

Neonatal Symptoms and Care of the Prenatally Exposed Newborn
- Differentiate Neonatal Symptoms of Uppers versus Downers Exposure
- Neonatal Abstinence Scoring (NAS). When do we Start and how Often do we Assess?
- What is the Difference between Neonatal Drug Withdrawal and “Drug Affected”?
- Special Nursing & Environmental Care Interventions for the Neonate
- Considerations when the Mom wants to Breast Feed

Potential Outcomes of the Infant Exposed Prenatally to Drugs
- Who experiences “Dopamine Depletion Syndrome?”
- Potential Outcomes of Prenatal Marijuana & Meth Exposure at 4 to 9 Years of Age
- Where does Prematurity fit into the Drug Exposure Puzzle?

Quarrying in the Quagmire of Maternal Drug Use Assessment
- Which Questions will elicit Factual Maternal History of Drug Use?
- Why do some Patients tell some Nurses Everything & Other Nurses Nothing?
- Using the 4 Ps: Use in Pregnancy, Partner, Parents, & Prior to Pregnancy
- Staying Non-Judgemental in Difficult Situations

Maureen Shogan is a Neonatal Clinical Nurse Specialist in an NICU and Mother-Baby Unit at the Deaconess & Valley Medical Centers in Spokane, Washington, and Neonatal Nurse Consultant to 23 community hospitals. A graduate of Sacred Heart Nursing School, Gonzaga and Washington State Universities, she has experience as an NICU manager, transport nurse, clinical educator and parenting educator. On the editorial board for the Neonatal Network, Mother Baby Journal and JOGNN, Maureen has taught at national and regional workshops for NANN, AWHONN and others. Maureen has worked with chemically addicted pregnant and parenting moms for over 18 years and is a consultant to the Washington and Idaho Departments of Child Welfare and Social Services.

Registration Form (Fax to 1.866.566.6028 or 240.7849 in Calgary)

Yes! Please register me for the Drug Use in Pregnancy workshop in

<table>
<thead>
<tr>
<th>City</th>
<th>Conf. Date</th>
<th>Venue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Edmonton</td>
<td>Sept. 22, 2008</td>
<td>Ramada Hotel on Kingsway</td>
</tr>
<tr>
<td>Calgary</td>
<td>Sept. 23, 2008</td>
<td>Radisson Hotel NE</td>
</tr>
</tbody>
</table>

Name: ________________________________
Title: ______________________________
Organization: ________________________
Specialty: __________________________

City: ___________________ Prov: _______ Postal: _______
Home Phone: (____) ______ Fax: (____) ______
E-Mail: ________________________________

☐ Please send me e-mail notices of upcoming conferences.

Price includes conference sessions, lunch, coffee breaks, and handouts.
REGISTRATION IS NOT COMPLETE WITHOUT PAYMENT

☐ Please charge my: ☐ VISA  ☐ M/C  ☐ AMEX

Cardholder's Name: __________________________ Exp: ______

Signature: ________________________________

☐ Cheque or money order payable to Executive Links enclosed

No postdated cheques please

☐ My employer has approved funding. Please invoice:

Attention: ____________________________ Title: ______________
Fax: (____) ______ Phone: (____) ______
It’s always difficult to say no. Whether it’s to our kids, our spouses or our friends, refusing to do something for someone else is always tough – even when we’re already overwhelmed with the demands of our own life. For many people, this is especially true in the workplace, where job descriptions blur and we often feel compelled to be a “good team player” and pitch in to get the work done. While that can be an annoyance in any job, when it comes to the nursing profession, that blurring of roles has serious implications.

In early February of this year, CARNA commissioned a member survey that asked for your feedback on the issues that are shaping our profession and what you feel are the most important priorities for CARNA. Results indicate that nearly two-thirds (65 per cent) of members currently spend between 10 per cent and 39 per cent of their workday performing non-registered nursing activities that could be handled by a support worker. That means that on average, members spend 27 per cent of their day, or more than one quarter of each day, performing non-registered nursing activities which are inappropriate to their professional skills or experience. Even if we could reduce that amount by only 10 per cent, imagine how many staff years we could get back and how much more time we would have to devote to the practice of registered nursing.

Although there is no definitive answer as to the underlying causes behind this – staffing shortages, work environment, or members who choose to take on other roles – things have to change. And we know that won’t be easy. Health care has such strong traditions and culture that it may seem easier to keep doing what we do now. Add to that the fact that many nurses, by their very nature, are compelled to step up and help when they see that work needs to be done, and it’s clear that addressing this problem won’t be easy.

But the truth is, as individuals and as a profession, we simply can’t afford for this to continue. It’s time to explore solutions, even radical solutions, to reclaim our time and make it easier to work to our full scope of practice. What those solutions are and how they take shape is up to you. We know from experience that the best solutions always come from the people who do the work, and this is no exception. At the individual level, RNs must begin to ask, “what can I do to take back my time?” and then be willing to do whatever it takes to make those changes.

Changing ingrained cultures and traditions demands innovation and leadership at the staff level, and support from organizations and administration to implement and maintain those changes. Organizations must ask their RNs what they need, whether it’s more support staff, better equipment, skill refresher training or clearer job descriptions, and then commit to making it happen. Most importantly, whether you are providing direct care or are an administrator, everyone must ensure that patient safety and continuity of care remains paramount.

In addition to what the survey revealed about the time devoted to non-nursing activities, we also learned more about what you believe should be CARNA’s priorities for addressing Alberta’s nursing shortage. A large number of you (47 per cent) indicated that encouraging employers to address quality work environments should be our number one priority, with 44 per cent identifying supporting employer strategies to retain the existing RN workforce as the second priority. Lobbying government to increase funding for nursing education and allocating more money to licensing internationally educated nurses were, respectively, your third and fourth choices. Your selection of priorities aligns perfectly with CARNA’s and tells us that the work we are doing on behalf of our members is on target.

CANA is your professional organization and that is why your feedback is so important. The work we are doing to help address the nursing shortage and support full scope of RN practice must be informed by your insights and opinions. Thank you to everyone who participated in the survey. Your feedback really does make a difference.

**Closing Perspectives**

_**Now is the time for RNs to reclaim their time**_

_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.

CARNA past-presidents, who served between 1942-1964, pose during the 1964 annual general meeting held in Banff.

BACK ROW (l to r): Elizabeth Bietsch, Claudia Tennant, Jeanie Tronningsdal, June Taylor

FRONT ROW (l to r): Frances Ferguson, Blanche Emmerson, Marguerite Schumacher, Ida Johnson, Margaret Street

Dr. Rae Chittick, Helen Penhale, Kate S. Coley and Barbara Beattie also served as president during this period, but were unable to attend the meeting.

The CARNA 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: CARNA Provincial Office, 11620-168 Street, Edmonton
HOURS: Monday through Friday from 8:30 a.m. to 4:30 p.m.
THE CALGARY HEALTH REGION NEEDS
PEOPLE LIKE YOU - A PARTNER IN CARE

More than 25,000 employees work together to provide safe, quality health care and promote healthy communities in our growing Region. Our salary bands are the highest in the country, with exceptional benefits and great career opportunities.

Calgary is one of Canada’s most vibrant and growing cities. It has world class recreation, education and leisure opportunities for you and your family.

We offer both urban and rural opportunities to match your lifestyle. Generous relocation packages are available.

The following positions are currently available for both experienced individuals and new graduates:

• Registered Nurses
• Licensed Practical Nurses
• Registered Psychiatric Nurses
• Nurse Practitioners
• Clinical Nurse Specialists

Visit our website for these and other exciting career opportunities at www.calgaryhealthregion.ca/jobs.

To apply, send your resume to:
Email: info@chr-recruitment.com
Fax: 403-699-0695