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CARNA Provincial Council

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President’s Update

The following is an excerpt from the president’s address delivered at the CARNA Annual General Meeting on May 21, 2009 in Banff. To read the full text or to see photos of the meeting, visit www.nurses.ab.ca.

This past year has certainly required registered nurses (RNs) to draw on their passion, stay true to their purpose and demonstrate perseverance. The dissolution of the regional health authorities, the creation of Alberta Health Services (AHS), the on-going nursing shortage, overcapacity protocols and an economic downturn have created unprecedented pressures on an already stressed nursing workforce.

CARN.A has been very concerned about the lack of visible professional nursing leadership throughout the new structure of AHS with its potential to impact patient safety and quality care. We were pleased with the creation of a Vice-President, Nursing Strategies position in the organizational structure, although we think this position should report directly to the CEO. At least there is now a formal nursing leader position at a reasonably senior level to advise the executive.

Provincial councillors have been actively advocating on this issue, sending letters and meeting with MLAs to discuss the importance of nursing leadership and its relationship to both safe, quality patient care and nursing retention. Council also requested a meeting with the board of AHS, although we have not received a positive response to date.

While I am talking about professional nursing leadership, I want to emphasize that each RN can demonstrate leadership. It is essential to have professional nursing leadership at the clinical practice level as well. There are several ways you can contribute to nursing leadership in Alberta.

Politicians have many issues to deal with and their understanding of health policy issues may be limited. You can make a difference. Call, write or e-mail your MLA and help them understand the impact of health policy and system decisions on patient safety and patient care. The CARN.A website has key messages on issues that may help you craft your message. A face-to-face meeting with your MLA can have even more impact.

The president-elect, executive director and I had the opportunity to meet with Minister of Health and Wellness Ron Liepert in May. The timing worked particularly well because the Canadian Nurses Association (CNA) had just released its report Testing Solutions for Eliminating Canada’s Registered Nurse Shortage. We were able to discuss highlights of the report within the Alberta context. We emphasized the need to free up RNs to focus on providing nursing care to patients by providing adequate support staff, appropriate technology and equipment.

Other topics discussed with the minister were the lack of adequate RN care for seniors living in long-term care and assisted living housing across Alberta and the impact of this inadequate care on emergency room utilization by the seniors population. We also provided the minister with a copy of the CNA report Nurses: On the Front Lines of Wait Times which contains concrete examples of ways RNs are reducing wait times in Canada.

As we look forward, the pressures on the nursing workforce will not abate in the short-term. Alberta Health Services is trying to cope with a $500 million deficit and a provincial budget that does not provide enough funding to maintain services at the current level. Approximately 20 per cent of elective surgery has already been cancelled at the Royal Alexandra Hospital in Edmonton with more expected at other facilities.

We are expecting employer interest in efficiency and productivity in the face of the system’s sizeable deficit will change the work environment. Different aspects of the RN role may be emphasized, such as coordination of care, discharge planning and overseeing the care of the whole patient. CARN.A recognizes the importance of helping members adapt to changing expectations and supporting you in that change.

CARN.A is the entity which defines us as RNs, demonstrating publicly that we meet the requirements we have set for ourselves as RNs, that we hold each other accountable to meeting our standards of practice and the Code of Ethics, and that, as professionals, we recognize our primary responsibility to provide safe, competent and ethical nursing care. CARN.A also works on your behalf to advance the interests of the nursing profession within the larger health-care context.

As president, I have had the opportunity to visit RNs throughout Alberta working in a diverse range of practice settings. I have seen the commitment RNs bring to their work every day. I am inspired by the remarkable impact these nurses have on their patients, their families and their communities. We are members of a noble profession and you make me very proud to call myself an RN.

Margaret Hadley, RN, MN
E-mail: president@nurses.ab.ca
Phone: 780.466.6566
Authorizing Registered Nurses to Apply X-rays
Council withdrew a previous motion carried in June 2007 to approve in principle the development of a regulation that would enable RNs to apply medical radiography in limited situations. At the time, Health Canada was exploring the idea of having RNs apply X-rays in aboriginal communities in Alberta without any X-ray technicians.

The practice situation that was the basis for the request for the regulation change has changed. Often, a patient having an X-ray in a remote setting would be sent to a hospital and undergo another X-ray, thus increasing the exposure of the patient to X-rays. A review of clinical decision-making and other technological advances supports the approach of not having RNs apply X-rays in remote communities. As well, Health Canada is no longer pursuing this approach.

Financial Whistleblowing Policy
Council approved a financial whistleblowing policy to enhance and further safeguard the integrity of CARNA’s financial reporting. Through this policy, CARNA aims to protect individual(s) who act to expose financial wrongdoing within CARNA. In keeping with CARNA’s commitment to accountability and transparency, this policy provides protection for such whistleblowers by prohibiting reprisals against them.

Appointments by Council
Appointments to Hearing Tribunal:
Suzanne Brick, Gerri Lasiuk, Nadine Evanoff (all members from Edmonton/West)

2009 CARNA Election Scrutineer:
Nancy Doughty (Calgary/West)

2009 CARNA Election Alternate Scrutineer:
Linda Shorting (Calgary/West)

Nursing Education Program Approval Board, Public Representative:
Douglas Fletcher

C ARNA representative on the Midwifery Health Disciplines Committee:
Catherine Mah (Calgary/West) for a three-year term

Documents Approved
Revised CARNA document Teamwork and Collaboration between Registered Nurses and Registered Midwives (June 2009)

Revised CARNA position statement on The Use of Restraints in Client Care Settings (June 2009)

New Canadian Nurses Association position statement Substance Misuse and Chemical Dependency by Nurses (2009)

Withdrawn Canadian Nurses Association position statement Substance Misuse and Chemical Dependency by Nurses (2002)

All documents are posted on the CARNA website at www.nurses.ab.ca, under “Resources.”

Professional Development
In recognition of the need for ongoing professional development with respect to governance, council agreed to initiate a plan to conduct a 360-degree performance review of the CARNA president and all members of provincial council. Council currently performs a 360-degree performance review of the CARNA executive director.

Association Role and Accountability
Provincial Council directed the executive director to coordinate a facilitated session to strengthen council’s role with respect to CARNA’s association component, to increase the visibility of the association and to address internal board governance accountability issues. Council also agreed to a comprehensive review by the Leadership Review Committee of the president’s job description, scope of responsibilities, compensation package and performance evaluation. As an interim measure and in recognition of the leadership, commitment and extra time devoted to CARNA, council moved to provide the current president with a one-time honorarium of $14,000.

Vogel Award Recipient
Provincial Council voted to confer the 2008/09 Vogel Award to Edmonton/West Provincial Councillor Cheryl Deckert. The award recognizes contribution through service on council and is awarded annually to a registered nurse member of council, excluding the president, who has served for at least one year of their term. The award will be presented at the September 2009 meeting of council.

CARNA Provincial Council Meeting
All CARNA members are welcome to attend the next meeting of Provincial Council on Sept. 18, 2009 in Edmonton.

To confirm your attendance, please contact:
Giselle Allard
780.453.0510/1.800.252.9392, ext. 510
gallard@nurses.ab.ca
Notice of Proposed Changes to CARNA Bylaws

Approved for posting on the website by Provincial Council at its regular meeting held on June 5, 2009.

According to CARNA Bylaws, notice of proposed enactment, amendment or repeal of a bylaw shall be posted on the CARNA website at least 60 days before the date of any meeting at which it is to be voted on.

Proposed revisions are highlighted in the column on the right.

**RE: Recovery of Expenses for Applications for Reinstatement Review**

Council approved the introduction of a new bylaw that provides CARNA with the opportunity to recover some of the expenses associated with reinstatement applications from former members who have had their registration or practice permit cancelled through the discipline process. When a member’s registration has been cancelled through the CARNA discipline process, the former member may, after two years, apply to the Reinstatement Review Committee for reinstatement. Expenses for a one-day reinstatement review application, including travel, accommodation, salary replacement or per diem for RN committee members and legal fees, court reporter and other miscellaneous expenses are estimated at more than $8,000. While the Registered Nurses Profession Regulation authorizes the committee to order the applicant to pay any or all of the expenses incurred by the college as calculated in accordance with the bylaws, CARNA current bylaws are silent on the recovery of expenses.

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<tr>
<th>CURRENT CARNA BYLAW</th>
<th>PROPOSED BYLAW</th>
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<tr>
<td>25.9 College Expenses</td>
<td>No bylaw</td>
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**RE: Council Meeting Schedule**

Council carried a motion to reduce the number of regular meetings from four to three times per year and to adjust the length of meetings based on the number of formal agenda items and the needs related to education and executive sessions. Council has observed that the length of time required to cover council meeting agendas had decreased since proclamation of the Health Professions Act in 2005. Additional benefits of reducing council meetings are cost savings for travel/accommodation and increased potential to attract new council members with limited time available for attending meetings. Council also carried a motion to hold an annual retreat in addition to its regular meetings.

<table>
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<tr>
<th>CURRENT CARNA BYLAW</th>
<th>PROPOSED BYLAW REVISION</th>
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<tr>
<td>4.4 Provincial Council Meetings</td>
<td>(1) Provincial Council shall meet face-to-face at least three times a year. (2) The president may call any additional meetings of Provincial Council that the president considers necessary. (3) Except when Provincial Council otherwise directs, Provincial Council meetings are open to the general membership and public.</td>
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Letters to the Editor

It Starts With Us

I loved the “Reflections on Foot Care” article (May 2009). It was a beautiful example of what I have come to believe about the power of nursing and our capacity for good. I have spent over 25 years in the profession and what keeps me here is my love of the stories each person carries with them and their capacity to make a difference by acknowledging another person’s suffering and offering acceptance and compassion.

No other profession has the prolonged intimate contact and holistic perspective that nursing does. We do not enjoy the status and glory of our physician colleagues, but we have tremendous power to affect the healing and experience of all those we care for. I will always remember the operating room nurse who held my hand prior to surgery. She understood what the experience meant to me.

I live in horror at the state of our hospitals. Ladies and gentlemen, it is time to stop the inhumane treatment of the souls in our care. It starts with us.

D.L. Dyer
Calgary

Inappropriately Explicit

I am writing in regard to the publication of the discipline decision for CARNA member 39,901 (March 2009). I would like to understand the purpose of publishing such lewd, inappropriately explicit descriptions. A broad description, such as “inappropriate vulgar language with disrespectful actions,” would have sufficed.

Linda Fundytus
Calgary

EDITOR’S NOTE: The information presented in Alberta RN about hearings is a brief synopsis of the events and issues that bring members before Hearing Tribunals. The information published in Alberta RN is ordered by Hearing Tribunals – independent decision-making panels comprised of regulated CARNA members. Generally, the information is not as specific as was in this particular publication, but there have been past occasions when very specific detailed information has been published. Using a term such as “inappropriate vulgar language” could mean different things to different readers. The specific quotations leave no room for doubt as to what was said. Reasons for such detailed information are based on many factors, including length of time the behaviours occurred and impact on recipients of the comments.

The Hearing Tribunal is currently recruiting two members. See page 9.

On-Call Hours

I read with concern that on-call hours for nurses are not eligible to count for registration (April 2009). I see critical implications that this decision will have on the nursing shortage and also question the lack of vision and planning evidence by CARNA in their relationship with Alberta Health Services.

Alberta Health Services has proposed the formula of 20-60-20 to apply to seniors in need of care and established goals to meet care needs by streaming a majority of seniors (60%) into assisted living environments instead of long term care. As a goal, that sounds reasonable but when you consider the requirement that all such assisted living organizations have an RN on-call between 1600 in the afternoon to 0800 the next day and all weekends, (a total of 128 hours weekly) this becomes unattainable. Why you ask?

First, we do have a nursing shortage. Second, why would an RN want to take this type of on-call position when most often she doesn’t get union on-call rates and her hours will not count towards registration renewal? Many older RNs already work part-time and are satisfied with it. Younger RNs may not have the required experience to deal with the diverse environment of seniors in assisted living. Lastly, for older RNs approaching retirement, this on-call position could be an excellent approach to gradually phasing out of the workforce and help retain us in the workforce until the shortage corrects itself. Clearly, there is no benefit to RNs providing on-call services in assisted living environments if CARNA won’t recognize these hours.

This situation could complicate things for Alberta Health Services as it appears that there has been no joint planning by either organization when these decisions are made and standards set.

Gwyneth Pelster, RN, BScN
Edmonton

EDITOR’S NOTE: CARNA’s registration policy towards on-call hours is consistent with the policies of other regulatory bodies which only recognize hours actually engaged in the practice of nursing (i.e., actual hours practised per year). On-call hours can be counted if you are actually called in to provide nursing care but on-call hours spent waiting for work are not counted.

CARNA’s policy is not new and precedes any decisions made by Alberta Health Services related to long-term care and assisted living. The lack of adequate RN staffing in long-term care and assisted living housing across Alberta was raised by CARNA in a recent meeting in May with Minister of Health and Wellness. Ron Liepert. The real issue is not so much the eligibility of on-call hours, but adequate staffing of RNs on duty.

BBVI

I was so upset when I read about the mandatory reporting of BBVI for RN renewal that I had to put the May issue of Alberta RN to one side. Do we live in a police state? What happened to right to privacy? What will be next – disclosing sexual orientation or political affiliation? On the one hand, I understand the desire to protect the public. On the other hand, I believe as professionals
When I read the new requirement for registration that we indicate “yes” or “no” to a question about blood-borne virus infection, all sorts of alarm bells went off for me. Years ago, when the knowledge about the spread of HIV was just becoming known, RNs requested this information be given to them about their patients. This request was vehemently denied due to human rights violations. Apparently the same considerations do not apply to RNs. A reasonable RN would know that if they are infected with any infectious/contagious disease they should remove themselves from any situation that would put their patients at risk. This, I believe, is the professional responsibility of being a RN. And what about nurses that have contacted TB or that are carriers of influenza – are they also required to indicate their status? In the May issue of Alberta RN, CARNA indicates that the College of Physicians and Surgeons of Alberta requires reporting of BBVI to the registrar. Yet, a physician I work with stated this to be false. Further, CARNA cites evidence of health-care worker-to-patient transmission, but does not indicate if the evidence came from Alberta or if it was from RNs to patients. If CARNA was really serious about protecting the public, they would make a rule that any RN caught driving while talking on a cell phone would be disciplined. Instead, CARNA would rather violate our human rights and our right to privacy and insult our professionalism by implying we don’t care about our patients’ safety. Shame on you and especially the so called RNs who came up with this “great” idea!

JoAnne Korosi RN, BScN

EDITOR’S NOTE: CARNA agrees that the risk of transmission from nurse to patient is low and that it is an RN’s professional responsibility to remove themselves from a situation that might put patients at risk. The mandatory reporting process supports CARNA’s mandate to act in the interest of public safety and helps address the need for a standardized, evidence-based approach to risk assessment of regulated health professionals infected with blood-borne virus infection (BBVI). Health Canada has recommended that “…regulatory bodies should take an active role in overseeing the infected health-care worker practice as it is part of their obligation to regulate their members for the protection of the public” (Canada Communicable Disease Report, 1998). Without a consistent or objective approach to assessment of risk and a consistent understanding of exposure-prone procedures, RNs must rely on their own assessment of the risk they pose to patients contrary to the recommendations of Health Canada and Alberta Health and Wellness.

The elected members of CARNA Provincial Council arrived at their decision after carefully reviewing the literature and best practices. Testing for BBVI is not mandatory and RNs need only report about infection that is known. CARNA is not, under any circumstances, proposing to inform patients of a member’s BBVI, including during post-exposure follow-up. BBVI is not reported to anyone other than the medical officer of health, as legislated by the Public Health Act. It is important to note that, unlike tuberculosis or influenza, BBVIs are deemed to be chronic infections and most individuals with these diseases remain infectious for life with the potential exception of hepatitis C, which can be cured in some individuals. The level of infectivity in individuals with BBVI can also vary from person to person.

In the literature review conducted by CARNA, nurse transmission was described for hepatitis B and HIV and no cases were cited in Alberta. The paucity of literature on nurse transmission may indicate that BBVI was not transmitted to patients or it could mean that it was not detected and subsequently published. Details of published nurse transmission are:

• An anesthetic nurse in France transmitted hepatitis B infection to a surgical patient (2005).
• A nurse providing care on a surgical unit in France transmitted HIV infection to a post operative patient (2002).
• A nurse in the U.S. was determined as the source of an outbreak of hepatitis B infection amongst 11 patients on a surgical unit (1972). This outbreak occurred at a time when hepatitis B vaccine was not in use and infection prevention and control practices, such as Universal Precautions and Routine Practices were not yet developed for use in the delivery of health services. In all instances, the mode of nurse-to-patient transmission was not determined. These references were cited in Alberta RN and on the print-friendly versions of the Frequently Asked Questions posted on the CARNA website.

In regards to physicians, section 99 of the bylaws of the College of Physicians and Surgeons of Alberta (CPSA) confirms that all physicians who have tested positive for a transmissible blood-borne illness must report that condition to the registrar. For the 2010 renewal year, CARNA has verified with CPSA that all physicians will be asked if they have a BBVI.

The CARNA BBVI reporting requirement for nurses is not meant to be punitive; rather it is meant to be supportive to the CARNA member in providing safe care. CARNA has established a system to support nurses infected with BBVI (consisting of a defined point of entry, such as contact by the deputy registrar; education materials about BBVI, including the prevention of BBVI; safeguarding nurse identity to only those who need to know (e.g. the medical officer of health); and professional advice on the maintenance of safe practice. CARNA believes that both RNs and the public are better served by providing our members with access to expert assessment and advice from the medical officer of health and if appropriate, the Alberta Expert Review Panel for Blood-Borne Infections in Health-Care Workers.

Diane Quinlan
Medicine Hat
MEMBERS WANTED!

Competence Committee

One member needed
Term beginning Sept. 1, 2009

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

Committee members determine whether:
• an applicant/member has met the program requirements for a practice permit
• the member has complied with conditions assigned to meet program requirements

Qualifications
• a minimum of five years of nursing experience
• not a serving member of another regulatory committee

Expectations of members
• complete a four-year term
• attend nine-to-10, one-to-two day meetings per year, as required, at the CARNA office in Edmonton
• attend a half-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
   780.453.0507 / 1.800.252.9392, ext. 507
tgushuliak@nurses.ab.ca

How to Apply
Visit www.nurses.ab.ca for an application form or contact:
   Barry Bissondatt
   1.800.252.9392, ext. 513
   bbissondatt@nurses.ab.ca

Audit Assessors

Up to eight assessors needed
Dates: Sept. 12–13, 2009

As an assessor, you will work with members of the CARNA Competence Committee to determine whether a member has met program requirements. Assessors will review documents submitted by a random selection of members for evidence of:
• participation in all steps of the reflective practice process
• consistency between continuing competence activities self-reported at registration, responses to the continuing competence basic audit (questionnaire) and documents submitted for the advanced audit
• logical reasoning/linkages between self-assessment, learning goals and learning activities

Qualifications
• a minimum of five years nursing experience
• knowledge of the CARNA Continuing Competence Program
• attention to detail
• experience/skill in reviewing documents/assignments and auditing
• not a serving member of another regulatory committee

Expectations of Members
• commit to two full days at the CARNA office in Edmonton, Sept. 12–13, 2009

Questions
If you have questions about the audit or the expectations of assessors, please contact:
   Terry Gushuliak, Deputy Registrar
   780.453.0507 / 1.800.252.9392, ext. 507
tgushuliak@nurses.ab.ca

How to Apply
Visit www.nurses.ab.ca for an application form or contact:
   Jennifer White, Continuing Competence Assistant
   780.453.0503 / 1.800.252.9392, ext. 503
   jwhite@nurses.ab.ca

APPLICATION DEADLINE: Aug. 7, 2009
Download an application
Hearing Tribunal

Two members needed
Term beginning Sept. 1, 2009

The Hearing Tribunal considers evidence presented at a hearing and gathered during the investigation of a complaint made about a member. Panels of two or three regulated members and one public representative are formed to adjudicate hearings into allegations of unprofessional conduct. Based on this evidence, the tribunal determines if the RN has met the standards of the profession. 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
CARNa 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 tribunal, two members with the following qualifications are required:

- currently practising as a staff nurse (in home care or acute care) or in a professional practice role with a minimum of 10 years current experience in that setting
- resident of the CARNa Calgary/West or Edmonton/West region
- not a serving member of another regulatory committee

Expectations of Members
- serve a four-year term
- attend an average of 15 hearings and compliance meetings per year in Edmonton—hearings may be rescheduled on short notice
- 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/Director, Conduct
780.453.0519 / 1.800.252.9392, ext. 519
schandler@nurses.ab.ca

How to Apply
Visit www.nurses.ab.ca for an application form.

Conduct Decision Review Committee

Two members needed
Term beginning Oct. 1, 2009

The Conduct Decision Review Committee 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
- a minimum of three years experience as a direct-care provider in active medical or emergency/critical care setting; or
- a minimum of three years experience in acute-care management
- not a serving member of another regulatory committee

Expectations of Members
- serve a two-year or a three-year term (one of each needed)
- attend four full-day meetings per year at the CARNa office in Edmonton
- commit to preparatory time for meetings

Questions
If you have questions about the work of the committee or the expectations of members, please contact:
Marie-Andrée Chassé, Policy and Practice Consultant
780.451.0043 / 1.800.252.9392, ext. 526
mchassee@nurses.ab.ca

How to Apply
Visit www.nurses.ab.ca for an application form or contact:
Ruby Sutton
780.453.0522 / 1.800.252.9392, ext.522
rsutton@nurses.ab.ca

APPLICATION DEADLINE: Sept. 4, 2009
MEMBERS WANTED! (cont’d)

Registration Committee

Two members needed
Term beginning Sept. 1, 2009

The Registration Committee is a regulatory committee composed of seven RN members who review applications for registration and initial or renewed practice permits. They also consider requests for exemption to the application of a standard registration committee policy, due to extraordinary circumstances. The committee members are responsible for determining if an applicant/member has met the legislated registration requirements and whether a danger to the public would result from the applicant practising as, or continuing to practise as, a registered nurse or nurse practitioner. The committee may approve, defer or deny eligibility for registration and/or practice permits. The committee may also identify needed conditions or restrictions that should be placed on a permit in the interest of protecting the public.

Qualifications

Carna has attempted to achieve broad representation of membership by appointing members from a variety of practice settings and geographic regions. Preference will be given to applicants who:

• have a minimum of three years nursing experience
• practise in acute care or community-based care
• reside in the CARNa Central, Calgary/West or South regions
• is not a serving member of another regulatory committee

Expectations of Members

• serve a three-year term
• attend a minimum of 10 meetings per year
• attend a full-day orientation session
• participate in urgent teleconferences when required
• be willing to accept the responsibility of chair or vice-chair after sufficient exposure to role and responsibilities

Questions

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

Cathy Giblin, Registrar/Director, Registration Services
780.453.050 / 1.800.252.9392, ext. 508
cgiblin@nurses.ab.ca

How to Apply

Visit www.nurses.ab.ca for an application form or contact:
Barry Bissondatt
1.800.252.9392, ext. 513
bbissondatt@nurses.ab.ca

Awards Selection Committee

Two members
Term beginning Oct. 1, 2009

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

Qualifications

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

Expectations of Members

• serve a two-year term, beginning Oct. 1, 2009
• 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
780.453.0516 / 1.800.252.9392, ext. 516
rchampagne@nurses.ab.ca

How to Apply

Visit www.nurses.ab.ca for an application form or contact:
Diane Wozniak
780.453.0525 / 1.800.252.9392, ext. 525
dwozniak@nurses.ab.ca


Download an application form at www.nurses.ab.ca
Elections and Resolutions Committee

Three members
Term beginning Oct. 1, 2009

The Elections and Resolutions Committee 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 CARN A campaign and election process for review and approval by council
- providing support for members submitting resolutions for CARN A’s annual general meeting
- supporting the development of resolutions for proposal at the CNA Biennium for council’s consideration

Qualifications
CARN A 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 and Government Affairs
780.453.0515/1.800.252.9392, ext. 515
mwardjack@nurses.ab.ca

How to Apply:
Visit www.nurses.ab.ca for an application form or contact:
Diane Wozniak
780.453.0525/1.800.252.9392, ext. 525
dwozniak@nurses.ab.ca

The competency profile for RNs in Alberta includes:

CARN A Entry-to-Practice Competencies, in conjunction with:
- The International Classification for Nursing Practice (ICNP®);
- the Nursing Interventions Classification (NIC)

These classification systems, in combination with CARN A entry-to-practice competencies, represent the competency profile for RNs in Alberta.

NIC provides a comprehensive and detailed description of more than 500 nursing interventions organized in an easy-to-use structure (logical taxonomy), as well as by nursing specialty. NIC is internationally recognized, research based, continually updated and a new edition is published every four years.

If you have questions about RN competencies and are not familiar with NIC, watch for upcoming articles related to NIC starting this September.
Renew On Time

Submit your application before Sept. 1, 2009

Whether you elect to renew online or on paper, be sure to submit your completed application by September 1. Although your practice permit will continue to be issued for the practice year beginning October 1, applications received after September 1 are subject to a $50 late fee.

New This Year

Report blood-borne virus infection

This year, members are required to report if they have been diagnosed as infected with hepatitis B, hepatitis C or HIV. The mandatory requirement has been introduced to support and enhance safe care. Check “yes” or “no” in the applicable section of the eligibility questions on your renewal application. More information on this new requirement is available at www.nurses.ab.ca, under “Member Info.”

Remember

Report your continuing competence activities

You are required to report your continuing competence activities if:

• you are applying for a practice permit for the upcoming practice year (Oct. 1, 2009–Sept. 30, 2010)
  and/or
• you held an RN, NP or CGN practice permit at any time during the 2009 practice year

For more information on the Continuing Competence Program, visit www.nurses.ab.ca.

2009 Continuing Competence Audit

Those selected to participate in the 2009 Continuing Competence Program questionnaire and/or document audit were notified in their renewal package sent by e-mail or by mail. Selected members are required to submit the requested information by September 1. For results of the 2008 audit, see page 15.

Online Renewal is Better Than Ever

• Now compatible with Mac Safari, Google Chrome and Mozilla Firefox
• No more worries about pop-up blocker
• More onscreen assistance to get you through the process quickly

We’re Here To Help

If you have any questions about your current registration or about registration renewal, please contact CARNA’s registration department at 780.451.0043 or toll-free at 1.800.252.9392. Alberta RN apologizes for any inconvenience caused by publication of the incorrect phone number in the May issue.

Renew your registration at www.nurses.ab.ca
Simple, fast and always secure...
If you were sent a paper registration package you can still renew your membership online. Log into the members section of the website to access online renewal.

Update your registration profile online...
anytime

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

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

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

If you have any questions, contact CARNA toll free at 1.800.252.9392 or 780.451.0043 in Edmonton.
Alberta needs RN Expert Caring

This summer, CARNA is launching an advertising campaign to increase understanding of how the knowledge, education and skill of Alberta’s RNs contribute to safe, quality patient care. To learn more about CARNA’s on-going advocacy efforts and for ways you can help, visit www.nursing.ab.ca
Committed to Competence:
3 STEPS to Help Identify Your Learning Needs

In preparation to renew your practice permit, it is time to assess your practice to determine your learning needs and professional development priorities for the upcoming practice year. You must use the Nursing Practice Standards, and if applicable, the Nurse Practitioner Competencies, as the basis for your self-assessment. With broad standard categories, each with corresponding indicators that illustrate how the standard is met, which indicators should you choose? The answer depends on your individual strengths and learning needs. Use the three steps to hone in your professional development needs for the upcoming practice year.

1 Reflect on the indicators: “How do I do this in my everyday practice?”

For example, indicator 1.3 states “The registered nurse questions policies and procedures inconsistent with therapeutic patient/client outcomes, best practices and safety standards.” Ask yourself:

- Is the care I provide consistent with the written policies on my unit?
- Does my nursing care reflect best practices?
- What process do I follow if the policies and procedures were not best practice, not in the best interest of the patient or were unsafe?
- What would I do if a physician asked me to do something that I think may not be best for the patient?

These reflections will help you identify how you apply each of the indicators to your practice, your strengths in these areas and if you have any related learning needs.

2 Identify your learning needs: “What do I want to learn more about?”

After reflecting on the above indicator, perhaps you’ve determined that you would like additional information on what to do when a physician’s request conflicts with the best interest of the patient—you have just identified a learning need. Repeat the above questions for each of the indicators to identify your strengths and learning needs.

3 Prioritize your learning: “What is most important to focus on this year?”

When you have completed your reflection, select one to three indicators that are the most important to you and focus on those for the upcoming practice year. Registered nurses and certified graduate nurses must select a minimum of one (maximum of three) priority indicators each year. Nurse practitioners must select a minimum of two (maximum of three) priority indicators each year, one of which must be from the Nurse Practitioner Competencies.

Document your work

Record any learning needs and the indicator(s) you have chosen as a priority. You are required to document your annual self-assessment and keep your records for five years.

RESOURCES

Visit www.nurses.ab.ca for an online continuing competence presentation and tutorial or to download worksheets and forms to help you complete and document all steps of the continuing competence process.

Education sessions are regularly offered around the province. These sessions are designed to help you understand the reflective practice process, demonstrate how to document your continuing competence activities and provide information about the annual audit.

CARNAs competence staff are also available to help answer any questions you may have. Call 780.451.0043 or e-mail continuingcompetence@nurses.ab.ca.

Frequently Asked Questions

Can I change my indicators throughout the year?

Yes, you can indicate the change in your Member Profile or when you complete your renewal form.

Can I pick the same indicators year after year?

Yes, some indicators may take more than one year to address to the depth and scope that you need for your practice.

Collecting feedback will also assist in identifying your learning needs. Look for information on collecting feedback in the September issue of Alberta RN.
Two thousand and fifty-four regulated members were randomly selected to complete the 2008 Continuing Competence Program basic audit. Of this number approximately 10 per cent (205 members) were randomly selected to participate in the advanced audit. For the advanced audit, 180 members were randomly selected to submit copies of their continuing competence records for the 2008 practice year and 25 members were randomly selected to submit copies of their records for the 2007 and 2008 practice years.

The annual CARRA Continuing Competence Program Questionnaire and Document Audit review is one way CARRA monitors members understanding of, and compliance with, the Continuing Competence Program. Information provided by members also helps determine the use and effectiveness of educational initiatives and worksheets, as well as identifies trends in RN professional development.
The following is based on the 2007–2008 Annual Report of the Conduct Decision Review Committee submitted by CDRC Chairperson Jim Nicol to CARNA Executive Director Mary-Anne Robinson.

Between Oct. 1, 2007 and Sept. 30, 2008, the Conduct Decision Review Committee (CDRC) reviewed 37 decisions of the Hearing Tribunal. It found that 97 per cent of those members who had conditions imposed on their practice permit as a result of the conduct process were in a direct-care provider role. Seventy-six per cent of the RNs practised nursing in an acute-care setting and 97 per cent practised in an urban area.

The review indicated some Nursing Practice Standards indicators were more often compromised. A summary of the findings are below.

### NURSING PRACTICE STANDARD #1
**Professional responsibility**

<table>
<thead>
<tr>
<th>Indicators Most Often Compromised</th>
<th>Number of Hearing Tribunal Decisions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 The registered nurse is accountable at all times for their own actions.</td>
<td>37</td>
</tr>
<tr>
<td>1.2 The registered nurse follows current legislation, standards and policies relevant to the profession or practice setting.</td>
<td>33</td>
</tr>
<tr>
<td>1.6 The registered nurse practises competently.</td>
<td>28</td>
</tr>
</tbody>
</table>

The review of Hearing Tribunal decisions found that “professional responsibility” was the standard area most significantly compromised by RNs. There were several instances where employer policies and procedures were violated. In some situations, RNs violated employer policy by using equipment, such as IV therapy equipment or by using a medication dispensing machine to access controlled substances for personal use. There were other instances where computers were used inappropriately. For example, to connect with friends through social networking websites, such as MySpace or Facebook or by viewing YouTube while at work or using the computer to post confidential health information regarding a patient in care on a social networking site.

CDRC discussed the importance of holding RNs accountable for their actions and the responsibility of RNs to practise to the required standards of their profession. A key feature of professional practice is the personal accountability of the practitioner. Being accountable includes being responsible for something or someone and answering for one’s actions and omissions.

### NURSING PRACTICE STANDARD #2
**Knowledge-based practice**

<table>
<thead>
<tr>
<th>Indicators Most Often Compromised</th>
<th>Number of Hearing Tribunal Decisions</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.4 The registered nurse exercises reasonable judgment and sets justifiable priorities in practice.</td>
<td>26</td>
</tr>
<tr>
<td>2.3 The registered nurse demonstrates critical thinking in collecting and interpreting data, planning, implementing and evaluating all aspects of nursing care.</td>
<td>24</td>
</tr>
<tr>
<td>2.6 The registered nurse documents timely, accurate reports of data collection, interpretation, planning, implementing and evaluating nursing practice.</td>
<td>22</td>
</tr>
<tr>
<td>2.8 The registered nurse applies nursing knowledge and skill in providing safe, competent, ethical care. Regulated members perform restricted activities authorized under the HPA regulations that they are competent to perform if they are appropriate to the area of practice.</td>
<td>26</td>
</tr>
</tbody>
</table>

Our scope of practice is defined as that which we are authorized, educated and competent to do and emphasizes that nursing practice is more than just a list of skills or interventions that we perform. Critical thinking and accurate interpretation of complex information from a variety of sources is essential to the clinical decision-making required for safe and effective client care. RNs have a responsibility to maintain their competency in skills and interventions required in their practice setting.

In several situations, there was a lack of knowledge related to medication administration best practices as outlined in the CDRC reviews conduct decisions of the Hearing Tribunal to identify significant trends and issues that affect the ability of RNs to provide safe, competent and ethical care. The committee uses the Nursing Practice Standards as a framework for the review. The standards support safe client care and represent the foundation of RN practice. The standards:

- apply at all times to all nurses regardless of their role
- provide guidelines to assist nurses in decision-making
- support nurses by outlining practice expectations of the profession
- inform the public and others about what they can expect from practising nurses
- are used as legal reference for reasonable and prudent practice

The committee is currently recruiting members. See page 7.
CARN document Medication Administration: Guidelines for Registered Nurses, as well as legislation related to the prescribing of medication. Failing to know and apply best practices related to diabetes management and use of insulin is one example where an RN did not apply nursing knowledge and skill nor demonstrate critical thinking in practice.

There were instances where the documentation of nursing care was incomplete and inaccurate, such as failing to document assessment findings prior to administering a PRN analgesic to a client. In several instances, the inaccurate documentation or absence of documentation was identified as part of a chart audit when the concern was related to possible substance abuse by the RN.

Documentation is an integral part of RN practice and an important tool to ensure high-quality client care. Quality documentation demonstrates the application of current knowledge, clinical skills and judgment. It is the permanent record that demonstrates the RN’s accountability and gives credit to RNs for their professional practice. When documentation is incomplete or inaccurate it brings into question whether the care was completed. When done well, nursing documentation is a valuable tool to support effective communication between providers and continuity of care within and across settings and reflects that the RN has competently applied their knowledge to assess, plan, intervene and evaluate client outcomes.

Comprehensive and accurate documentation provides a record of astute nursing insights, reflects the excellence of holistic nursing care and provides a health-care record of the professional and personal support that RNs provide every day to clients and their families.

**Concerned about your practice?**

RNs can talk confidentially with a CARN policy and practice consultant who can support meeting professional standards by helping nurses to:

- Understand the application of legislation, regulations, standards, guidelines and position statements to their practice
- Foster evidence-informed decisions on issues with the potential to affect nursing practice, policy and education in nursing and in health care
- Use the “Addressing Unsafe Practice Situations” framework included as appendix 2 of the Nursing Practice Standards to clearly identify a concern and address it before it leads to a situation of imminent harm or unprofessional practice by:
  - Identifying their problems or questions
  - Considering a range of viable options
  - Using evidence to support practice selecting actions to resolve questions or concerns

To reach a CARN policy and practice consultant call 780.451.0043 or toll-free in Canada 1.800.252.9392.

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**NURSING PRACTICE STANDARD #3**

**Ethical practice**

<table>
<thead>
<tr>
<th>Indicators Most Often Compromised</th>
<th>Number of Hearing Tribunal Decisions</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1 The registered nurse practises with honesty, integrity and respect and complies with the Code of Ethics adopted by Council in accordance with the bylaws and Section 133 of HPA.</td>
<td>30</td>
</tr>
</tbody>
</table>

Compromising of this standard area was identified in a majority of the decisions. There were several instances where RNs failed to practise with honesty, integrity and respect. The pilfering of medications, falsifying client records, impersonating an RN colleague and communicating in a rude and disrespectful manner with clients and colleagues are examples of behaviours that were described in the decisions.

**NURSING PRACTICE STANDARD #4**

**Provision of service to the public**

<table>
<thead>
<tr>
<th>Indicators Most Often Compromised</th>
<th>Number of Hearing Tribunal Decisions</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1 The registered nurse collaborates with the client/significant others and other members of the health-care team regarding activities of care planning, implementation and evaluation.</td>
<td>11</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>

Provision of service to the public was compromised when RNs did not collaborate and/or communicate effectively with the client, significant others and other members of the health-care team regarding activities of care planning, implementation and evaluation. Displaying rude behaviour with clients and coworkers or not reporting significant changes in a patient’s condition to other members of the team are examples of ways this standard area was compromised.

CDRC noted that fatigue, financial pressures, family issues and substance abuse may have influenced the ability of the RN to practise safely and competently. Although these factors are significant, ultimately RNs must maintain their fitness to practise. Competent and ethical practice must be embedded in nursing practice. RN

CDRC believes it is important to share trends of Hearing Tribunal decisions so that RNs have insight about factors that can interfere with a supportive practice environment and a culture of quality within a practice setting. Sharing this information provides a unique opportunity for RNs to reflect on their responsibility in ensuring that their practice and conduct meets the standards of the profession and the policies relevant in the practice setting.
Publications ordered by Hearing Tribunals

Publications are submitted to 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: Bonnie MacDougall
Registration number: 59,994

A Hearing Tribunal made a finding of unprofessional conduct against Bonnie MacDougall, member #59,994, who over a period of 23 months submitted false claims to her employer’s staffing office for more than 300 hours that she had not worked for payment that amounted to approximately $91,299.90. The Tribunal took into account that the member had repaid all the money to the employer, had been criminally convicted and served her jail sentence and presented a positive performance evaluation from her current employer, who was aware of the criminal conviction. The tribunal gave the member a reprimand and ordered the member pay a $5,000 fine; pass a course in professional ethics; provide performance evaluations for the next two years commenting specifically on ethics and honesty from her current employer and any new employers; notify CARN A of any new employers for the next five years and provide proof she has shown that employer this tribunal’s decision; provide a comprehensive report from a physician or registered psychologist confirming that the member is effectively dealing with the personal circumstances that may have contributed to the theft; and provide further reports from her physician or registered psychologist for an additional two years confirming that she does not present a risk to employers or patients. 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: Matthew Gugel
Registration number: 72,091

The Hearing Tribunal made a finding of unprofessional conduct against Matthew Gugel #72,091 who stole narcotics from the employer, specifically, switched the labels of the morphine and Gravol vials, so he could take the morphine and the patients received Gravol instead of the morphine; switched the labels of the demerol and Gravol vials so he could take the demerol and the patients received Gravol instead of the demerol; replaced Tylenol #3s with TYLENOL PLAIN in blister packs; stole blister packs of narcotics that had been locked in the safe; stole one blister pack of MSR 15 mg on or about the July 2007 long weekend and later stole the other three packs that were in the pharmacy; removed Tylenol #3 from two sealed bottles and replaced the drugs with TYLENOL PLAIN in blister packs; stole Valium and TYLENOL #4 that had arrived for a patient. He also stole supplies from the employer and failed to disclose to the College and Association of Registered Nurses of Alberta that he had been suspended in Australia when he renewed his Alberta registration in 2006. The tribunal issued a reprimand and suspended the member pending payment of a $1,000 fine and completion of an ethics course (for failing to disclose the suspension to the registrar), proof of completion of residential treatment for substance abuse and proof of medical fitness to practise from physicians and addictions counsellor. Thereafter the member may apply to work in a setting with no access to narcotics, undergo drug screening and provide further medical reports; or may proceed to supervised practice with drug screening and ongoing medical reports. 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: Matthew Gugel
Registration number: 74,665

A Hearing Tribunal made a finding of unprofessional conduct against member #74,665, who while under a previous Order from a Professional Conduct Committee stole morphine, codeine, and Gravol from the Operating Room; used patient identities fraudulently to log into the Pyxis machine to steal the drugs; created false drug administration records in the Pyxis machine for those patients whose identities were fraudulently used and fraudulently used names of physicians on the Pyxis reports on several occasions to indicate that the member was removing the narcotic from Pyxis on the request of the physician, when, in fact, that was not true. The tribunal gave the member
a reprimand and accepted an undertaking to not practise as a registered nurse pending proof from a physician and counsellor 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 narcotics or controlled substances or do a supervised practice in a setting where the member is expected to administer medications, including narcotics and controlled substances. 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 CARNA practice permit.

CARNABroadening the patient safety agenda to include long-term care services

Member Registration number: 78,468

The Hearing Tribunal made a finding of unprofessional conduct against member #78,468 who, despite being previously warned about problems with her medication administration practices, made several medication errors over a period of four months. The tribunal acknowledged the member had, prior to the hearing, done some remedial work imposed by the employer, including writing a paper on safe medication administration, writing a medication exam and being mentored by the clinical nurse specialist. The tribunal issued a reprimand and ordered the member to pass a course in basic medication administration and to provide a performance evaluation from her current employers covering six months of practice. The member is restricted to working for her current employers until a Hearing Tribunal receives a satisfactory performance evaluation, unless a Hearing Tribunal gives the member permission to work elsewhere, in which case the member must provide an evaluation from that new employer as well. Conditions shall appear on the member’s practice permit. Failure to comply with the Order may result in suspension of CARNA practice permit.

CARNAMember Registration number: 81,521

A Hearing Tribunal made a finding of unprofessional conduct against member #81,521 who stole zopiclone and Ativan from his employer on one occasion. At the time of the hearing, the member was working for a new employer who was aware of the conduct issue. The tribunal issued a reprimand, ordered further medical reports and a report from AADAC, a further evaluation from the member’s current employer several months after the hearing and limited the member to working for the current employer, pending receipt of a satisfactory performance evaluation, unless permission is granted by a tribunal to work elsewhere, in which case a performance evaluation will be required from that employer as well. Conditions shall appear on the member’s practice permit. Failure to comply with the Order may result in suspension of CARNA practice permit.

RNLibrary

The latest books, documents and audio-visual titles acquired by the CARNA Library.

To reserve these and other titles, CARNA members can contact the library Monday through Friday, 9 a.m. to 4 p.m. at 1.800.252.9392, ext. 533, or visit www.nurses.ab.ca any time to access the library catalogue and CINAHL (Cumulative Index to Nursing and Allied Health Literature database).


A caller needs help for an infant vomiting a yellow substance. After a thorough assessment, the RN on the line directs the caller to go to the emergency room. The baby had a volvulus, underwent emergency surgery and ended up in ICU. Two days later, public health called to say Health Link saved the infant’s life. Every day, RNs at the provincial RN advice line, Health Link, put together complex client health puzzles in the form of tele-triage assessments, without the benefit of face-to-face contact.

In the position statement Telehealth: The Role of the Nurse, the Canadian Nurses’ Association recognized telepractice as an advanced nursing practice, requiring in-depth clinical knowledge, strong assessment skills, good communication, critical thinking and evidence-informed decision-making.

Health Link is a truly innovative practice environment, responding to the health needs of Albertans. It requires a delicate mix of art and science, caring and intellect, technology and nursing process. It is well suited to RNs who are problem-solvers, possess good communication skills, have the ability to handle complex calls and are technologically savvy.

Health Link operates 24 hours-a-day, 365 days-a-year from call centres in Calgary and Edmonton and receives over one million calls per year. RNs provide Albertans with health advice, health teaching or health service information. The nurses put their hearts and souls into their work because they believe in their mission to provide access to consistent, reliable health advice and information that is focused on the needs of the caller and respectful of their values and cultural perspective. When follow-up is required, callers are referred to a variety of acute and community care services including EMS, family physicians, environmental health, mental health and public health services.

This ensures each caller receives the right care, at the right time, by the right provider.

14% of callers are referred to emergency care
33% of callers are referred to care by physician, nurse or support agency
53% of callers are able to manage symptoms on their own with advice and teaching they receive from the Health Link nurse
94% rated the service highly, noting they felt informed about their concern, could make a decision about what to do and could handle a similar situation in the future.

advanced nursing skills

Tele-health is an umbrella term used to describe a wide range of health services delivered across distances by all health-related disciplines. It encompasses the management and coordination of health services that integrate electronic information and telecommunications technologies such as telephone, video monitoring, electronic mail, fax and Internet. Tele-triage nursing practice is an interactive process between a nurse and client that occurs over the telephone. During a tele-triage interaction, the nursing process is used to assess and identify the nature of a client’s health-care needs and then determine the urgency, appropriate level and provider of care.

“The best memories of calls that I have are mostly from frustrated moms with crying babies or the elderly who live alone and call us rather than an ambulance, despite the neurological or cardiac symptoms they are having. Many would likely never call anyone if it wasn’t for the Health Link Alberta nurse and many would not likely have survived the night. The mental health callers, especially the ones that have never had issues before and are feeling suicidal because of a situational crisis are the ones that just break your heart. These are the calls that I remember the most and am thankful and privileged to be there for and to serve at anytime. Many colleagues that don’t work in tele-triage are only just beginning to understand the role of a tele-triage nurse…yet still, many see it as a retirement job…until they come join us!”
~ BOB

“I had no idea that my critical thinking would be so integral or that I would carry as much responsibility as I do. I was also clueless to the intimate relationships I would build with callers or how much impact my knowledge and ability to relay that knowledge in a meaningful way would have. I love to teach. This job provides me so much opportunity to teach! What a great surprise.”
~ KAREN

“Tele-triage is not something I would have envisioned when I set out as a student nurse many years ago. I love to hear positive feedback from callers. To have only one patient, one concern at a time is a real bonus, instead of having six to eight patient needs constantly at the forefront.”
~ SYLVIA
$13,000 Raised During Nursing Week

Nursing Week 2009 was an opportunity for the Alberta Registered Nurses Educational Trust (ARNET) to raise much needed funds in support of RN education. We would like to express our appreciation to all who donated to our charity and to thank the various Nursing Week committees for allowing us to participate in many of their celebrations. We couldn’t have done it without the support of our donors, volunteers and community partners!

The earrings for the Diamonds and Destinations fundraiser were donated by Haggie’s Welding, whose director is CARNA Network Analyst Janet O’Donnell (left) shown here with ARNET Director Margaret Nolan.

One of our province-wide events was “Diamonds and Destinations,” sponsored by Uniglobe Geo Travel and Haggies Welding. ARNET would like congratulate Dr. Pamela Nordstrom—the lucky recipient of a pair of diamond earrings and airfare for two to sunny Mexico.

Karen Polowick presenting the Karen Polowick Scholarship for Nursing Leadership to 2009 recipient Gwen Erdmann at Capital Health Day.

ARNET was present at many nursing events this year, including Capital Health Day, Calgary West Nurses Dinner, Grande Prairie Nurses Dinner, Central Region Nurses Dinner and the CARNA Awards Gala. Not only did ARNET raise over $13,000 for continuing nursing education, but we were also able to raise our profile and communicate how we help Alberta’s RNs achieve their educational goals and how individuals can support this worthwhile cause.

Our charity finds ourselves in extraordinary economic times. Uncertain investment markets and the withdrawal of employer support are impacting our ability to meet the increasing number of applications for educational funding support. ARNET, while remaining committed to providing support during these difficult economic times, is not in the position to fund at the same level as in years past. We know that this is a short-term situation and that the markets will eventually sort themselves out. Our long-term investment strategy will position us for recovery and we will continue to work diligently to create new funding sources to support continuing RN education.

You can support fellow RNs in their educational pursuits by making a personal donation to ARNET. To donate or for ways you can fundraise in support of ARNET, please visit www.nurses.ab.ca/ARNET or contact us at 1.800.292.9392, ext 547. Our experienced team will be happy to assist you. In return for your donation, you will receive a charitable tax receipt and share in the knowledge that you are helping to create a more vibrant and improved health-care system for our families and communities.

Partners in Success

ARNET sincerely thanks the following business for their community-minded spirit and for their investment in and support of Alberta’s RNs.

215, 11830–111 Avenue 780.702.7463
This year, the College and Association of Registered Nurses of Alberta, the College of Licensed Practical Nurses of Alberta and the College of Registered Psychiatric Nurses of Alberta joined together to collectively celebrate nursing and nurses. In support of the Nursing Week, posters and pens featuring the collaborative theme “Nurses—Working Together for Your Health” were sent to facilities across the province, several towns proclaimed Nursing Week and many employers, community groups and organizations, including CARNA, sent out media releases honouring the contributions of nurses.

Mayor Jim Sheasgreen officially proclaims National Nursing Week in Fort Saskatchewan.

Speaker Carrie Warren shares a laugh with Gerard Whyburd at the Peace River Nursing Week dinner.

Wendy McMillan and Sheila Elliot get into character for the Nursing Week murder mystery game in Grande Prairie.

L to r: Bridgette Faherty, Bonnie Kennedy, CARNA Regional Coordinator Kathleen Waterhouse and Heather Crawford celebrate Nursing Week at the Grand Prairie murder mystery dinner on May 14.
More than 170 guests attended the 2009 CARNA Awards Gala. Emcee Fred Keating and musician Jan Randall guided the evening that honoured this year’s nominees and recipients. ARNET’s top scholarship recipients were also recognized at the event.
Dr. Sandra Hirst is escorted to the stage to accept her Lifetime Achievement Award by Const. Robert Downey of the Enoch detachment.

Dr. Joyce Woods-Surrendi accepts the CARNA Award for Nursing Excellence in Education.

Margaret Linklater steps off the stage after accepting the Partner in Health Award for her work with RNs at the Lacombe Palliative Care Society.

Musician Jan Randall (right) and Master of Ceremonies Fred Keating.
The fourth in a series of excerpts from journal entries written by nursing students after they were assigned a patient for the very first time during a first-year course of a four-year degree program. The reflective journals are used as a learning tool by instructors to help students integrate foundational nursing practice knowledge learned in the classroom, laboratory, simulation and practice setting with an individual patient/client. Instructors review the journals to identify misinterpretations, to deepen understanding and build on each student’s learning experience. Areas of specific focus are the development of a nurse-patient/client relationship, establishment of professional boundaries and collaboration with other health-care providers in the organization and implementation of direct care.

The students volunteered to share their journals with Alberta RN after reading “Let’s Help Them Stay in Nursing” (January 2009). They hoped providing the journals would help experienced nurses understand the current student experience and enrich the dialogue between current and future RNs. They also hoped that the journal entries would remind RNs of their own first clinical experiences.

Voices from the Class of 2012

The past two weeks of clinical practice have opened my eyes to things I did not fully realize about myself, as well as to the complexity and beauty of nursing.

The first day was very exciting and scary. Pairing up with a client made me extremely nervous. Yet, when I introduced myself, my nerves were welcomed with a kind spirit. My client immediately invited me into his personal space—to come look at his paper with him. When I introduced myself using his last name, he immediately told me “no” and said to call him by his first name. At first, I felt uneasy about this and was afraid of doing wrong as we had been taught to use formal names in class. However, I did as he preferred and after talking with him and starting to build a relationship, I found it easier to loosen the formal ties I had placed on our relationship.

As our conversation continued, I could hear the student next to me asking health related questions and getting definite answers. This frustrated me as my client and I were engaging in a very different type of encounter. Rather than an interview style relationship, we had developed one based on stories of his life. However, later that night when I thought back to what we had discussed, I realized that I had actually learned quite a lot. I realized that he was revealing himself and his history to me in a more subtle and indirect way. I learned that he did want to share with me. Next time, a better approach is to be an active participant in the stories he tells and to let him take our conversation in the direction he chooses.

In the second week of clinical practice I tried to use what I learned from my reflection of the previous week. It was wonderful. We engaged in several discussions about “the way things were.” By allowing my client to take the lead role in the conversation, I was able to learn about his childhood, past injuries and his current social support system. If I had continued to engage in our conversations as I had the first day, I would have missed a great opportunity to further learn from and about my client.

Clinical practice opened my eyes to the beauty of nursing.

When my client came back after an outing on a day pass and I reintroduced myself, he remembered me and the conversations we had had from the week before. This made my feel warm inside. He does not have any family to support him in this time in his life and this made me realize how important client conversations and encounters can be. The nurses, doctors and other health-care professionals in the hospital were his support team for now and I felt proud to be a part of that team.

Later in the day, I had the opportunity to observe a registered nurse insert a catheter. The gentleman was very worried about the pain and seemed to be afraid of what was to come. The way she handled the experience with him was very moving and emotional. She asked him to sing to her. Then, when he was nervous, she began singing to him to relax him and ease his fears. I was amazed by this. I learned in class the power of touch and communication and support, but until I witnessed this, I did not realize how huge of an impact nurses have in the lives of their clients. The devotion and empathy she showed towards this man made me proud to be entering such a profession. That day, I learned the type of nurse I would like to become. In future practice, I will always think of that nurse and her actions. I want to be there for my clients as she was for hers.

Nursing is a beautiful and profound profession. I am realizing now that the depths to which nurses aid individuals in their times of need is endless. They not only assist in aspects of physical healing and wellness, but also play a vital role in the emotional and spiritual lives of their clients. I have realized over the past two weeks that while there are certain aspects I am able to control, I need to be alert to the particular situation and act in a more supportive role at times. I am in clinical as a student nurse to learn. While the past two weeks were filled with both fear and excitement, I need to open myself to the opportunities presented to me and lower the protective guard I have built around myself.

Srilanka Nagel
First year BScN student
Recently, I was asked what my definition of nursing was. I replied that nursing is “loving other people enough to care. It is providing unconditional love.”

This is not necessarily the definition I had for nursing earlier in my career. Then, it was a mix of tasks, compassion, teaching and supporting. It was also laced with making others do and telling them to do what they should do. I was an all-knowing mother hen who clucked about and shook my finger a great deal.

My newer definition of nursing is about truly loving, thus accepting, other people. Sadly, my previous interpretation of love was greatly jumbled. It was caught up with way too much emotion and was awkwardly mixed with romanticism and sexuality. I know that I am not alone with how I was, and still am at times, regarding love. Society continues to clearly display these unhealthy beliefs in numerous ways. We are constantly bombarded by its messages.

Because of my cockeyed view of love, I was rescuing and persecuting folks, not loving and caring for them.

How could I love them? They were my patients!

How could I love them? I didn’t really love myself.

Also, I needed to feel good about myself, so rescuing people and acting like a mother figure allowed me to feel loved and needed. I was a nurse to get love and did everything I could for patients and other people, not realizing the detrimental effect this would have on their health along with my own. These were not caring or loving actions.

Our world has been programmed to believe that rescuing is love. I was a big part of this misconception and transferred it to everyone around me; patients, friends, husband, son and family. I was all giving and doing and/or all finger-shaking and shaming. None of this helped me or others to make positive change nor did it aid healthy outcomes.

Taking someone’s small accomplishments away from them is not love. Thinking and feeling for others is not love. Doing for others is not necessarily love.

As I become more self-aware, I understand why I acted the way I acted and, most importantly, how to change. It takes tremendous courage to make these changes because it is going against the grain of societal belief.

I comprehend the difference between rescuing and caring now. To care for other people is to love them and to do this I must first truly love and accept myself. I read where loving someone is leading them gently back to themselves and I grasp this now.

Caring and loving myself and other people is akin to tough love and it takes courage to be gently strong in this area. Interestingly, the word courage stems from the French word coeur, meaning heart. How synchronously connected those two words are - heart and courage. Courage is the heart of the matter.

I visualize using all my heart’s muscle strength and power to think, feel and act lovingly toward myself and other people. Accepting, thus loving, others despite their faults is key to nursing. In fact, it is the very essence of nursing. With this acceptance comes nurturing, caring and growth. This is what I will be continuing to learn and practise for decades to come.
**Benzocaine spray and methemoglobinemia**

Before placing a nasogastric tube in a 74-year-old man, a physician administered three sprays of Hurricaine (20% benzocaine), one-to-two seconds each, to numb the patient’s throat. An hour later, the patient became hypoxic and did not improve, despite receiving oxygen. A blood gas was drawn, which had a chocolate appearance, prompting an order for a methemoglobin level. The result was 46 per cent (normal is less than 1%). Methylene blue was infused. Two hours later, the patient’s methemoglobin level was normal at 0.9 per cent.

Hurricane spray contains benzocaine, which is known to cause methemoglobinemia, a condition evidenced by abnormal levels of oxidized hemoglobin. The oxidized hemoglobin binds so firmly with oxygen that little oxygen is available to tissues. When induced by benzocaine, methemoglobinemia can result in life-threatening conditions. Normally, methemoglobin is one percent of circulating hemoglobin. Cyanosis occurs as the level rises above 10 per cent.

Anxiety, fatigue, and tachycardia appear at 20 per cent to 50 per cent. From 50 per cent to 70 per cent, coma and death may result.

The risk of methemoglobinemia due to benzocaine increases with the number and duration of sprays administered. According to the Hurricane package insert, a half-second spray should be administered, which may be repeated once. However, acknowledging human performance limitations, no one can reliably estimate fractions of seconds or visualize how thickly the spray coats the throat. Due to the risk of adverse events, the hospital where the event occurred removed benzocaine sprays from its formulary.

Four years ago, the Institute for Safe Medication Practices (ISMP) identified and analyzed 132 cases of life-threatening benzocaine-induced methemoglobinemia from reports submitted to ISMP and the US Food and Drug Administration (FDA). The cases included 107 serious adverse events (81.1%) and two deaths (1.5%).

Topical benzocaine has also been linked to Sudden Infant Death Syndrome (SIDS). A case reported in the literature involved the death of a four-month-old infant that was classified as SIDS, but later found to be benzocaine toxicity and methemoglobinemia. Postmortem toxicology showed a methemoglobin level of 36 percent. The child received three times more Allergen Ear Drops (5.4% antipyrine, 1.4% benzocaine) than prescribed on the day prior to his death. Not all clinicians realize benzocaine in topical sprays is absorbed systemically. In most cases of methemoglobinemia, clinicians used multiple sprays of benzocaine-containing products or sprays of longer duration than recommended. Some products that contain benzocaine are available without a prescription, so patients could also use too much spray, gargle too often with a liquid form or even swallow it.

Prompt recognition and treatment can be challenging because elevations of methemoglobin can produce normal pulse oximetry readings. Drawing arterial blood for co-oximetry to directly measure methemoglobin levels is needed. The brown appearance of arterial blood is another clue.

Some patients may be predisposed to methemoglobinemia:
- infants less than six months of age
- the elderly with cardiac problems
- patients with altered hemoglobin, such as G6PD deficiency or methemoglobin reductase enzyme deficiency

Application of benzocaine products to inflamed areas, which absorb more drug, can also contribute to the problem.

See check it out! for recommendations on how to reduce the risk of harm from methemoglobinemia.

**REFERENCES:**


Syphilis Outbreak Prompts Prenatal Rescreening

In response to the ongoing provincial syphilis outbreak, Alberta Health and Wellness and Alberta Health Services recommends rescreening all pregnant women for syphilis to ensure identification and treatment as soon as possible to reduce the consequences of infection in the baby.

All pregnant women should be screened for syphilis early in pregnancy, at mid-pregnancy and at delivery. More frequent screening is recommended when there is concern about high-risk behaviours or when clinical symptoms suggest infectious syphilis.

Positive test results will be investigated by Alberta Health and Wellness STI Services and Alberta Health Services. If treatment is required, benzathine penicillin is available through STI Services.

For more information, call Alberta Health and Wellness STI Services at 780.427.2830.

Detailed information about syphilis is available in Alberta’s Treatment Guidelines for Sexually Transmitted Infections in Adolescents and Adults 2008. Copies are available through STI Services at www.health.alberta.ca.

IN MEMORIAM

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

Dewart, Margaret (née Roe), a 1941 graduate of the Winnipeg Children’s Hospital school of nursing, who passed away on April 28, 2009.

Flohr, Rosalee (née Bergsten), a 1965 graduate of St. Joseph’s Hospital school of nursing, who passed away on April 9, 2009.

Lloyd, Dora (née Chaffin), a graduate of the Royal Alexandra Hospital school of nursing, who passed away on April 22, 2009.

McCartney-Kelly, Kerry, a 1992 graduate of the University Hospital school of nursing, who passed away on April 9, 2009.

Petersen, Simone, a 1992 graduate of the Lethbridge Community College, who passed away in September 2007.

Ryland, Kathleen (née Rooks), a 1962 graduate of the Archer Memorial Hospital school of nursing, who passed away on March 16, 2009.

ACCOLADES

2009 Alberta Nursing Education Administrators Awards

Dr. Lorraine Watson – Leadership in Nursing Education: Registered Nurse Award

Dr. Lorraine Watson continues to advance the progression of programs, curriculums and teaching methods at the University of Calgary. Her vision led to the creation of a psychomotor skills laboratory and the emergence of simulation education. Watson’s other accomplishments include helping launch the PhD program in 1999 and the nurse practitioner program in 2001. These accomplishments, along with a project that will generate 250 new clinical instructors in Calgary and surrounding areas, have significantly improved the education nursing students receive at the University of Calgary.

Libuska Cernohorsky – Leadership in Nursing Education: Preceptor Award

Libuska Cernohorsky has been a registered nurse for 26 years, dedicating the last 21 of those years to acting as a preceptor for students in the Calgary area. Since her work began in orthopaedics in 1985, Cernohorsky has become certified by the Canadian Orthopaedic Nursing Association and has received the Stryker Canada Excellence in Orthopaedics Nursing Award. “We are fortunate to have exceptional nurses such as [Cernohorsky] demonstrate their commitment to and engagement in the professional development of our nursing students - our future colleagues,” says a colleague.
CARN A SP E C I A L T Y P R A C T I C E G R O U P S

Contact your CARN A regional coordinator or go to www.nurses.ab.ca.

THE CANADIAN F A M I L Y P R A C T I C E N U R S E S A S S O C I AT I O N

This association was established for family practice/primary healthcare nurses who would like to network and exchange information with their nursing colleagues across Canada. Visit www.cfpna.ca or contact Marilyn Howlett at 403.971.0597 or howlett2@shaws.ca for more information.

Submission deadline for events listed in Alberta RN September 2009 is August 1. Go to www.nurses.ab.ca for an up-to-date listing of events or to submit an event for publication in Alberta RN.

Medical-Surgical Certification 2010

The first medical-surgical nursing certification exam will be written on April 17, 2010. Registration for the exam will be Sept. 1–Oct. 16, 2009.

For more information, visit the Canadian Association of Medical and Surgical Nurses website at www.medsurgnurse.ca.

Reunions

Calgary General Hospital
School of Nursing
Class of 1969 • 30-Year Reunion
CONTACT: Susan Collins, 403.283.0839.

Misericordia Community Hospital
School of Nursing
Class of 1985 • 25-Year Reunion
CONTACT: Dorothy Herbers (Mccluskey), 780.464.7299, Dorothy@herbers.ca.

Royal Alexandra Hospital
School of Nursing

Class of 1979 • 30-Year Reunion
CONTACT: Lori White, 780.418.2387, whitey1414@yahoo.com.

University of Alberta Hospital
School of Nursing
Class of 1974 • 35-Year Reunion
Oct. 15–18, 2009
CONTACT: Debbie Elliott, 780.481.5467, elliott3@shaw.ca, Suzanne Kent, 780.458.8468, Suzanne.Kent@albertahealthservices.ca.

University of Alberta School of Nursing
Class of 1978 • 30-Year Reunion
CONTACT: Cathy Loughlin, 403.239.2413, rothbone@shaw.ca, susanschaffer@shaw.ca.

University of Alberta School of Nursing
Class of 1989 • 20-Year Reunion
Interested in a 20th anniversary gathering?
CONTACT: Jane Calhoun, 780.484.1540, janski@shaw.ca, Vicki Pickard (Baker), 780.433.6486, vickipickard@shaw.ca.

University of Alberta Faculty of Nursing
Class of 1999 • 10-Year Reunion
CONTACT: heekela@gmail.com.

Medical-Surgical Certification 2010

The first medical-surgical nursing certification exam will be written on April 17, 2010. Registration for the exam will be Sept. 1–Oct. 16, 2009.

For more information, visit the Canadian Association of Medical and Surgical Nurses website at www.medsurgnurse.ca.
Closing Perspectives

Headline
Yes, YOU CAN influence nursing policy
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www.albertahealthservices.ca
www.healthjobs.ab.ca

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