NEW RENEWAL DEADLINE
Sept. 1, 2009
CARNAPressRoom

CARNAPressRoom

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President’s Update
Nursing: You Can’t LIVE Without It

THIS year, the Canadian Nurses Association established Nursing: You Can’t Live Without It as the theme for National Nursing Week. This special week provides an opportunity to raise public awareness of the vital contributions nurses make to health care and to celebrate the achievements of our remarkable profession and nursing colleagues. The theme speaks to the fact that the care provided by registered nurses is essential for positive patient outcomes, patient safety, health promotion and provision of health-care services.

Registered nurses are arguably the most flexible health professional, working across the continuum of care and in a diversity of roles throughout the system. Yet, that same flexibility and variety of professional functions can make it difficult to answer the simple question “What is the scope of practice of a registered nurse?” CARNA staff are working on resources to help members appreciate and describe their full scope of practice. In the meantime, perhaps the best answer is to say, “Registered nurses work to help individuals, families and communities achieve the best health possible. In my area of nursing practice, I do this by…” and fill in the blanks from your own experience.

While National Nursing Week provides a focal point to celebrate our profession, I truly believe that the crucial work of registered nurses should be recognized by government, employers and the public every week of the year. CARNA is committed to raising awareness among all stakeholders of the indispensable contributions registered nurses make to the health of Albertans. During my career, I have often met extraordinary nurses who would never think of “blowing their own horn” and I am sure that you have too. But we owe it to ourselves, our colleagues, our profession and the public we serve to make our contributions visible in the system.

Visibility is also required at a more formal level. Members of CARNA Provincial Council are currently arranging meetings with their MLAs to advocate for a health system infrastructure that includes visible nursing leadership at all levels. If required, Council is prepared to meet with the board of Alberta Health Services to emphasize our serious concern about this issue. CARNA’s executive director has meetings scheduled with Dr. Stephen Duckett and with the deputy minister and assistant deputy ministers of health where the importance of visible nursing leadership will be raised. Provincial councillors who meet with their MLAs are also using the opportunity to express our concerns with Bill 52, the legislation mentioned in my message last month which removes the last vestiges of an individual’s control over their personal health information.

In April, I was privileged to attend CARNA’s Awards of Nursing Excellence Gala and meet a group of truly remarkable registered nurses. Each award recipient demonstrated excellence in their career coupled with a passion and vision for achieving more for their patients, their students, or their staff or adding to the body of nursing knowledge. They seemed exhilarated by the challenge of accomplishing all that they could as registered nurses.

The CARNA Awards recognize exceptional nurses nominated by their colleagues, but there are thousands of registered nurses working in Alberta each day who demonstrate enthusiasm, dedication, compassion and creativity. I had the opportunity to meet nurses like this in my visits to Radway, Beaver Lake First Nations, Lac La Biche, Calgary and Aidrie and I look forward to meeting more of you in my visits throughout the province. RN

MARGARET HADLEY, RN, MN
E-mail: president@nurses.ab.ca
Phone: 780.466.6566
Proactive not reactive

CARNÄ’s silence is deafening. For the past year or so, there have been dramatic changes in the delivery of care. Tub rooms and any flat surfaces are now considered “wards” and put staff and patients at risk. You can bet that if something goes wrong, the nurse would be held ultimately responsible. CARNÄ is our governing body, yet I see no mention of the critical state nursing is in; we are short-staffed, expectations are higher, we have become territorial and unable to cope with the unrealistic demands being made on our profession. Nurse abuse is not uncommon. We need to be proactive, not reactive. CARNÄ has got to leave the cushioned office and see what truly is going on in the real world of nursing. We who work in primary care settings need CARNÄ to advocate on our behalf – to assist us in the insanity. I invite each and every CARNÄ officer to work the wards for one week and see if you can do it.

Lucille Gaumond, RN
Red Deer

EDITOR’S NOTE: Alberta RN appreciates the frustration expressed by this member regarding the current nursing shortage. Over the past several years, Provincial Council has consistently reaffirmed CARNÄ’s strategic priority to build nursing capacity by advocating for increased nursing education seats, the development of retention strategies and of recruitment initiatives. During the current reorganization of Alberta Health Services, CARNÄ is focused on advocating for an organizational structure that supports nursing leadership from the med-surg unit to the boardroom. We encourage all members to read the messages of the president and the executive director published in each issue of Alberta RN to learn more about how CARNÄ is fulfilling its legislated mandate to protect the public by regulating and advocating on behalf of registered nurses. All members are also welcome to attend the regularly scheduled meetings of Council.

Thank You

I want to thank you for the March Discipline Decisions column in Alberta RN. In addition to putting any dysfunctional interpersonal issues we’ve experienced into perspective, my wife, an occupational therapist, is looking forward to reading the magazine from now on.

Ben Shaw, RN
Peace River

RNs are leaders in long-term care

We are writing in response to “I Have a Simple Request” (January 2009). Publication of the letter implies that “nurse” means “RN.” However, direct care, as described in the letter, is not delivered in long-term care settings by RNs. It is done by personal-care aides who are unregulated.

Long-term care work has become increasingly complex over the past several decades. Personal-care aides are now responsible for many aspects of care formerly done by RNs. Resident acuity is much higher as well, with many more residents experiencing unstable medical conditions and significant components of palliative care. RNs are leaders in long-term care, directing resident care, responding to emergencies and to staff and family concerns. Labour shortages, uncompetitive wages and the poor reputation of long-term care have contributed to staff shortages in many settings, further increasing the challenges of the RN.

We would encourage the editor of Alberta RN to provide contact details for the Alberta Gerontological Nurses Association to the writers of any such letters. We would be pleased to work with them to promote quality nursing care.

Sandra P. Hirst, RN, PhD, GNC(C), Debbie Lee, RN, MN, GNC(C)
Calgary

A nurse is NOT a nurse is NOT a nurse

First, I must say the CARNÄ Executive Director Mary-Anne Robinson has talent in writing “Closing Perspectives.” I always find her page interesting. In fact, sometimes I read “Closing Perspectives” first when I receive Alberta RN. In answer to her closing question “Can we continue to live with the dichotomy of a single RN as both a generalist and a specialist?” (March 2009), I say yes, but it has to be explained to new nursing students and the public.

I think her message should be published in the newspaper. I don’t think the general public is aware of how diverse nursing is and how specialized we can become. “A nurse is a nurse is a nurse” is a real insult to our profession and spoken out of ignorance or just old-fashioned thinking. Nursing has changed so dramatically. I must admit that even as a member of the profession, it took me years to fully realize what nurses are capable of. Our multi-talented degree nurses are our country’s future in nursing and I don’t think our new grads are going to sit quietly by when someone says “a nurse is a nurse!”

I would also like to comment on the Hopelessly Human Nurse article “Where is Touch in Nursing Now?” I agree that touch is a basic human need. It is just as important with elderly or ill people as with growing babies. It is nurturing. Consider the value of “kangaroo” care with preemies, to help them heal and grow. Do our other patients not require touch...that human connection? Both my mom and dad were institutionalized for years with strokes. I often wished I could have laid down beside my mom in her hospital bed, hugged her and cradled her. All I was able to do was give hugs to her in her wheelchair.

Trish Thom, RN, BScN
Edmonton

Send Alberta RN a Letter

Alberta RN welcomes your letters on any nursing or health-care issues. Please e-mail letters to albertarn@nurses.ab.ca or fax to 780.452.3276.

Please include your name and city. Letters should be a maximum of 300 words and may be edited for length and clarity.


**Provincial Council Highlights**

**Meeting of March 20, 2009**

**Easier Identification of Complaints for ACR**

Council approved additional guidelines for Alternative Complaint Resolution (ACR) to increase understanding of the nature of complaints which may or may not be eligible for ACR. ACR is a voluntary, participatory and highly confidential non-disciplinary process which brings together the complainant and the CARNA regulated member to resolve the issue. The new inclusion criteria guidelines are based on principles and not specific types of complaints. The complaints director will now assess a complaint’s suitability for ACR using the new inclusion criteria in combination with the existing exclusion criteria approved by Council in 2005. The exclusion criteria describe the nature of complaints that are not eligible for referral to ACR. The inclusion criteria guidelines reinforce CARNA’s current position to use ACR for relatively minor concerns between complainant and the member where public safety is not impacted.

The following guidelines for inclusion criteria were approved by Council:

1. The complainant is personally affected by the actions of the member such as:
   a. minor breaches of confidentiality when the only person affected by the breach is the complainant
   b. interpersonal conflicts between the complainant who is the principle party and the regulated member (e.g. rudeness to a co-worker or patient or other when the person affected is the complainant)
   c. failure to respond professionally to a reasonable request of a patient
   d. failure to communicate effectively with a patient or co-worker or other
   e. failing to treat another with respect
2. Minor unprofessional behaviour if it has not impacted patient safety

If a complaint of minor unprofessional behaviour has not impacted patient safety, the complaints director also has the authority under Section 55(2)(a) of the Health Professions Act to encourage the complainant and investigated person to resolve the issue through informal communication rather than undergo the legislated ACR process. In the 2007/2008 membership year, the complaints director applied section 55(2)(a) to 24 complaints.

**American NP Exams Approved**

Council approved four American nurse practitioner (NP) exams as equivalent for the purpose of meeting CARNA’s recently introduced exam requirement for NP licensure in specified streams of NP practice. Council’s decision to recognize these exams supports the goal of providing Alberta’s nursing profession with a standardized measurement and expectation of entry-to-practice competence for NPs that is consistent with other Canadian nursing jurisdictions.

Three exams were developed by the American Nurse Credentialing Centre (ANCC) and one by the National Certification Corporation (NCC) for certifying NPs in the United States. The exams approved by Council as equivalent for licensure were:

- ANCC NP: Family
- ANCC NP: Adult
- ANCC NP: Pediatric
- NCC NP: Child/Pediatric (Neonatal)

These exams are currently utilized by all Canadian jurisdictions, other than Québec, as licensure exams. Thanks to an agreement between these American NP agencies and the Canadian Nurses Association, Canadian NP candidates gain access to these exams for the sole purpose of registration with a Canadian jurisdiction. CARNA will begin administering the ANCC exams in Alberta in 2009. Candidates for the NP Child/Pediatric (neonatal) stream will continue to access the exam through NCC.

**Limit Set on Number of Attempts to Pass NP Exam**

Council agreed to limit to three the number of times an applicant can attempt to pass the NP exam. Subsequent requests by an applicant to write the NP exam will be allowed only when the applicant achieves one of the following:

- completes another approved/authorized initial NP education program
- satisfies the Registration Committee that there are extenuating circumstances which lead to the committee agreeing to allow the applicant to write the appropriate NP exam an additional time

**Electronic Voting**

Council agreed CARNA should examine options for implementing an electronic voting system for CARNA elections in 2010. An electronic voting system has the potential to reduce paper consumption, reduce expenses incurred to run an election and provide members with the added convenience of online voting.

**CARN Bylaws**

**Ratified: Renewal Deadline**

Council ratified the revisions to CARNA bylaws which advance the period of registration by one month and establish September 1 as the deadline for members to renew their practice permit. The deadline date for renewals for the upcoming renewal period for the 2010 practice year will be Sept. 1, 2009. Renewal applications received by CARNA after September 1 will be charged a $50 late fee. For more information on Council’s decision to change the deadline date, see Closing Perspectives on page 46.

**Approved for Publication: Notification of Revisions**

Council approved for publication a revision requiring that CARNA post bylaw changes on the website at least 60 days before the date of any meeting at
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 Provincial Council and president-elect, whenever an election for that office is required
• developing the rules governing the CARNACARNA election process for approval by Council
• providing support for members submitting resolutions for CARNA’s annual general meeting
• supporting the development of resolutions for the 2010 Canadian Nurses Association Biennium for Council’s consideration

Qualifications
CARNA attempts to achieve broad member representation 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 its members, please contact:
Margaret Ward-Jack
Director, Communications and Government Relations
T: 780.453.0515 or toll-free 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. 21, 2009

Jurisdictional Review of Examination Items

Six members needed
Aug. 20–21, 2009
Members will review new examination questions developed for the Canadian Registered Nurse Exam to ensure consistency with the current standards of practice and current application of the standards of practice in Alberta.

Qualifications
Members should have a minimum of three years nursing experience working with clients in a variety of settings.

Expectations of Members
• attend two full-day meetings at the CARNACARNA provincial office in Edmonton
• participate fully in the process as per the directions provided by the session leader
• maintain confidentiality of documents and activities

Questions
If you have questions about the work of the committee or the expectations of its members, please contact:
Rosie Thornton
Deputy Registrar
T: 780.451.0537, ext. 537 or toll-free 1.800.252.9392, ext. 537
E: rthornton@nurses.ab.ca

How to Apply
Go to www.nurses.ab.ca for an application form or contact Treena Hrytsak at 780.453.0502 or toll-free at 1.800.252.9392, ext. 502.

Application deadline: July 31, 2009

Members WANTED!

Provincial Council Hig
Meeting of March 20,
### Notice of Proposed Changes to CARNA Bylaws

**Approved for publication by Provincial Council at its regular meeting held on March 20, 2009.**

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

Proposed revisions are highlighted in the column on the right.

#### RE: Communication of Bylaw Changes

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<tr>
<th>CURRENT CARNA BYLAW</th>
<th>PROPOSED BYLAW REVISION</th>
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<tbody>
<tr>
<td><strong>3.</strong> Enactment, Amendment and Repeal of Bylaws</td>
<td><strong>1.</strong> Notice of a proposed enactment, amendment or repeal of a Bylaw shall be published in the College newsletter at least 60 days before the date of any meeting at which it is to be voted on.</td>
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#### RE: Competence Committee

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<td><strong>10.10</strong> Reporting of Election Results</td>
<td><strong>5.</strong> All information pertaining to election results shall be explicitly available to any Registered Nurse, Nurse Practitioner or Certified Graduate Nurse member of the College on request.</td>
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<td><strong>19.3</strong> Composition</td>
<td><strong>1.</strong> The Competence Committee shall be composed of not less than seven persons appointed by Provincial Council,</td>
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<td><strong>19.5</strong> Term of Office</td>
<td><strong>1.</strong> The term of office of each member of the Competence Committee is four years with one or more members being replaced annually to maintain continuity of membership.</td>
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<td><strong>19.6</strong> Quorum</td>
<td><strong>1.</strong> A quorum on the Competence Committee is a majority of the members of the committee attending a meeting. A member of the Competence Committee who does not participate at a meeting or hearing due to a conflict of interest or bias, shall still be included in determining the quorum for that meeting.</td>
</tr>
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Candidates for President-elect and Northeast are acclaimed

Five candidates seeking election to Provincial Council in two regions

Registered nurse, nurse practitioner and certified graduate nurse members in the Calgary/West and Edmonton/West regions will be mailed a ballot on June 1, 2009 to vote in the 2009 CARNA election.

In accordance with CARNA bylaws, ballots must be received at the CARNA provincial office by July 10, 2009. Please allow sufficient time for mailing.

Ballots will be mailed to the address shown on the register of regulated members as on May 1, 2009.

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.

Dianne Dyer
BN, MN
ACCLAIMED

RATIONALE FOR SEEKING ELECTION

I have chosen to run for president-elect because I love being a registered nurse and care about the future of our profession. These are times of intense and significant challenges in our health-care system, leading to uncertainty for nurses and the public. I am worried about nurse burnout and alarmed at the rate of nursing attrition. I want to make a difference in the everyday lives of registered nurses and recognize the amazing contributions we all make despite the obstacles we face. The passionate voice of a dedicated, committed and experienced nursing leader will guide us into the future. I believe that I can be that leader. Working together we can have a positive impact.

ATTRIBUTES YOU WOULD BRING TO THE POSITION

The experiences I bring to the role of president are:

• 33 years as a registered nurse in a variety of nursing roles
• 16 years serving in various positions and on various committees with AARN and CARNA
• connection with provincial networks (e.g. chair of the Provincial Trauma Committee) and government contacts
• my desire and commitment to be a visible and approachable leader who will “walk” with, listen to and bring forward the rich, powerful stories from our practice to health-care leaders, government and the public

Change is constant. My belief is that change opens a door to new opportunities and gives us a chance to design our future together.

PRESENT EMPLOYMENT

December 2008 to present: Practice consultant, professional practice and development (Calgary). The work focuses on policy and procedure development, clinical and administrative consults, evaluation and project and program facilitation.

PREVIOUS NURSING EXPERIENCE

• regional manager, Trauma Services (Calgary) and chair, Provincial Trauma Committee
• national accreditor for the Trauma Association of Canada
• public health nurse (Edmonton) and public health nurse, community health centre manager (Calgary)
• advanced nurse practitioner/clinical team manager, Alexandra Community Health Centre (Calgary)
• emergency staff nurse, emergency patient care manager, Rockyview Hospital (Calgary)
• administrative coordinator on shifts/weekends (Calgary)
• sessional instructor, third year surgery, University of Calgary, Faculty of Nursing
• consultant and writer, emergency nursing course, ACCN program, Mount Royal College
• management consultant (Calgary)

EDUCATIONAL PREPARATION

June 1993: masters of nursing (MN) degree, University of Calgary
April 1976: bachelor of nursing (BN) degree, University of Calgary

PRESENT/PREVIOUS INVOLVEMENT WITH CARNA

2007–present: Provincial Council CARNA Audit Committee Member
2004–2007: Chair, Calgary/West
Nurses Dinner Planning Committee

1997–2001: AARN Provincial Council

1994–1998: Chairman, South Central
District; Chairman Core Committee on Increased
Direct Access; Member Political Action Committee

1985–1988: Provincial Nursing Committee; South
Central District Nursing Committee; Ward Representa-
tive; Continuing Education Advisory Committee

NURSING AND COMMUNITY ACTIVITIES
Volunteer canvasser: the Stroke Fund, the Kidney Foundation and the Cancer Fund
Volunteer, University of Calgary Faculty of Nursing Alumni Committee

DISCUSS ONE OF THE TOP ISSUES FACING RNs IN ALBERTA AND WHAT CARNA COULD DO UNDER YOUR LEADERSHIP TO ADDRESS IT.

A top issue facing RNs and the public is retention of our nursing workforce, from frontline staff and managers to leaders and educators. Why do nurses stay? What gives nurses a sense of value? What motivates nurses to become leaders?

A recent CNA statistic indicated that three out of 10 new graduate nurses leave the profession within the first three years. I spoke to one new graduate and asked why she was leaving. Her answer was lack of mentorship and role assignments far exceeding her confidence level. Colleagues say that they stay because they feel their work is valued by the clients/patients and leaders. As president, I believe my role is to listen to the voice of all nursing colleagues and bring their messages to decision makers to guide new initiatives. I will publically value and respect registered nurses and acknowledge practice excellence and innovation as it contributes to the health of Albertans.

WHAT IS YOUR VISION FOR THE EVOLVING ROLE OF THE RN IN OUR HEALTH-CARE SYSTEM OVER THE NEXT 10 YEARS?

The next 10 years will be a time of opportunity for registered nurses; working to full scope of practice within multi-disciplinary teams in all settings with patients/clients and families as active participants. Currently, RNs are struggling every day to keep up with the pace and respond to increasing pressures. What will success look like? Success will see registered nurses respected for contributions as team members, caregivers, advocates, mentors, knowledge workers and leaders resulting in positive outcomes for the public served. I envision that RNs will have clearly defined roles based on research evidence and education with support and commitment to excel from all levels. Nursing work in the future will be widely interconnected through technology and process; referrals nurse-to-nurse, nurse-to-health-care professional, nurse-to-physician and 24/7 web-based consultation and in many non-traditional settings. The final success will be acknowledgment of RN contributions as essential to our system.

WHAT IS YOUR VISION FOR CARNA AND WHAT DO YOU BRING TO THE PRESIDENCY TO HELP ACHIEVE IT?

I believe CARNA’s role is to protect the public, promote healthy public policy and nursing excellence. As president, I will bring knowledge gained from many years of experience, my provincial networks, my passion for the profession and experience working with CARNA in elected roles. I will advocate for the public and for RNs working to full scope of practice in all settings. I will promote nursing excellence based on evidence and promote healthy public policy, wellness, injury prevention and health promotion. I recognize that CARNA’s “conduct role” and the competency program presents many challenges for nurses; on the other hand I believe we must demonstrate our competence, reflect on our practice and be accountable. We are respected, knowledge-based professionals, trusted by Albertans.

WHAT IS THE ROLE OF PRESIDENT IN PROMOTING SELF-REGULATION?

The role of the president is to value self-regulation through messages to the government, the media, our members and the public. Studies have shown that registered nurses are one of the most trusted professions in Canada. CARNA’s values are integrity, respect, accountability and professionalism. Self-regulation is based on these values and supports our duty to protect the public. Based on public trust, we cannot take our role and our status as a self-regulating profession for granted. RNs are truly the best group to make the decisions about our practice and our profession. Self-regulation is truly a privilege and a symbol of pride in our profession.
Marilyn Coady
RN
RATIONALE FOR SEEKING ELECTION
As Alberta makes changes in the delivery of health care, I want to advocate the best practice standards for registered nurses. Also wish to develop plans to address the nursing shortage and nurse patient ratio.

ATTRIBUTES YOU WOULD BRING TO THE POSITION
Have 40 years of nursing at the bedside. Active member of United Nurses of Alberta and was on the executive board for 20 years and a member of the UNA Negotiating Committee for 10 years.

PRESENT EMPLOYMENT
Wetaskiwin General Hospital, full-time RN, emergency department

PREVIOUS NURSING WORK EXPERIENCE
• Wetaskiwin General Hospital, 1980 to current time
• Canmore Municipal Hospital, 1969–1980

EDUCATIONAL PREPARATION
• graduate, St. Joseph’s School of Nursing, Lakehead University, Thunder Bay, Ontario
• intensive care nursing certificate, University of Alberta

PRESENT/PREVIOUS INVOLVEMENT WITH CARNA
• auditor, Competence Committee, January 2009
• UNA/AARN Liaison Committee, 1990s

NURSING AND COMMUNITY ACTIVITIES
Currently involved at UNA local as secretary treasurer and member of the Professional Responsibility Committee and the Occupational Health and Safety Committee.

Joann Nolte
RN, BScN
RATIONALE FOR SEEKING ELECTION
Now more than ever we need to create mentorship and awareness programs that help both the next generation of new nurses and experienced nurses to cope in today’s challenging nursing environment. It is time to start creating support systems that follow RNs throughout their careers. We need a network that goes beyond graduation to help RNs.

As nurses we are always caring for other people, but are new nurses and experienced RNs really aware of the support/resources that are out there? I would like to create a network that would raise awareness of the resources that are currently available to RNs and to bridge that gap. I want to be part of that system that creates a new spark in order to keep nurses in this profession.

ATTRIBUTES YOU WOULD BRING TO THE POSITION
While working for several large corporations and hospitals, I have become more aware of the importance of a strategy to help retain RNs in the current ailing health-care system. A mentorship program that follows new grads for one to two years after graduating would be a tremendous boost of positive energy.

I have formed a network of mentorship programs for new grads in the corporate sector. This network has created such a tremendous support for both new and experienced RNs. Let’s have a network where nurses support other nurses. Nurses are great at nursing but are we doing enough to support each other? I want to be in this position to create a stronger network for nurses.

With the dramatic changes that the provincial health authorities have undergone it is important to promote effective relationships and build exchanges that will last. I believe in building relation-ships that are respectful, inclusive and interest-based with all partners involved, and at the same time having nurses voices raised throughout the process. Listening and considering the perspectives and needs of all involved along with delivering a strong nursing presence will help our profession grow and change along with the province.

In today’s economy we need to take risks and not be afraid to speak up with ideas. This position is the key position to network with nurses that will shape legislative and political processes. What good is developing legislation and policy if we don’t have any support from the nurses who are just “too burnt out to care.”

PRESENT EMPLOYMENT
Working for several corporations in Edmonton and surrounding areas and work casual at the Royal Alexandra Hospital in Edmonton

PREVIOUS NURSING WORK EXPERIENCE
Worked at the University of Alberta Hospital in hemodialysis and neurosurgical units

EDUCATIONAL PREPARATION
• BScN, University of Alberta
• occupational health nurses certificate, Grant MacEwan College

PRESENT/PREVIOUS INVOLVEMENT WITH CARNA
Member, Alberta Occupational Health Nurses Association

NURSING AND COMMUNITY ACTIVITIES
Volunteer for private organizations that assist children and seniors with special needs
Kerry Hubbauer  
RN, BN

RATIONALE FOR SEEKING ELECTION
I have chosen to run for the CARNA Provincial Council to represent Calgary/West. This choice was difficult, but I thought of Mahatma Gandhi, and his famous quote, “Be the change you want to see in the world.” I am taking on this opportunity in order to strengthen involvement of nurses within the Calgary and beyond. I believe that with our current recession and over taxed health-care system, now is a critical time for a change in our health-care paradigms. I agree with the former Minister of Health, Carolyn Bennet when she stated that we should move from “a health-care system to a system for health” (Conference Proceedings, Nov. 13, 2008). All nurses have a huge role to play in helping the public at large understand this as the old adage goes, “An ounce of prevention is worth a pound of cure.”

ATTRIBUTES YOU WOULD BRING TO THE POSITION
I am a great fit for this position as I carry much contagious enthusiasm, coupled with strong program development and organizational skills.

PRESENT EMPLOYMENT
Currently I am working on my masters of nursing part-time at the University of Calgary as well as working as a clinical systems specialist with Alberta Health Services. In this role, I lead the training of the staff within the community health centers, partnerships and services portfolio and work casually at the Village Square Community Health Center as a community health nurse. In addition, I also maintain ongoing psychiatry experience. Since October 2006, I have enjoyed working casual in acute psychiatry on units 21, 22, 23 and in E.C.T. at the Foothills Medical Centre and at the Southern Alberta Forensic Psychiatry Center. Since October 2006, I have also worked as a community health nurse, developing programs with schools and partnering with community agencies.

PREVIOUS NURSING WORK EXPERIENCE
Prior to this I was a member of the cardiac surgery unit 91 team at the Foothills Medical Center in Calgary. Before moving to Calgary, I had been working beyond full-time in acute psychiatry for a year and a half within a community hospital setting and a tertiary hospital care setting in Winnipeg, MB. Lastly, as a bachelor of nursing graduate from the University of Manitoba, I have had training in a variety nursing settings including geriatrics, general surgery, internal medicine, maternity, mental health and palliative care. This wide variety of rotations and experiences, coupled with my pro-active nature and enthusiasm makes me a well-rounded addition to the CARNA team.

EDUCATIONAL PREPARATION
• bachelor of nursing, University of Manitoba

PRESENT/PREVIOUS INVOLVEMENT WITH CARNA
This would be my first in-depth involvement with our registering body.

NURSING AND COMMUNITY ACTIVITIES
There are three positions for Calgary. I encourage and welcome nurses to join me in running for Provincial Council or to back my nomination and vote for me. In running for Provincial Council, your support and input is critical to collaboratively address nursing issues, strengthen our practice and to aim for the best strategy to support health within Albertans. This is an opportunity for us to have a collective voice in leading best practices.

Kevin Huntley  
RN, MN, NP

RATIONALE FOR SEEKING ELECTION
• I am interested in participating in the regulation and development of the nursing profession within Alberta and in promoting our vision nationwide.
• I believe that strong leadership and a strategic approach is necessary to ensure that public safety and quality health care is maintained in the current economic and political climate.
• I have developed and promoted the role of the advanced practice nurse within my own career and I am interested in providing representation at Provincial Council.
• I am a strong candidate to represent nurses and I desire to invest my time and energy to broadly advocate the advancement of nursing practice which will benefit the public by improving our strained health-care system.

ATTRIBUTES YOU WOULD BRING TO THE POSITION
• I am a nurse practitioner in acute care with significant experience in our health-care system.
• I have a clinically focused practice but regularly participate in several areas of administration within Alberta Health Services including policy development and review, quality assurance/improvement, staff education and patient safety.
• I am passionate, ambitious and have experience in many different nursing roles providing a unique perspective to Provincial Council.
• I will bring my education, experience and enthusiasm to represent you.

PRESENT EMPLOYMENT
• nurse practitioner in acute care at Foothills Medical Center
PREVIOUS NURSING WORK EXPERIENCE
Prior to obtaining my undergraduate nursing degree:
• personal care attendant at a seniors long-term care facility
• client attendant at a community agency for clients with developmental and psychiatric diagnoses
• student nurse providing mini-physical exams and substance screening for a company contracted by insurance companies as well as the correctional system
After completing my undergraduate degree and becoming a registered nurse:
• I worked as a staff nurse in the cardiac/thoracic surgery unit at the Foothills Medical Center and in the emergency department at Rockyview General Hospital.
• While completing my graduate education at the University of Calgary, I worked as a teaching assistant for the faculty of nursing.

EDUCATIONAL PREPARATION
• bachelor of nursing, University of Calgary
• certificate in emergency nursing advance critical care nursing, Mount Royal College
• masters of nursing, University of Calgary
• post masters acute care nurse practitioner diploma, University of Calgary

PRESENT/PREVIOUS INVOLVEMENT WITH CARNA
• participated in the consultation for nurse practitioner registration requirements regarding the implementation of the Trade, Investment Labour and Mobility Agreement (TILMA)

Kimberley Sommerville
RN, BScN

RATIONALE FOR SEEKING ELECTION
Health care is in an exciting and changing time. As the largest group of health-care professionals, there is a real opportunity for registered nurses to use this to our advantage. I have always been interested in being involved on Provincial Council and I am concerned about the issues facing nursing. I have a broad base of nursing experience and believe that I can make a significant contribution. I believe that by working together we can create new opportunities for RNs while maintaining our qualities and respecting our past. Strong visible leadership, the use of applicable research and being able to work in a healthy supportive environment are key to the abilities of registered nurses. We need to be proactive to ensure quality, safe patient care in the future, at the community, institutional and professional levels.

ATTRIBUTES YOU WOULD BRING TO THE POSITION
I have commitment and passion for the role that registered nurses have in the promotion, maintenance and assistance in the health of people. I am always looking for a variety of solutions to deal with issues and problems that arise in all work settings. I have progressively taken on leadership roles and look forward to working on challenges that are facing our profession.

PRESENT EMPLOYMENT
I am currently employed as the assistant patient care manager of day surgery at the Foothills Hospital.

PREVIOUS NURSING WORK EXPERIENCE
I have worked at the bedside in medical/surgical, neurosciences, and rural areas. I have experience in teaching at Red Deer College in the BScN program and management experiences as the director of operations of a private home-care company and as a patient care manager of critical care in a regional hospital.

EDUCATIONAL PREPARATION
I am currently attending the University of Calgary for my masters of nursing. I received my BScN from the Red Deer College/University of Alberta collaborative nursing program and graduated in 1998. I have completed different certificates related to business, management and nursing throughout my career and continue to do so.

PRESENT/PREVIOUS INVOLVEMENT WITH CARNA
I have not been involved in CARNA previously. I look forward to the opportunity to represent the nurses of Calgary/West on our provincial governing body.

NURSING AND COMMUNITY ACTIVITIES
I have sat on many committees throughout the years and continue to do so.
Carol Ulliac  
RN, BScN, MN, GNC(c)  
**ACCLAIMED**  

**RATIONALE FOR SEEKING ELECTION**  
- Nurses face unique challenges with ever-changing workplace environments and expanding scopes of practice  
- Self-governance of our profession is both a privilege and responsibility under the *Health Professions Act*  
- I believe that involvement with our governing body is an opportunity to help influence the future direction of nursing and address current nursing issues  
- I would like to bring the perspective of rural nursing to the group but overall be a strong voice for all nurses in Alberta  

**ATTRIBUTES I WOULD BRING TO THE POSITION**  
- Honesty, integrity and a positive attitude  
- Strong communication, leadership and team building skills  
- Passionate about nursing as a profession and committed to making a valuable contribution to Provincial Council  
- Experience and understanding of the different roles of nursing in Alberta  
- Recognition of the challenges faced by all nurses, whether they are working on the front lines, as educators or in management roles  

**PRESENT EMPLOYMENT**  
- Manager of Boyle Healthcare Centre  
- Actively involved in hands-on nursing care in acute care and emergency  

**PREVIOUS NURSING WORK EXPERIENCE**  
- Coordinator and educator for Portage College Practical Nurse program  
- Rural acute nursing experience (30 years)  
- Nurse supervisor in emergency, acute care and continuing care units  
- Experience in rural home care and remote nursing  
- Experience in large tertiary hospital nursing in surgical and mental health units  

**EDUCATIONAL PREPARATION**  
- Nursing diploma, Georgian College, Barrie, Ontario (1976)  
- BScN, University of Alberta (2004)  
- Masters of nursing, Athabasca University (2007)  

**PRESENT/PREVIOUS INVOLVEMENT WITH CARNA**  
- Current member and previous vice-chair of the Nursing Education Program Approval Board (NEPAB)  

**NURSING AND COMMUNITY ACTIVITIES**  
- Member of National Emergency Nurses Affiliation (NENA)  
- Member of Canadian Association of Rural and Remote Nursing (CARRN)  
- Previous CARRN newsletter editor  
- Developed and presented several workshops on horizontal violence in nursing and healthy workplace environments  
- Previous member of Alberta Nurse Education Administrators  
- CPR instructor trainer  

**Ballots must be received at the CARNA provincial office by July 10, 2009.**  
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.
renew
online and on time

Renew your registration at www.nurses.ab.ca
Simpler, faster and always secure...
We continue to make online renewal easier to access and more user-friendly. No more pop-ups and more onscreen assistance to help you get through the process quickly.

1. Deadline Moved Up to Sept. 1, 2009
Notices go out in early July
Whether you elect to renew your practice permit online or on paper, CARNA must receive your completed application by September 1. All applications received after September 1 will be subject to a late fee. In past years, CARNA has received up to half of the applications for renewal in the last two weeks of the practice year, that is after September 15, making it difficult to get everyone’s permit processed and printed in time. Moving the deadline ahead by one month will provide time to process and print all of the more than 32,000 renewal applications CARNA expects to receive before they expire on Sept. 30, 2009.

2. Fewer paper copies in the mail
If you indicated on your application last year that you would like to receive your renewal information by e-mail, you will not receive a paper copy. Instead, an e-mail reminder will be sent to the address listed in your profile, with instructions on how to access online renewal. Members who receive a paper copy will still be encouraged to use the environmentally-friendly option of online renewal.

3. Reporting of Blood-Borne Virus Infection
This year, members will be required to report whether they have any of the following blood-borne virus infections (BBVI): hepatitis B (HBV), hepatitis C (HCV), and/or human immunodeficiency virus (HIV) to support and enhance safe care. Nurses who have BBVI could inadvertently transmit these viruses to patients/clients through nursing practices when providing care.

Members will check “Yes” or “No” in response to a question appended to the list of eligibility questions in the application for a practice permit. Together, these questions preserve the high degree of trust the public has in our profession by helping CARNA consistently attest to a member’s ability to practise nursing competently and safely. As in previous years, all members applying to renew their practice permit this summer and all new applicants throughout the year are required to respond to all eligibility questions. Members who are diagnosed later during the practice year with BBVI will also be required to promptly report their status to the CARNA deputy registrar, Entry-to-Practice/Renewals.

What’s New!
In November 2007, CARNA Provincial Council reviewed the existing guidelines for members to report BBVI and carried a motion to introduce reporting of BBVI as a mandatory standard of practice. The intent is to minimize the risk of CARNA members transmitting a BBVI to individuals receiving care and to ensure that members who have acquired a BBVI receive standardized followup and guidance. Although the published evidence of transmission from nurses to patients is low, recent events in Alberta have increased awareness and sensitivity to the risks of infection in health-care settings. Both Health Canada and Alberta Health and Wellness have recommended that all health-care workers with BBVI who engage in exposure-prone procedures (EPP) seek advice from an Expert Review Panel for an assessment of, and guidance on, the circumstances under which they may continue these procedures (see below for definition of EPP).

CARNA is committed to ensuring a balance between minimizing the risk of transmission of BBVI and protecting the privacy of the personal health information of members. CARNA has consulted with representatives in public health, occupational health, infection prevention and control, government and members to develop a confidential reporting process that focuses on providing guidance and support to members with BBVI. For more details, see Q&A on Reporting of BBVI on page 19.

Exposure-Prone Procedures (EPP)

Procedures where the health-care worker’s gloved hand may be in contact with sharp instruments, needle tips, or sharp tissues (spicules of bone or teeth) inside a patient’s open body cavity, wound, or confined anatomical space where the hands or finger tips are not visible at all times, e.g. during open surgical procedures or repair of major traumatic injuries.

The technical definition of EPP developed by Health Canada (1998) for which there is potential for the patient’s open tissues to be exposed to the blood of the infected health-care worker is:

- digital palpation of a needle tip in a body cavity (a hollow space within the body or one of its organs) or the simultaneous presence of the health-care workers fingers and a needle or other sharp instrument or object in a blind or highly confined anatomic site, e.g. during major abdominal, cardiothoracic, vaginal and/or orthopedic operations, or
- repair of major traumatic injuries, or
- major cutting or removal of any oral or perioral tissue, including tooth structures


Non Exposure-Prone Procedures (NEPP)

Procedures where the hands and fingers of the health-care worker are visible and outside of the body at all times and procedures or internal examinations that do not involve possible injury to the health-care worker’s hands by sharp instruments and/or tissues are considered NEPP, provided routine infection prevention and control procedures are adhered to at all times, e.g. insertion of intravenous or central lines.

For additional information on background, rationale and processes for reporting BBVI and for general information about BBVI, including a description drawn from the most recent research in the area, visit the CARNA website at www.nurses.ab.ca.

4. Continuing Competence Program Questionnaire and Document Audit Happens at Renewal

Members randomly selected to participate in the 2009 Continuing Competence Program questionnaire and document audit will be advised by e-mail or by mail at the same time as CARNA sends their renewal information in early July. If selected to participate in the audit process, you must submit your continuing competence documents to CARNA by the new renewal deadline of Sept. 1, 2009. For everything you need to know about the questionnaire and audit process, please refer to Committed to Competence on page 17. For the past two years members randomly selected for the questionnaire and audit were selected to participate after the renewal period ended on September 30th.
Continuing Competence Program (CCP) requirements

Reporting on the completed 2009 practice year

If you held a Carna RN, NP or CGN practice permit for any portion of time from Oct. 1, 2008 to Sept. 30, 2009, you must report on the implementation of your learning plan(s), meeting your learning objective(s) and the influence this learning has had on your nursing practice. If you changed your professional development focus to a different indicator during the practice year, please record the change and report on implementation of your learning plan for the new indicator.

Identifying indicators for the 2010 practice year

If you are applying for a practice permit for any portion of the 2010 practice year (Oct. 1, 2009 to Sept. 30, 2010), you must:

- complete a written self-assessment of your nursing practice using the CARNa Nursing Practice Standards. Nurse Practitioners must also use the CARNa Nurse Practitioner Competencies
- collect feedback about your nursing practice
- prioritize specific indicator(s) for your professional development for the 2010 practice year. RNs must select at least one and up to three nursing practice standard indicators; NPs must select at least two and up to three indicators, at least one of which must be a NP competency indicator
- begin a written learning plan to address each indicator you have chosen
- record your selected indicator(s) on your renewal form or online

Throughout the 2010 practice year, you should further develop and implement your learning plan(s). When you complete your learning activities, evaluate the influence this learning has had on your practice and document your evaluation.

Please keep your continuing competence records for five years.
### Committed to Competence:
**What you need to know if you are selected for the 2009 audit**

If you are selected to participate in the 2009 Continuing Competence Program audit you will receive notification with your renewal package this summer. **Members selected for the audit are required to submit the requested continuing competence information to CARNA by Sept. 1, 2009.**

#### Who participates in the audit?
Each year, a random, computer-generated sample of CARNA members are selected to participate in the basic audit. Ten percent of those selected for the basic audit will also participate in the advanced audit.

#### What do I do if I am selected to participate in the basic audit?
If you are selected for the basic audit, you are required to complete a questionnaire and submit it to CARNA by Sept. 1, 2009.

**What is asked in the questionnaire?**
You will respond to questions about your continuing competence activities during the 2009 practice year (your self-assessment, the feedback you collected, your learning plan(s), learning activities, implementation of your learning plan(s) and evaluation of the influence your learning has had on your practice). You will also rate the helpfulness of the Continuing Competence Program worksheets and educational resources.

#### What do I do if I am selected to participate in the advanced audit?
If you are selected for the advanced audit, you are required to complete a questionnaire and submit your continuing competence documents to CARNA by Sept. 1, 2009.

**Which documents do I provide for the advanced audit?**
If selected for the advanced audit, you are required to submit your completed learning plan(s) for the 2009 practice year. Your documentation must show evidence of participation in the reflective practice process and should clearly outline details about your decisions, actions and outcomes associated with all steps of the continuing competence process.

**What is the purpose of the annual audit?**
The audit monitors the quality and effectiveness of CARNA’s continuing competence program and member compliance with the program. The results of the audit help substantiate what members reported at registration/renewal and may identify trends in professional development goals and availability of learning resources.

Look for the results of last year’s audit, conducted for the 2008 practice year, in the July issue of *Alberta RN.*

For detailed information on CARNA’s Continuing Competence Program, please refer to the CARNA website [www.nurses.ab.ca](http://www.nurses.ab.ca) and your Continuing Competence information package.
Should you claim self-employed practice hours at renewal?

1. Have you submitted the required documentation to CARNA?

If your self-employed practice has been previously approved by CARNA, you are eligible to claim your self-employed nursing practice hours at renewal. Self-employed practices are approved for a period of two renewal years, at which time you need to submit a Self-Employed Practice Renewal Application. Any member who wishes to engage in self-employed nursing practice must provide CARNA with documentation of their practice. CARNA reviews the documentation to determine if the work that you are undertaking requires the application of professional nursing knowledge, skills and/or competencies in one or more parts of the services provided as defined in the Health Professions Act, Schedule 24, Section 3. Only approved self-employed nursing practice is eligible for inclusion in nursing practice hours.

Registered nurses and nurse practitioners in Alberta may provide nursing services through self-employment in independent or private nursing practice. These services may include, but are not limited to the provision of direct client care, consultation, research, case management or coordination of health services for a client population, education of nurses/other health-care providers or supervision of health-care providers.

Further information about self-employed nursing practice is available at [www.nurses.ab.ca](http://www.nurses.ab.ca).

Your current practice permit expires Sept. 30, 2009

Even if you will not be practising as of Oct. 1, 2009, you need to complete your renewal and return it to CARNA by September 1. Reporting key information from the completed practice year to CARNA is each nurse’s professional responsibility and will ensure that you maintain good standing with your regulatory body.

2010 registration fees

- Registered Nurse: $472.50
- Certified Graduate Nurse: $420.00
- Nurse Practitioner: $498.75
- Non-Practicing (associate, retired, student): $42.00

*All fees include GST*

The registration fee for practicing members includes membership in the Canadian Nurses Association and liability protection from the Canadian Nurses Protective Society.

Make renewal easier

You don’t have to wait until you receive your renewal notice to update information. *In fact, you shouldn’t wait.* You can update your Member Profile online any time during the year, including your contact information, employer, continuing competence information and practice hours for the current year. Log in to your Member Profile on CARNA’s website [www.nurses.ab.ca](http://www.nurses.ab.ca).

We’re here to help

If you have any questions about your current registration or renewing your registration, please contact CARNA’s registration department at 780.451.0043, or toll-free at 1.800.252.9392.
Rationale

1. **Why has CARNA introduced mandatory reporting of BBVI?**

In November 2007, CARNA Provincial Council reviewed the existing guidelines for members to report BBVI and carried a motion to introduce reporting of BBVI as a mandatory standard of practice. Mandatory reporting is being introduced to protect the public interest by further reducing the risk of inadvertent transmission by CARNA members with BBVI to patients/clients through nursing practices when providing care. The mandatory reporting process supports CARNA’s mandate to act in the interest of public safety and helps address the following issues in health care:

- the need for a standardized evidence-based approach to risk assessment of regulated health professionals infected with BBVI
- the increased expectation by government on regulatory colleges to implement policies and procedures that reduce the risk of infection
- the reduced tolerance by the public of any perceived or real lapses in infection prevention and control practices by health-care professionals

CARNA’s BBVI reporting standard is supported by the CARNA document *Registered Nurses With Blood-Borne Virus Infection: Standard For Reporting And Guidance For Prevention And Transmission Of Infection*, (September 2008).3 The standard strengthens CARNA’s previous guidelines, *Disclosure and Reporting of Infection with Blood-Borne Pathogens: Guidelines for Registered Nurses* (2006) and elevates the reporting requirement to a mandatory standard of practice.

2. **Is CARNA requesting mandatory routine screening/testing of members for possible infection with hepatitis B, hepatitis C and/or HIV?**

No, CARNA does not require mandatory screening/testing of registered nurses for BBVI.

Risk of Transmission

3. **How could CARNA members infected with BBVI transmit virus to the clients/patients in their care?**

The most likely practices that create risk for the transmission of hepatitis B, hepatitis C and/or HIV, are practices that involve exposure-prone procedures. Exposure-prone procedures are those where there is a risk that injury to the nurse may result in exposure of the patient/client open tissues to the blood of the nurse (also described as “bleedback”). For more information on exposure-prone procedures see page 15.

4. **Why do all registered nurses, including those who do not perform exposure-prone procedures, need to report BBVI to CARNA?**

Although most CARNA members are not likely performing exposure-prone procedures, CARNA has opted to introduce mandatory reporting as a practice standard. BBVI reporting, assessment and followup ensures a high standard of public safety during the delivery of care with the opportunity for support and guidance of members with BBVI. The process provides an objective and consistent assessment of the risk to patients. In the document *Guidance: Health Care Workers With Blood Borne Virus Infections In Alberta*4 (December 2008), Alberta Health and Wellness stipulates that health-care workers must not rely on their own assessment of the risk they pose to patients.

5. **Is there evidence that health-care workers have transmitted hepatitis B, hepatitis C and/or HIV to patients?**

Yes. There are instances of documented disease transmission but the risk is very low. The occupational transmission of BBVI is more common from patients to health-care workers.

Published evidence5 that BBVI has been transmitted to patients from health-care workers includes:

- 42 health-care workers transmitted hepatitis B disease to about 375 patients; additional clusters have been reported including one cluster of 75 patients in Canada;
- 5 health-care workers transmitted hepatitis C disease to 232 patients;
- 3 health-care workers transmitted HIV disease to 8 patients

Publications specific to nurse transmission of BBVI include the transmission of hepatitis B6 and HIV7,8 to patients receiving care. In both circumstances the exact mechanism of nurse-to-patient transmission was not determined.
6. Will proper infection prevention and control practices prevent the transmission of BBVI from infected health-care workers to patients/clients?
The risk of transmission to patients (and from patients) will be reduced by following the recommended infection prevention and control practices. However, in rare instances, transmission occurred despite compliance with the recommended infection prevention and control practices (e.g. when medical gloves were worn as required by a health-care worker with BBVI but infection was transmitted to patients, likely due to unrecognized punctures of gloves and the hands by sharp devices with “bleedback”).

Reporting Process and Confidentiality

7. When are CARNA members and applicants required to self-report BBVI?
Members are required to self-report BBVI as follows:
• at the time of CARNA application as a new member
• during the practice year when BBVI is first identified
• at the time of annual renewal of registration
Once you have reported BBVI to CARNA you are required to report annually and whenever you change your nursing practice. Changes in nursing practices involve a change in the type of care provided to individuals (e.g. post surgical care or labour and delivery).

8. How will members report BBVI to CARNA?
Each year, members will report BBVI to CARNA in response to a yes/no question added to the Eligibility for Registration section of the practice permit application. Members who learn they have a BBVI during the practice year are required to promptly call the CARNA deputy registrar, entry to practice/renewals to ensure they receive prompt followup and guidance.

9. How is member privacy managed by CARNA after self-reporting BBVI?
All personal member information collected by CARNA is considered confidential and is managed according to requirement of the Personal Information Protection Act (PIPA) and the Health Information Act (HIA). Access to member information related to BBVI will be handled confidentially by the CARNA office of the deputy registrar.

10. What happens after a member reports BBVI?
The CARNA deputy registrar will follow up individually with members who report infection with BBVI to respond to questions related to participating in exposure-prone procedures, or the potential to practise exposure-prone procedures (e.g. emergent situations) and for referral to the local medical officer of health (MOH). CARNA will ask all members reporting BBVI to sign a voluntary agreement to refrain from engaging in practices that involve exposure-prone procedures.

11. What will happen to the information members provide to the Deputy Registrar?
CARNA is obligated to notify the MOH. Alberta legislation (the Alberta Public Health Act and the Communicable Diseases Regulation) has declared specific diseases, including hepatitis B, hepatitis C and HIV notifiable to the MOH for the purpose of public health followup and to provide information and support to individuals so that public protection of health is assured.

The MOH, or designate, will contact the member after notification by CARNA to provide public health followup, information, and support for the member. The MOH will assess the practices of the nurse with BBVI on an individual basis and when necessary (i.e. when the nurse engages in exposure-prone procedures) will refer the nurse to the Alberta Expert Review Panel on Blood Borne Infection in Health Care Workers. The nurse and CARNA will be informed of any practice recommendations made by the Expert Review Panel for the member.

12. Will there be a requirement for a CARNA member to change their work setting or practices if there has been a previous diagnosis of hepatitis B, hepatitis C and/or HIV?
CARNA does not anticipate that a member with BBVI will have to change their work setting. He/she will be required to sign a voluntary agreement with CARNA to not engage in exposure-prone procedures, but will likely not be required to change their work setting.

Any recommendations for a further change in the practices by the member would be only be made under advisement of the Expert Review Panel.

13. Will CARNA impose a condition on the practice permit of a member who reports?
No. The practice permit will not indicate that the member has a BBVI. A condition on a practice permit indicating a practice restriction (without specific details) would only result if the member does not sign the voluntary agreement to not practice exposure-prone procedures.

14. Will the employer of nurses with BBVI be informed of the BBVI by CARNA?
No. Employers will not receive information from CARNA about a member’s BBVI status. However, if member work
restrictions apply, such as those recommended by the Expert Review Panel, the member would be advised to discuss those restrictions with the employer to ensure appropriate work assignments.

15. Will a member/applicant with BBVI be asked by CARN A about the probable or known source of infection? (i.e. how the infection was likely acquired)

No. CARN A will not seek information on the member’s source of BBVI (i.e. how the member contracted the BBVI) as there is no need to know or collect this information.

16. If a member is infected with more than one of the blood-borne viruses (HBV, HCV and HIV), is the member required to report each infection at the same time?

Yes. Members are required to report diagnosis of each of the blood-borne viruses (hepatitis B, hepatitis C and/or HIV) to CARN A.

17. What if a member does not report infection with hepatitis B, hepatitis C and/or HIV, when he/she is aware of BBVI?

All regulated members are required to comply with CARN A standards defined and approved by Provincial Council. Failure to comply with required standards may result in disciplinary action.

Policies for Health-Care Workers Infected with BBVI

18. Who sets Alberta policy for health-care workers infected with BBVI?


19. How do other regulated health-care professions manage BBVI of their members?

The College of Physicians and Surgeons of Alberta requires reporting of BBVI to the Registrar, while other regulatory colleges require reporting as an ethical obligation (e.g. dentists and dental hygienists). Member testing for BBVI is not mandatory for any professional group in Alberta. Testing of prospective medical and dental students for hepatitis B infection is required by the faculty of medicine and dentistry at the University of Alberta.

Further information for members

The CARN A website contains the following fact sheets for nurse education about BBVI self reporting and the prevention of BBVI:

a) General Questions and Answers for CARN A Members
b) Exposure-Prone Procedures
c) Questions and Answers for a Member with BBVI
d) Routine Practices to Reduce the Risk of Infectious Disease
e) Post Exposure Management of Occupational Exposure to Blood/Body Fluids
f) Hepatitis B Prevention through Immunization
g) About hepatitis B, About hepatitis C and About HIV and AIDS
h) Information for Understanding Risk for BBVI

For additional information on BBVI members can contact the deputy registrar, entry to practice/renewals by telephone at 780.453.0537 or 1.800.252.9352, ext. 537.

REFERENCES


3. College and Association of Registered Nurses of Alberta. (September 2008). Registered nurses with blood borne virus infection: Standard for reporting and guidance for prevention and transmission of infection


The availability of medications packaged in pen injectors has been steadily increasing. Interest in self-administration of medications in the home, particularly among patients with chronic diseases like diabetes, has propelled the use of this unique delivery method. Intended primarily to facilitate easy and accurate self-administration of subcutaneous drugs, pen injectors can now be found in hospitals for nurses to administer medications to patients.

ISMP has received numerous reports of medication errors that have occurred in patients’ homes and health-care facilities when using pen injectors. Since use of these devices will likely continue, ISMP will be establishing safe practice guidelines that can be employed in all settings to reduce the risk of serious errors. To accomplish this, we need to learn as much as possible about the types of risks occurring with pen injectors. Here we offer a glimpse of what we have gathered so far from reports submitted to the USP-ISMP Medication Errors Reporting Program.

**Error-prone device design**
- Patients and nurses have injected epinephrine into their thumbs when attempting to remove the black cap on an EpiPen (epinephrine). See Figure 1. Although the cap looks like it should be removed, it actually houses the needle and activates the injection when appropriately pressed against the patient’s thigh or inappropriately in a thumb, in these cases. Failure to activate the device has also occurred when patients have not properly pressed the device against the thigh to cause injection of the drug. (Recent changes in packaging and labelling might help reduce the risk of misusing this pen injector.)
- The display of a digital dose in the window of the LANTUS OPTICLIK (insulin glargine [rDNA]) and APIDRA (insulin glulisine [rDNA]) pen injectors could be misread if the pen is held upside down, as a left-handed person might do. For example, if the pen is held incorrectly, a dose that looks like 25 units is actually 52 units, or what appears to be a dose of 21 units is actually 12 units. See Figure 2. Digital displays on other pens might cause similar problems.

**Using pens like vials**
- In response to the rising costs of medications, some health-care providers have replaced insulin vials on nursing units with insulin pen injectors or pen cartridges from which nurses routinely withdraw a prescribed dose using an insulin syringe and needle. In some cases, the pens or cartridges are used as multiple-dose vials for a single patient and each dose is removed with a sterile needle and syringe; in other cases, the pens or cartridges are used as floor stock “vials” from which nurses obtain insulin doses for multiple patients using a new sterile needle and insulin syringe for each puncture into the cartridge membrane. Manufacturers do not recommend the withdrawal of medication from...
Suspect an adverse reaction? Report it.

How to report an adverse reaction

Adverse reactions can be reported by calling 1.866.234.2345. Alternatively, a completed Canada Vigilance reporting form can be faxed to 1.866.678.6789. Reporting forms are available on the MedEffect™ Canada website at www.healthcanada.gc.ca/medeffect.

Any information related to an identifiable patient and/or reporter of the adverse reaction will be protected as per the Access to Information Act and the Privacy Act.

We encourage nurses to contribute to our pool of knowledge about pen injectors. If you experience problems with these devices, hear from patients about problems, or want to share safety guidelines you have employed, please let ISMP know via ismpinfo@ismp.org. We look forward to learning more and building safe practices around pen injectors.

Dispensing errors

- Insulin products with look and sound-alike names have contributed to errors in which the wrong pen injectors have been dispensed, resulting in poor glycemic control.
- Adult and junior strengths of EpiPen have been confused, leading to dispensing errors and unfavourable responses to this emergency drug.

Inadequate patient education

- The patient’s insurance may not cover the cost of pen injectors and the use of coupons and samples to help patients obtain these devices is often short-lived. Thus, patients who are educated about using a pen device, but then cannot afford to purchase the medication in this fashion, will not be prepared to draw doses from a vial. Conversely, patient education before discharge might not be with the actual pen injector that will be used at home.
- Many patients do not tip and roll their insulin suspension pen injectors adequately to assure proper mixing. This may result in large clumps of aggregated insulin flowing from the pen injector during the first injection, leading to hypoglycemic symptoms with new cartridges followed by sub-therapeutic doses.
- When asked about current medications, patients have mistakenly misrepresented insulin pen devices as insulin pumps, which are a vastly different mode of delivery.

Variable designs

The variety of pen injector designs makes it difficult for nurses to learn how to use them properly and maintain device-related competence.

Treating available volume as dose

Patients and health-care practitioners have administered the entire volume available in a multiple-dose pen injector, believing it was a single-use device. For example, a nurse administered the full contents of a pen containing 750 mcg of FORTEO (teriparatide [rDNA]) to a hospitalized patient with osteoporosis. The pen actually contained enough medication for 28 daily doses (typically 20 mcg/daily). The manufacturer lists the contents of the pen (750 mcg/3 mL) on the carton label and pen injector, but the notation that the pen contains a 28-day supply is much smaller and may be overlooked. Based on the label, the patient thought she gave herself 750 mcg daily, but she was actually receiving 20 mcg. She told her physician that she took 750 mcg daily, which was subsequently prescribed. Since the pen had been dispensed accidentally without a needle, the nurse drew its entire contents into a syringe and administered it.


We encourage nurses to contribute to our pool of knowledge about pen injectors. If you experience problems with these devices, hear from patients about problems, or want to share safety guidelines you have employed, please let ISMP know via ismpinfo@ismp.org. We look forward to learning more and building safe practices around pen injectors.
I've always wondered what it would be like to become one of “them.” To feel imprisoned in a hospital, unhappy with life, dependant on others and having to suffer aging alone. At least that was my initial thought about patients in geriatric care, but who would've thought meeting my first client would change my views on elderly in-patients.

Feeling anxious, stressed and nervous all at the same time prior to meeting my patient, it was inevitable I would doubt my abilities as a student nurse. The simple goal of meeting and conversing with my client seemed like an impossible task. The fear of failure crossed my mind many times. Will she answer my questions comfortably? How do I go about sensitive topics? What if we can't find anything to talk about? Mixed emotions and apprehension are my two major barriers in achieving a comfortable relationship with my patient or any type of relationship for that matter.

After taking a few minutes to discuss the objectives of the day's clinical with my group, it was finally time to meet our assigned patients. Thankfully, I was given the chance to have another group member accompany me, which gave me a little boost of confidence. As the two of us made our way into the patient’s soon-to-be former room (she was being transferred to another unit), I could slightly make out her delicate face. Sitting in a wheelchair, looking quite fragile from her slouched position, she was having a conversation with one of the nurses. From her confused expression, I could tell she was having difficulty understanding what the nurse said. It took them a while to notice us standing quietly, but when they did, the nurse initiated our meeting.

Hearing her name brought a smile to my face for a reason I'm really not sure of. As I stood foolishly grinning, my partner took the initiative to introduce himself. Observing carefully, I took mental notes on how he greeted her with gentle, yet firm gestures and how she happily welcomed him. When it was my turn to introduce myself, remembering and applying what I learned just a moment ago, I bent down to make eye-contact and softened my voice as I awkwardly uttered a greeting. To my surprise, she smiled at me and nodded her head. From that alone, I felt a slight sense of accomplishment and returned the smile.

Having expected to simply meet and talk to her for most of our time in the hospital, assisting in her physiotherapy was a surprise. However, I felt this opportunity was not only helpful for our patient's health, but it also allowed me to assess her condition indirectly by watching her from behind. As two nurses helped get her to her walker, I could see the struggle between the three of them. While the nurses...
supported her weight, the patient had to place her hands on the walker's handle one at a time—a task harder than what I initially thought. As we followed from behind, she began walking. I could not help but feel saddened as her slippers began sliding off of her feet. I can only imagine how uncomfortable it must have felt to have her bare skin touching the cold hospital floor. Although I know I could never fully empathize, because I cannot ever completely understand what she is going through, I tried to put myself in her situation and a flood of sorrow came over me. Should I have reached down and tried to put her slippers back on? Would that have been inappropriate? In the end, I walked quietly and did not mention it.

**Maybe it was human contact that gave me courage to freely converse with her and likewise also gave her ease to open up with me.**

After physiotherapy, we headed to her new room. One by one, the two nurses and my group member left the room after settling her in a chair. Finally, we were alone. Mentally, I've rehearsed multiple times how our interview should go—I ask her a question and she simply answers. But this was supposed to be a conversation; my main task is to have a conversation with continuous fluidity. So, I began by asking how she was feeling. Unfortunately, she only replied with a simple “Fine.” Just when I was about to ask her another trivial question, I noticed a worn-out little pink purse sitting on her night table. I remembered that before she went for physiotherapy, the nurse asked if she could temporarily put the purse on the night table. Reluctantly, she had agreed and so I assumed the importance of that purse. When I suggested bringing the purse to her, her face glowed with excitement. She nodded and encouraged me to do so. I cannot forget the look on her face just before I handed her the purse. A combination of happiness, contentment and exuberance was radiating from her. With another small accomplishment, I smiled and shared in slight excitement with her as she opened it.

Taking a few seconds shuffling around, she finally took out lipstick. I watched her as she took off the cap and carefully applied it to her lips. She managed to apply it with little trouble, only minimal shaking of the hand, and smiled at me. I commented on the pretty reddish-pink colour and asked if it had a specific name. Without hesitating, she shared crucial information. “I'm not so sure. I can't see all that well.” I nodded, not sure quite sure how to react. She later said that it’s “just part of growing old.” She appeared not to dwell on what seemed like a tragic situation and instead took out a brush from her purse. Not having time to analyze and think about her vision, I quickly offered to brush her hair when I saw the small brush in her tiny hand. She agreed and I combed her hair, I felt a lot more at ease talking to her. She shared many stories about her family, about her life and travelling. I also found commonality with her, such as our love for food. Maybe it was human contact that gave me courage to freely converse with her and likewise also gave her ease to open up with me.

Rehearsing what to say and what not to say, worrying if she’d be accepting of me and general over-analyzing prevented me from just simply talking to her in the first place. Although I still lack the many attributes of a good conversationalist, I’m sure with practice and time I will improve my skills. Even though her diminishing vision may prevent us from participating in activities that require a “good eye,” I intend on communicating with her in other ways. In the future, if she allows me, I’d like to read her stories to give her another way to see the world again. The “future” could mean five or 10 years from now for many, but for this and other geriatric patients, it could simply mean tomorrow or next week. Which ever is the case, in the future, I hope to be a good nurse to this patient, with my first priority as listening and helping her to the my best of my ability.  

Pamela Angeles  
First year BScN student
I don’t know if this has happened to you, but it has to me. Just when I became really good at something, somebody wanted me to move on!

Several years ago, after a bad trauma case, I was cleaning up the code room and one of the ER doctors came over and asked me why I’d never gone to medical school. I was flattered and then flustered as I stammered out that it had never been an option for me. “Besides,” I answered, “I’m happy where I am.” The doctor went on to say that I was wasting my talent as a nurse. I disagreed and argued back that we need top-notch nurses. What was wrong with being good at what you do? His reply was that no offense was intended.

These back-handed compliments have stayed with me throughout my years of nursing. I find myself still bothered by the thought that often nursing is seen as a less important role than that of doctoring. Then I looked at how we as a group treat ourselves and our positions. When a nurse excels at her role, he or she is often pushed to move up the ladder. Why do we feel the need to promote people out of the positions they are good at?

Over the course of my career I have been encouraged several times to apply for positions that would seem like promotions. I did so on three separate occasions and am thankful now that I was not successful. I would have succeeded in each position, but I don’t know that I would have excelled in them. My strengths lay more so at the bedside than in the boardroom. I’d spent years studying and honing my knowledge of technical procedures and the most current treatment modalities. Yet, I often felt lesser than others around me, especially when it came to job competitions.

It seemed that over the years more emphasis was put on educational preparation instead of clinical skills. It left me feeling out of touch and unwanted. No longer was it good enough to have years of experience. What else have you been studying? Have you finished your degree? Have you taken any other courses? All of a sudden I was competing against younger nurses who had spent the majority of their careers in school, while I had spent the majority of mine working shifts. Competition became fierce and we began to pick at each other instead of supporting the diversity of nursing. I felt like my decision to stay at the bedside was seen as choosing a lesser option. I felt like those with further education wanted to distance themselves from those of us wishing to remain at the bedside. I felt less listened to and my opinion dismissed. In essence, I felt disrespected and left behind.

When others view my role as a bedside nurse as entry-level nursing, somewhere to be moved away from or someplace nobody wants to stay, I feel unappreciated and disrespected. I know how much effort and time it took for me to study and be proficient at what I did. So, why had I allowed others to measure my worth and value? Why did I feel I had come up short on the worthiness stick?

I believe that I had stopped valuing the importance of my role and contributions as a bedside nurse. It was time for me to take back my sense of worth and to share with others my pride in bedside nursing.

There are as many different types of positions out there as there are individual nurses. There is no need for any of us to be in a competition of whose job is more important. They are all needed and each position is as unique as the individuals filling them. We need nurses to excel in the area that they are interested in, at any place within the health-care system. Celebrating myself and where I am at this moment brings me peace with life as it is. This makes me fine where I am!

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MENTORING...
boost morale and improve recruitment and retention

BY RACHEL FOSTER, MN, FACILITATOR

“All I want is a happy, productive team,” sighed one frustrated manager. “Yes,” groaned another. Neither could attract nurses to their unit and morale was low due to staff shortages. Not surprisingly, nurses were burning out.

Sound familiar? Mentoring is a strategy that can improve recruitment, retention and boost morale in the practice setting. Building the foundation of mentoring through workshops, lunch-and-learns and sharing personal stories offers the opportunity for new staff to feel supported and existing staff to feel valued, reducing staff turnover in the process.

What is mentoring?
Mentoring is an intervention aimed at helping a new or novice staff member (a mentee) feel comfortable in their new role and their new environment. It’s a formal or informal relationship for the purpose of supporting workplace integration, career advancement and providing a safe environment to address psychosocial issues.

Two-way benefits
The mentoring relationship may seem one-sided, benefiting mainly the mentee, but nothing could be further from the truth. In a healthy relationship, both parties bring “gifts” to the table; the mentee brings their energy, enthusiasm and new ideas and the mentors appreciate learning from new staff. Many seasoned professionals have commented that it made them realize how much new information was given to recent graduates and how much they could learn from them. Others realize that they need to brush up on their knowledge and it motivates them to research new developments. In some cases, seasoned nurses gain a new lease on their professional life, where they previously felt they had plateaued.

How to start a mentoring relationship
There are two ways to enter into a mentoring relationship, either formally where parties are assigned or informally where parties naturally gravitate to one another and develop an ongoing relationship. The latter is ideal, but not necessary for a successful relationship. Some programs have linked people via a webpage, others through a bulletin board or by assignment.

Regardless, a mentoring agreement should be developed that outlines what each party can expect and clearly outlines a no-fault exit strategy to terminate the agreement. Relationships fall apart at the best of times, so discussing and agreeing on the best way to end it, right at the onset, relieves the pressure should the need arise.

Challenges
There is no doubt that mentoring has many benefits for everyone involved, as well as for the programs and organizations supporting the strategy. However there can be challenges, known as “The three Rs:” role confusion, resentment and responsibility.

Role confusion springs from the mistaken belief that the mentor and a preceptor are one and the same. Preceptoring is skills-based and involves an appraisal of the individual; mentoring is a soft approach to working with new staff.

Resentment rears its ugly head in two ways; first, the mentee may feel singled out or that they were assigned to a mentor because they were deficient in some way. Second, staff not involved in the mentoring process may feel that the time spent by mentors with the mentee increases their own workload. Extra reassurance may be required in both cases.

Responsibility in this context refers to the additional responsibility mentors experience when they accept a mentoring role. In an ideal environment, mentors obtain protected time to do their work. However, the reality of current staffing shortages and increased workloads means protected time is often an impossible luxury.

Could you be a mentor?
Take a few minutes and think about someone in your life who has been a mentor to you in your personal or professional life. What qualities did you experience in that relationship? Now consider what qualities you could bring to the table as a mentor. What are your natural gifts and talents? Novice staff value safety, non-judgment, compassion, understanding and honesty and these are qualities that may be on your list.
Reflections on Foot Care

BY TAMARA ZUJEWSKY, RN, BScN, MScN

It had been raining and many folks visiting the clinic came in wet and cold. She came to me that day a small-framed woman with carefully coiffed hair that hung to her shoulders with a fringe at her temples. Her eyes showed fatigue and frustration. Her words included a warning that hers were the ugliest feet I would ever see.

She quickly and completely pulled the curtain closed once she entered the space of the clinic. I felt I needed to reassure her that I have seen many feet over the past eight years, many of which told stories of abuse suffered by their owners. I went on to say that I have never seen anything that shocked me. She reassured me that I have not seen anything yet!

She then proceeded to painstakingly remove her shoes and socks. Some of her toes were wrapped in toilet tissue. This was the best padding she could find. Most of her toes were curled up in a claw shape and I could see that the top joints were sore and irritated. I felt a sort of burning pain in my limbs from what I saw and a strong need to soothe and comfort these feet and this person who took the risk of showing them to me.

As I touched her foot, she flinched and became tense. I could feel her anxiety in that first connection. She proceeded to tell me of her visit to a local hospital earlier that day. She thought she could have her feet looked at in the emergency department, but she said they did not want to see her. She started to cry a thin, low, piercing cry that touched my inner being. It was a lamentation for her condition. She was told that she had a disease and that they had to do some tests before they would treat her. She said that they told her that she was on drugs. All this, she said, was not true. She continued to lament on her poor treatment and the assumptions people make of her.

All the while, I softly touched her feet and tried to examine them – each movement seemed to bring an alertness in her as if she was anticipating a painful reaction to my touch. I asked her what she wanted me to do and she said she wanted whatever would bring her comfort and relieve the soreness of her feet. I told her what I could do and asked her if that would be all right with her. She expressed surprise at our two-way communication. She said no one ever asks her what she wants done; they just go ahead and do it. And she continued to cry and lament the poor treatment which she has received at the hands of some health-care workers. She returned to the events that transpired at the hospital and continued to lament her poor treatment and the untruths spoken about her. She said that she would sue them for making up such lies about her. I could feel her frustration and had compassion for her.

Her lamentations were not shrill or loud; they were a constant, low key, declaration of long-standing pain and hurt. Hurt not only of physical sources, of which she has many, but of the hurt felt in the relationships with others, hurt felt in the relationships with those who have used their power over her and caused her pain.

I cleaned her toes, cleared away the debris and clipped her nails. She expressed appreciation at every intervention. I gently massaged her feet and padded her toes. She sighed and moaned with pleasure and expressed a reluctance to leave. I provided her with a new pair of socks and a pair of shoes that happened to fit perfectly. In the half hour of time spent with me, she was able to escape the challenges of the world around her and, as she said, “to be treated like a human being.” Isn’t that the least we all deserve?

In my practice of foot care I have met many folks who have taught me much about life and reaffirmed the value of the work I do. This is one such lesson. RN
National Nursing Week
May 11–17, 2009

During National Nursing Week, nurses across Canada celebrate the significant contribution the profession makes to the health and well-being of Canadians. It is also an opportunity for the public to better understand and further appreciate the contributions of nurses.

This Nursing Week, CARNA is proud to recognize and celebrate the important role of RNs in contributing to solutions with an ever-growing body of knowledge and expert caring.

Visit www.CARNANursingWeek.com often for the latest news, events and more!
2009 ARNET Scholarship Recipients

ARNET is pleased to announce this year’s recipients of the prestigious Alberta Registered Nurses Educational Trust Annual Scholarships. The scholarships are awarded to RNs who exemplify ARNET’s commitment to promoting nursing excellence and are based on academic achievement and the applicant’s professional contributions and strengths in nursing leadership, research, administration, education and/or nursing practice. Scholarships are awarded at post-basic baccalaureate, masters and doctoral levels of study.

Due to the impact of lower investment returns and the current economic climate, ARNET was placed in the difficult position of having to significantly reduce both the dollar amount and the number of scholarships offered. With less than $50,000 available for scholarship funding this year (a reduction of over 50 percent from previous scholarship years), the number of deserving candidates far exceeded the resources of our charity. We commend all applicants for their commitment to nursing excellence and remain committed to supporting RNs in their educational endeavors and to doing all that we can to secure additional educational funding support for Alberta’s RNs.

Please join us in congratulating the 2009 ARNET Annual Scholarship recipients and expressing our sincere thanks to our donors who made this possible!

CARN A President’s Scholarship
Carrie McDonagh
Nicole Pitre
Vera Thiessen

AR NET Board of Directors’ Scholarship
Emma Folz
Leslie Hassan
Linda Watson

2009 ARNET Scholarships
Kerry Balshaw
Gwen Erdmann
Angela Ferguson
Leana Forsyth
Ruth Ham
Krystal Johnson
Leah Johnson-Loyle
Teresa Kerridge
Daphne Meyer
Patricia Prince
Carolyn Trumper
Naphtali Willms

Davidson Memorial Scholarship
Nicola Skelly

CARN A/T D Meloche Monnex Scholarship
Muriel Davidson
Deborah Olmstead

Sisters of Service Centennial Scholarship
Danielle Gagnon

Karen Polowick Scholarship for Nursing Leadership
Christy Raymond-Seniuk

Patricia Walker Scholarship for Studies of Childbirth Education and Maternal and Child Health Nursing
Katherine Bright

Applications for the 2010 ARNET Scholarships will be available Jan. 1, 2010. For information on alternate sources of educational funding visit www.nurses.ab.ca/ARNET or call ARNET at 1.800.252.9392, ext. 547.
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.

CARNA Member
Registration number: 54,824

A Hearing Tribunal made a finding of unprofessional conduct against member #54,824 who stole morphine wastage on one occasion while under supervised practice from a previous order of a Hearing Tribunal for similar behaviour. The Tribunal gave the member a reprimand and accepted an undertaking to not practise as a registered nurse pending proof from a physician and addictions counsellor that she is safe to return to practice at which time a report from a psychologist confirming the member is making positive progress in personal issues that are causing stress; 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. Conditions shall appear on the member's practice permit. Failure to comply with the Order may result in suspension of CARNA practice permit.

CARNA Member
Registration number: 70,844

The Hearing Tribunal made a finding of unprofessional conduct against member 70,844, who failed to ensure her own fitness to practise. The Tribunal received a satisfactory medical report confirming the member's fitness to practise and requires a further medical report one year from the date of this hearing. A condition shall appear on the member's practice permit. Failure to comply with the Order may result in suspension of CARNA practice permit.

CARNA Member
Registration number: 83,560

A Hearing Tribunal made a finding of unprofessional conduct against member #83,560 who breached the code of ethics and trust of her manager and two colleagues when, over three separate occasions, she stole a total of $530 from them while at work. The Tribunal issued a reprimand and ordered the member to prove that she has passed a course in ethics by a deadline and pay a $3,000 fine by a deadline. At the hearing, the Tribunal received reports from a psychologist, physician and satisfactory performance evaluations. The Tribunal ordered further reports from the member’s physician and psychologist confirming the member’s fitness to practise and ongoing treatment and counselling for two years and restricted the member’s employment setting pending receipt of a further satisfactory performance evaluation. Conditions shall appear on the member’s practice permit. Failure to comply with the Order may result in suspension of CARNA practice permit.
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).


Moving?
Update your registration profile online

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

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

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

If you have any questions, contact CARNA toll free at 1.800.252.9392 or 780.451.0043 in Edmonton.

Reunions

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

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

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, eilott3@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, susanschafer@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

Submission deadline for reunions listed in Alberta RN July 2009 is June 1.
Go to www.nurses.ab.ca for an up-to-date listing of reunions or to submit an event for publication in Alberta RN.
UROLOGICAL EXCELLENCE CONFERENCE
Evidence and Caring Spanning the Ages in Urologic Nursing
CONTACT: Pivotal Events, mandy@pivotalevents.ca.

CALGARY/WEST ANNUAL NURSING WEEK DINNER
CONTACT: Chris Davies, 403.932.7243, cdavies@nurses.ab.ca, Sarah Kopjar, 403.282.4095, skopjar@shaw.ca.

INTER-REGIONAL NURSES DINNER
May 13, 2009. Head-Smashed-In Buffalo Jump Interpretive Centre, Fort Macleod. Tickets $30
CONTACT: Bev Johnson, 403.625.3260, bjohnson@nurses.ab.ca.

2009 TRI-PROFESSION CONFERENCE
Strengthening the Bond – Culture, Collaboration and Change
CONTACT: www.buksa.com/strength.

CARN A ANNUAL GENERAL MEETING
CONTACT: Diane Wozniak, 780.453.0525, dwozniak@nurses.ab.ca.

HYPERTENSION MANAGEMENT
Train the Trainer Workshop
CONTACT: Nicole Kelly, 403.220.7103, nmkelly@ucalgary.ca, www.hypertension.ca/chep/information-dissemination-form

UNIVERSITY OF CALGARY FACULTY OF NURSING ALUMNI SPRING LUNCHEON
CONTACT: Judy Hanson, hansonj@ucalgary.ca, Tracey Clancy, 403.210.9678.

AO HNA CONFERENCE 2009
Education, Expertise, Empowerment
CONTACT: www.aohna-acist.ca.

CANADIAN GERO NT OLOGICAL NURSING ASSOCIATION BIENNIAL CONFERENCE
CONTACT: cgna.net.

THIRD NATIONAL COMMUNITY HEALTH NURSES CONFERENCE

CENTRAL REGION NURSES CELEBRATING NURSES DINNER
May 12, 2009, Red Deer.
CONTACT: Heather Wasylenki, 403.782.2024, hwasylenki@nurses.ab.ca.

INTER-REGIONAL NURSES DINNER
May 13, 2009. Head-Smashed-In Buffalo Jump Interpretive Centre, Fort Macleod. Tickets $30
CONTACT: Pat Shackleford, 403.394.0125, pshackleford@nurses.ab.ca.

CHNA LEVEL I INTRODUCTION TO ENERGY-BASED NURSING
CONTACT: Debbie Freeman, dlfreem@shaw.ca, www.chna.ca.

CAND HEALTH FUSION CONFERENCE
CONTACT: www.cand.ca.

APPLIED HEALTH INFOMATICS BOOTCAMP
CONTACT: 1.800.860.7901, hi.uwaterloo.ca/bootcamp.

INTERNATIONAL CONGRESS ON CIRCUMPOLAR HEALTH

ICN 24TH QUADRENNIAL CONGRESS
Leading Change: Building Healthier Nations

HEALTH IN TRANSITION CONFERENCE
Researching for the Future

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

THE CANADIAN FAMILY PRACTICE NURSES ASSOCIATION
This association was established for family practice/primary health-care 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 howlett@cfpcn.ca for more information.

Submission deadline for events listed in Alberta RN July 2009 is June 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.
Over the next few weeks and months, I will be bringing CARNAs serious concerns about the lack of visible professional nursing leadership throughout the new structure of Alberta Health Services (AHS) to the attention of the deputy minister at Alberta Health and Wellness and to AHS CEO Stephen Duckett. As the regulatory authority for Albertas more than 32,000 registered nurses (RNs), CARNAs is particularly concerned about the negative impact on patient safety and quality care caused by the absence of nursing leadership in the current organizational structure of AHS. CARNAs is recommending the appointment of RNs in professional leadership positions at executive, senior and at middle levels within AHS to advise the CEO and AHS board, to support the nursing workforce and inform patient-care decisions.

Professional nursing leadership within AHS is the key to providing the vital communication link between AHS and CARNAs (and other nursing stakeholders) to address urgent nursing issues. Over the past 10 months, many nursing initiatives designed to address workforce issues have ground to a halt. The absence of clear nursing leadership positions is contributing to a disjointed approach to international recruitment, inconsistent approaches to integrating the increasing number of internationally-educated nurses into the workforce and to helping the more than 1,000 new graduates making the transition from student to professional employee over the next few months. Strong, supportive and visible nursing leadership can help reverse this state of affairs: the phenomenon of “magnet hospitals” has demonstrated that the appointment of a chief nursing officer helps attract and retain nursing staff. A chief nursing officer, or similar positions, provide valued leadership for the profession and help ensure nurses are involved in decision-making and that organizational decisions take into account the effect on client outcomes and nursing work life.

As the largest group of health professionals employed by AHS, RNs are a valuable source of knowledge and experience in health-care settings throughout the continuum of care, 24 hours a day, seven days a week. They comprise a wealth of well-informed eyes and ears, yet they currently have no recognized influence in AHS. Sound decision-making includes taking swift action to establish nursing professional leadership positions throughout AHS. I hope all RNs share CARNAs commitment to building a collaborative relationship within the current health-care structure. I pledge to take every opportunity to persuade AHS to appoint nurse leaders to support our members throughout the province. I hope you will join me, your elected president and provincial councillors by advocating, at every opportunity, for the development of an infrastructure within our health system which is dedicated to the contributions and needs of the nursing profession.

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

Advancing the Renewal Deadline a Tough, but Sound Decision by Council

This year, CARNAs is distributing the annual application package to renew your practice permit a full month earlier than in previous years, so that all members can submit their application by the end of August rather than the end of September. As the number of CARNAs members continues to grow and the nursing shortage worsens, we need to ensure that every single available RN who wants to practise is eligible to practise on October 1, that every employer can fulfill their obligation to verify that their employees hold a valid permit on October 1, and that we do not overburden our resources with unrealistic expectations. Moving the deadline ahead by one month provides a one-month window of time to confirm that applicants continue to meet all the legislated requirements including currency of practice, continuing competence and fitness to practise and have submitted all the necessary information. In addition, Provinces Councils decision puts CARNAs in sync with other nursing jurisdictions which, for years, have required their members to renew at least one month before their permit expires. I urge you to please not put your practice permit at risk of expiry for your own sake if only to avoid the inconvenience, the sake of your employer who has an obligation to confirm your eligibility to practise and for the sake of patients who expect the care of health professionals who are accountable to the public. Please demonstrate your regard for self-regulation and for your professional colleagues by renewing by September 1.
MAY 21–23, 2009
THE FAIRMONT BANFF SPRINGS HOTEL
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May 22

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