President’s Update

Seeing Ourselves as Others See Us

History is full of turning points and the coming decade may prove to be particularly significant for registered nurses in Alberta. Provincial governments, including our own, are looking for ways to sustain the publically-funded health system, valued so highly by their citizens, while facing increased demand for services from an aging population. Since registered nurses are the largest group of care providers in the system, it is not surprising that the role of registered nurses is being examined as never before by a health system looking for efficiencies and cost savings.

While there is a substantial body of research showing that the care provided by registered nurses makes a real difference in patient outcomes, members of the public ultimately form their opinion of our profession based on their personal experiences with individual nurses. The nurses who provide care and services for them, their families and neighbours are viewed as representative of the whole profession.

It can be an eye-opener to take a few minutes and put yourself in the shoes of a member of the public interacting with the health system. One example that was brought to my attention occurred when an individual was visiting a very sick friend and noticed registered nurses watching a football game at the nursing station. While these nurses were likely on their break, the impression they were inadvertently leaving was unprofessional. Unfortunately, one negative experience can colour people’s attitudes despite many positive interactions with capable, professional nurses.

On the positive side, little things can make a huge difference. It only takes a few extra seconds to say hello and introduce yourself as the registered nurse who will be providing a person’s care. People will appreciate it if you let them know that you are going off shift and won’t see them for a few days. Taking the time to educate patients and family members about their condition and explain what you are doing is part of what is means to be a registered nurse. This type of behaviour is more than simple courtesy. Treating others with respect is part of our code of ethics and contributes to public trust in the care provided by registered nurses.

If we want the health system and the public to value registered nurses for our knowledge and expertise as well as the difference we make to patient outcomes, each registered nurse must intentionally choose to model professional behaviour. We need to be the type of nurse we would like to have providing our own care.

Joan Petruk, RN, MHS
E-mail: president@nurses.ab.ca
Phone: 780.909.7058

Mark your Calendars...

Carna Awards Gala
April 29, 2010
Shaw Conference Centre
Edmonton
Join us in honouring recipients of the 2010 Carna Awards of Nursing Excellence

Carna Annual General Meeting
April 29, 2010, 1600–1730 h
Shaw Conference Centre
Edmonton

Visit www.nurses.ab.ca for event information and to confirm your attendance.
Nursing Week Theme Selected
Council voted to adopt the theme “Expert Caring Makes a Difference” for Nursing Week 2010 to build on CARNA’s public awareness campaign with the same theme. The Canadian Nurses Association (CNA) will be using “Nursing: You Can’t Live Without It,” the same theme used for the past two years.
For more information on Nursing Week, see page 6.

Strengthened Association Role
Council accepted recommendations of a working group to clarify and strengthen the association role of the president, president-elect and members of council. Recommendations included meeting regularly with key influencers, such as the premier, the health minister and the United Nurses Association; actively representing CARNA positions on issues in the media; and representing CARNA at Alberta-based conferences, meetings and events.

Hearing Tribunal Reappointment
Council approved the reappointment of Heather Anderson (Northeast Region) to the Hearing Tribunal for an additional one-year term. Members of the Hearing Tribunal adjudicate hearings into allegations of unprofessional conduct. If a member is found to be unskilled or has engaged in other unprofessional conduct, the tribunal decides what measures are necessary to protect the public, how to remediate and rehabilitate the nurse and determines compliance with its discipline orders.

Nomination to CNA Committee
Council supported the nomination of Nancy Guebert (Calgary/West Region) for election to the CNA Committee on Nominations. The committee is responsible for requesting nominations for elected positions, verifying nominations, interpreting campaign procedures and other activities related to elected and board positions.

CNA Annual Meeting Issues Discussion
Council suggested the president bring forward the following issues as potential discussion topics at the CNA Annual Meeting on June 7, 2010 in Halifax:
• RN workforce supply
• recognition of nurse practitioner role in association documents
• nursing models and staff mix models (the value of RNs)

CORRECTION
Bridging the Gap Between Research and the Front Line” (February 2010) inaccurately reported that the Canadian Institutes of Health Research Team in Children’s Pain focuses on guidelines. Rather, it’s about narrowing the gap between children’s pain research and what happens in clinical care. The same article also identified Carole Estabrooks as an associate professor when she is in fact a professor in the faculty of nursing at the University of Alberta.
Alberta RN apologies for the error.
Volunteer Opportunity

Call for CARNA 2010 Election Tellers

CARNA is seeking a teller (formerly called a “scrutineer”) and an alternate teller for the 2010 Provincial Council election.

Duties

• The teller is required to be present during the tabulation of ballots at the CARNA office in Edmonton on July 12, 2010.
• The teller will determine the admissibility of all questionable ballots pursuant to the rules in the adopted parliamentary authority, prepare teller reports and forward those reports to the CARNA president and the Elections and Resolutions Committee chair.
• The alternate teller will serve as teller if the teller is unable to fulfill their duties.

CARNA reimburses the teller for travel expenses and offers a salary replacement/per diem to compensate for time away from work.

Time Commitment

Two hours at the CARNA provincial office on July 12, 2010.

Qualifications

• registered nurse member of CARNA

Please note, current members of CARNA Provincial Council, CARNA employees and candidates running for any position in the 2010 CARNA election are not eligible.

How to Apply

Go to www.nurses.ab.ca to download an application form or contact:

Diane Wozniak
780.453.0525/1.800.252.9392, ext.525

Questions?

If you have questions about the role of the teller, please contact:

Leslie McCoy, Chair
Elections and Resolutions Committee
403.388.6263
lrmccoy@shaw.ca

Application Deadline: May 14, 2010

Election 2010

This year, the CARNA council election is going electronic.

You will be able to read candidate profiles, check nomination lists and cast your vote online all the while knowing you are saving trees and energy. To ensure you receive an e-ballot, log in to the secure member area at www.nurses.ab.ca to update your member profile.

Have you read our electronic newsletter?

If not, you can read it online at www.nurses.ab.ca. Just click on the link under the What’s New section of the homepage. The AB RN Online e-newsletter notifies members about information that impacts practice and other important updates.

Didn’t get your copy?

AB RN Online is distributed monthly to CARNA members with a valid e-mail address listed in their member profile. Add your e-mail address anytime by logging into the member’s section at www.nurses.ab.ca.
Significant amendments to the *Mental Health Act* are now in effect.

On Jan. 1, 2010, all amendments to the Alberta *Mental Health Act* took effect. The act permits involuntary detention and admission to hospital for examination and treatment against an individual’s will under certain conditions. Alberta Health Services is working with community stakeholders to implement the changes across the province.

Some of the changes to the act are:

- broadened criteria for involuntary admission to hospital
- a requirement to send the patient/client’s hospital discharge summary and any recommendations for treatment to the individual’s family doctor, if known
- expanded responsibilities for the mental health patient advocate and the review panel
- introduction of community treatment orders

For clarification on the rights, detention or care of patients/clients under the *Mental Health Act*, contact the Alberta Mental Health Patient Advocate Office at 310.0000 (toll free) or visit www.mhpa.ab.ca.

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**Celebrate National Nursing Week**

*May 10–16, 2010*

Nurses impact the health and life of communities in every imaginable situation, providing solutions and touching the human heart. Nursing Week provides an opportunity to celebrate the nursing profession. It also gives the public an opportunity to understand and appreciate the contributions nurses make to people’s health and well-being. This Nursing Week, CARNA will continue to reach out to the government, public and media to increase understanding of the central role RNs play in helping our health system through the Expert Caring Makes a Difference awareness campaign. In addition to research findings demonstrating the value of RN care, in April, www.expertcaring.ca will also feature links to Nursing Week downloads and other celebratory materials as well as a video thank you campaign from the public and CARNA to RNs for your valuable contributions to the health and well-being of Albertans.

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**Mandatory Reporting for Gunshot and Stab Wounds**

The *Gunshot and Stab Wound Mandatory Disclosure Act* came into effect on April 1, 2010. The act requires health-care facilities and EMTs to report all gunshot wounds to police. Stab wounds must also be reported unless they are believed to be self-inflicted or accidental. Health-care facilities must ensure a person is responsible at all times to report such injuries to police on behalf of the facility.

Reporting will include only limited patient information, such as the patient’s name, the health-care facility and type of wound, no treatment or diagnostic information will be shared with police.

The goal of the act is to reduce risks to the public by enabling police to start an investigation sooner, possibly leading to the prevention of further violence.

The bill can be downloaded at www.qp.alberta.ca/laws_online.cfm.
Publications ordered by Hearing Tribunals

Publications are submitted to Alberta RN by the Hearing Tribunal as a brief description to members and the public of members' unprofessional behaviour and the sanctions 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: 75,115

A hearing tribunal made a finding of unprofessional conduct against member #75,115, who over a two-year period stole injectable morphine from her employer; covered the theft by misleading co-workers into co-signing for narcotic wastage, when in fact she had not wasted the morphine but pilfered it; and on many occasions, during approximately a one and one-half month period, took injectable Gravol from ward stock. The tribunal gave the member a reprimand and a deadline to provide a written undertaking as a registered nurse, pending proof from a physician and counsellor that she is safe to return to practice. At which time, the member has a choice to return to either a practice setting where there is no access to narcotics or controlled substances, or do a supervised practice in a setting where the member is expected to administer medications, including narcotics and controlled substances. In either setting, the member's employer will report back to a hearing tribunal. The member is required to continue drug screening and provide further medical reports to a hearing tribunal. Conditions shall appear on the member's practice permit. Failure to comply with the order may result in suspension of CARNA practice permit.

Manage Your Member Profile with a Click of the Mouse

Have you recently moved, changed your email address, transferred to a new position or changed the focus of your learning plan for continuing competence? Did you know you can update this information at your convenience with the click of a mouse? It’s simple – just log in to the secure section of the CARNA website with your user ID and password and click on Update Your Member Profile.

Like most organizations, CARNA has increasingly transferred paper records to electronic formats and adopted technologies to assist in the speed of communication, reduce costs and storage requirements and save trees. Last year, more than 70 per cent of members renewed their practice permit online and CARNA is expecting more than 90 per cent of members to do the same when they apply for the 2011 practice year. Having a current email address on your member profile will ensure you receive up-to-date information on the regulatory, professional and practice issues you need to meet your professional responsibilities.
Make your Professional Development Plan Work for You

Continuing competence is all about professional development, so the learning activities you choose each year should be meaningful to your practice. Documenting your learning is one way for you to demonstrate your professional growth. Before you file your continuing competence documents away at the end of the practice year, ask yourself:

Could your continuing competence professional development plan support your career goals?

Could your professional development plan support your performance appraisal?

Could your professional development plan help you in your request for educational support?

Sara, a front-line manager in a continuing care facility, has applied for a project management position in her organization. For the past two years, she has been involved in implementing several quality improvement initiatives on her unit. She has focused her continuing competence activities on learning more about quality improvement. During her interview, she draws on the information she documented in her learning plan to clearly explain how her skills and experience would make her well-qualified for the position.

David, a staff nurse on a general surgery unit, knew he had problems with teamwork and communication. The feedback he received from one of his coworkers and his manager confirmed the need to focus on improving his communication and team-building skills. For his professional development this year, he selected Nursing Practice Standard (NPS) indicator 4.2 (“the registered nurse uses communication and team building skills to enhance client care”). His learning objective was to improve his interpersonal skills and become a stronger team member. He completed several learning activities and felt he had made some significant improvements. During his next performance appraisal, he was able to demonstrate to his manager how the effort that he had put into his professional development had positively improved his job performance.

Often Lori, an ER nurse, finds herself faced with questions from clients and families about ethical issues. She wants to be a strong advocate but has never felt comfortable with her ability to provide useful and relevant information. She would like to attend a one-day workshop on ethical decision-making and has included this activity in her learning plan for NPS indicator 3.3 (“the registered nurse advocates to protect and promote a client’s right to autonomy, respect, privacy, dignity and access to information”). Lori recognizes that obtaining time off work for her educational pursuits may be difficult as her work place is very busy and finding replacement staff is challenging. When she submits her request for leave, she is able to explain to her manager how she has identified this learning need for her professional development and how her learning will improve her skills and positively impact client outcomes.

Of course there is no guarantee that your professional development plans alone will help you achieve your desired professional outcomes. While nurses are not required to share their learning plans except when requested by CARNA, your continuing competence activities should be a mechanism for you to purposefully examine your practice and make informed decisions about how you will continue to grow and develop as a professional.

Take pride in your accomplishments! RN
CARNa is conducting a comprehensive review of the Continuing Competence Program to evaluate it against current best practice in regulatory monitoring of continuing competence.

The review will identify the strengths and gaps of the current reflective practice model; explore other models of continuing competence monitoring; and identify potential additions and/or alternatives to reflective practice and practice visits.

CARNa has retained external nursing consultants Liz Turnbull and Marilyn Wacko to conduct the review. Turnbull and Wacko are registered nurses who have extensive experience working with professional associations and regulatory bodies.

The review will include:

- a comprehensive literature review
- environmental scanning of other nursing jurisdictions in Canada and internationally, and selected other health professions
- input from Alberta registered nurses about the program, including member feedback previously submitted to CARNa
- input from internal CARNa stakeholders including provincial council, regulatory committees and staff
- input from key external stakeholders, including the United Nurses of Alberta and Alberta Health Services

The review is scheduled to be completed by September 2010.

All health professionals regulated under Alberta’s Health Professions Act must demonstrate to their regulatory bodies that they are maintaining their competence as part of their registration requirements.

The CARNa Continuing Competence Program was introduced as a practice permit requirement in 2005 after many years of planning, member consultation and a comprehensive review of best practices.

## VOLUNTEER OPPORTUNITY

### Continuing Competence Auditors

**Up to 10 members**

**Needed for Sept. 11, 2010**

If you are an RN seeking an opportunity to advance the profession by sharing your knowledge and experience, you are invited to apply for a volunteer position as an auditor for the CARNa Continuing Competence Program advanced audit.

You will work with members of the Competence Committee to determine whether a member has met program requirements. Auditors and committee members will review continuing competence documents submitted from a random selection of the CARNa membership. The documents will be reviewed to ensure:

- all steps of reflective practice are addressed
- consistency between continuing competence activities self-reported at registration, responses to the questionnaire and documents submitted for audit
- logical linkages between self-assessment, learning goals and learning activities.

*This is an opportunity to increase your knowledge about the Continuing Competence Program and on how the reflective practice process influences nursing practice.*

CARNa will provide an orientation to the advanced audit process. Members will be reimbursed for travel expenses and may submit a request for a salary replacement/per diem to compensate for time away from work.

### Qualifications

- minimum of five years of nursing experience
- knowledge of the Continuing Competence Program
- attention to detail
- experience/skill in reviewing documents/assignments and auditing such as quality improvement initiatives
- not a member of another CARNa regulatory committee

### Time Commitment

- one full day at the CARNa provincial office in Edmonton on Sept. 11, 2010.

### How to Apply

Go to www.nurses.ab.ca and click on Volunteer Opportunities under the Member Info tab to download an application form.

To receive a hard copy application form, contact:

Jennifer White, Continuing Competence Program Assistant
780.453.0503/1.800.252.9392, ext 503

### Questions?

For questions about the work of the committee or the expectations of members, contact:

Terry Gushuliak, Deputy Registrar
780.453.0507/1.800.252.9392, ext. 507

**APPLICATION DEADLINE: MAY 27, 2010**
NURSING EXCELLENCE IN CLINICAL PRACTICE
Jennifer Penner
AHS, Chinook – Heart Failure Network

LIFETIME ACHIEVEMENT
Dr. Marion Allen
University of Alberta, Faculty of Nursing

RISING STAR
Petra Hortopanu
Alex Community Health Centre

COMMITTEE’S CHOICE
Linda Youell
University of Alberta, Faculty of Nursing

PARTNER IN HEALTH
Tracy Parnell
Boyle McCauley Public Health Office

NURSING EXCELLENCE IN EDUCATION
Phyllis Castelein
University of Alberta, Faculty of Nursing

NURSING EXCELLENCE IN RESEARCH
Dr. Karen Benzies
University of Calgary, Faculty of Nursing

NURSING EXCELLENCE IN ADMINISTRATION
Nancy Guebert
AHS Calgary – Emergency, Critical, Clinical and Support Services

The 2010 CARNA Award recipients are:
Congratulations to all nominees

NURSING EXCELLENCE IN CLINICAL PRACTICE
Karen Burton
Peter Lougheed Centre – Med/Psych Unit
Evelyn Davies
Peter Lougheed Centre – Acute Med/Psych Unit
Wendy Evans
AHS, Central Zone – Specialized Geriatric Services
Patricia Jurgens
Casey’s Wellness Inc. – Workplace Wellness
Jennifer Penner
AHS, Chinook – Heart Failure Network
Emily Ryan
University of Alberta Hospital – Trauma Surgery Unit
Lea Sanderson
Mazankowski Alberta Heart Institute – Heart Function Clinic
Geraldine Shankland
AHS, Chinook – Shared Mental Health Care

NURSING EXCELLENCE IN EDUCATION
Laurie Carmichael
Rockyview General Hospital – Palliative Care Unit
Phyllis Castelein
University of Alberta, Faculty of Nursing
Anita Cisecki
Foothills Medical Centre – Perinatal Education
Dr. Diana Mansell
University of Calgary, Faculty of Nursing
Leanna Howden
AHS, Development and Support Initiatives
Dianne Swantz
Columbia College, Bow-Crest Long Term Care, Mt. Royal University, Grant MacEwan University

NURSING EXCELLENCE IN RESEARCH
Dr. Karen Benzies
University of Calgary, Faculty of Nursing
Dr. Louise Jensen
University of Alberta, Faculty of Nursing

NURSING EXCELLENCE IN ADMINISTRATION
Joanne Angelstad
Red Deer Regional Hospital – Medical/Acute Stroke Unit
Geneva Beck
AHS, North Zone – Community and Rural Hospitals
Colleen Berean
Glenrose Rehabilitation Hospital – Specialized Geriatric Services
Nancy Guebert
AHS, Calgary – Emergency, Critical, Clinical and Support Services
Edith Lee
AHS, Calgary – Addictions and Mental Health Services
Lucia Reyes
Foothills Medical Centre – Medical Inpatient/Medical Cardiology
Sharon Schwindt
Glenrose Rehabilitation Hospital – Specialized Geriatric Services
Martha Winchell
Winchell Consulting Ltd. – Long Term Care Management
Linda Youell
University of Alberta, Faculty of Nursing Undergraduate Services

LIFETIME ACHIEVEMENT
Dr. Marion Allen
University of Alberta, Faculty of Nursing

RISING STAR
Petra Hortopanu
Alex Community Health Centre

PARTNER IN HEALTH
Tracy Parnell
Boyle McCauley Public Health Office

CARNA Awards of Excellence Gala Dinner

Thursday
April 29, 2010
Shaw Conference Centre
9797 Jasper Avenue
Edmonton
Reception 6 p.m.
Dinner 7 p.m.

Tickets
$65 + GST
Table of 8
$480 + GST

Purchase online at
www.carnaawards.ca
or call
780.419.6070

SUPPORTED BY:
ARNET Maintains Commitment to Alberta’s RNs

Despite a poor economic climate and an unprecedented drop in investment markets, the generosity of our donors in 2009 helped ARNET to:

- distribute half a million dollars to support RN continuing education
- financially assist more than 500 nurses to attend conferences and workshops specific to their nursing practice
- reduce the educational costs for over 250 RNs pursuing education at the post RN baccalaureate, masters and doctoral levels of study
- support 185 RNs in obtaining specialty nursing certification

ARNET educational funding support is based on the growth of our investments established through the generosity of our donors, our fundraising efforts and contributions from CARNA and the Government of Alberta.

To request education funding support for 2010, go to www.nurses.ab.ca/ARNET and click on Request Charitable Support to download an application form.

Become an ARNET Donor

Supporting RN continuing education is easier than ever before. Simply go to www.nurses.ab.ca/ARNET and click on the Canada Helps link. In just a few clicks, you can make an investment in the heart of health care—Alberta RNs.

Any donation amount is greatly appreciated. All donations will be issued a charitable tax receipt. The need for educational funding support will only continue to grow. Become an ARNET donor today!

Give Effortlessly Through Monthly Contributions

The monthly giving program is another easy, convenient way for you to support Alberta RNs. Your monthly donation will be automatically withdrawn from your bank account or credit card in support of continuing nursing education. It’s an effortless way to make small monthly contributions that add up to significant benefits for Alberta nurses.

Maximize Tax and Estate Benefits through Planned Giving

Planned gifts can be a “present gift” that ARNET can use now, or a “deferred gift” available in the future from your estate. Properly planned, such gifts can allow you to maximize tax and estate planning benefits. Donation options include life insurance, gift annuities, will bequests and donations of RRSPs.

Recognize a Colleague, Mentor or Friend with Notes for Nursing

Recognize the contribution a registered nurse has made to your life through a charitable donation to ARNET. In exchange, we’ll send a Notes for Nursing card to your honoured nurse advising them of your appreciation for the valuable role they have played in your life and career.

Honour the Memory of a Loved One through a Memorial Tribute

Making a donation to ARNET is a personal way to honour the memory of a loved one. This meaningful gesture will keep the spirit of a lost loved one alive, while helping nurses in their endeavours to care for all Albertans. In honour of your loved one, a memorial tribute will be sent to the family advising them of your memorial donation.

Every gift is an investment in the heart of health care and a step towards a healthier tomorrow for all Albertans. For more information on our charity or for ideas on how you can support nursing education in Alberta, please contact us at 1.800.252.9292 ext 523 or via email at trust@nurses.ab.ca.
For many of the patients on Unit 43 at Calgary’s Peter Lougheed Hospital, English is a second, if not foreign language. Thanks to a challenging and supportive program for internationally-educated nurses (IENs), there is usually a nurse on shift who can speak to them in their own language, providing a necessary bridge to timely, accurate patient care.

Unit Manager Cathy Renkas has nine IENs working on the unit, mirroring the culturally diverse patient population her hospital serves. “We have hired from all walks of life, from all over the world and we’re proud of that,” says Renkas.

One of the IENs on Renkas’ unit is Jayanthi Pathirannehelage, or Jay, as she’s known. She is originally from Sri Lanka, where she obtained training in ICU in addition to her three-year diploma. Before moving to Canada, she worked mostly in intensive care and medical units.

IENs Bridge Learning Curve with Challenge and Support

BY SUE RIDEWOOD
“I love it here!” says Pathirannehelage. “The level of care is wonderful. We treat patients according to their wishes. That’s a big difference from what I was used to. In India, if a patient had cancer, we wouldn’t tell them the diagnosis right away because that patient could get anxious and worried. I don’t agree with that. Everybody has the right to know their diagnosis.”

Orientation to the unit is extensive. It includes 250 hours of supervised practice where the IEN is paired with a senior nurse who helps navigate the sometimes confusing waters of Canadian nursing.

“They start out a buddy, become another pair of hands and eventually they can lighten others’ loads until they’re fully integrated into the staff mix,” says Renkas.

Each new IEN is also paired with an experienced IEN,

| Tejinder Khatri | Home Country: India. Moved to Canada: 2007 | Bachelor of science in nursing |
| Zandra Oria | Home Country: Philippines Moved to Canada: 2007 | Bachelor of science in nursing Bachelor of science in biology Master of science in nursing |
| Jayanthi Pathirannehelage | Home Country: Sri Lanka Moved to Canada: 2006 | Three year diploma and ICU training |
| Aruna Singh | Home Country: India. Moved to Canada: 1993 | Four-year nursing diploma |

| The number of RNs issued a CARNA practice permit for the first time in 2009 by continent. |
|-----------------|-----------------|
| Africa          | 22              |
| Asia            | 215             |
| Europe          | 64              |
| North America (excl. Canada) | 30 |
| Oceania         | 17              |
| South America   | 2               |
| INTERNATIONAL TOTAL | 350 |

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Alberta RN April 2010 Volume 66 No 2 [www.nurses.ab.ca]
who has already completed the orientation process, to receive support from a nurse who has experienced similar challenges integrating into the Canadian health-care system. Renkas also requires each IEN to write a learning plan. Together, they regularly review the plan to ensure the IEN is progressing and that there are no lingering issues to stand in the way of full and timely inclusion into the nursing team.

“Safety of patients is my primary consideration and commitment,” Renkas says.

The learning curve of IENs is different. “They have to adapt to a new country, a new working environment and a new culture,” says Renkas. “The equipment is different, the technology is different and sometimes there’s a new language to learn.” In fact, many IENs say passing the English language test is the most challenging part of obtaining RN licensure.

Lucy Reyes is the former patient care manager of unit 46 at Calgary’s Foothills Hospital. She was one of the first IENs hired in Calgary when she began working in the ICU of Calgary’s General Hospital in 1976. Despite impeccable credentials and training in both her home country of the Philippines and in the United States, she did not always feel welcomed by her new nursing colleagues. “They’d never seen a U.S. certified critical care nurse and a foreign-trained grad combined,” she remembers.

Both Reyes and Renkas believe communication skills are key to successful integration of IENs. “If they have poor communication skills, they have less chance of success,” says Reyes. “Given the right environment and proper leadership and support, they can succeed.”

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<table>
<thead>
<tr>
<th>Length of Time to Obtain Alberta RN Practice Permit</th>
<th>Most Challenging Aspect of Obtaining Practice Permit</th>
<th>Best Part of Nursing In Canada</th>
<th>Most Drastic Difference Between Nursing Here And In Your Homeland</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Months</td>
<td>Assessment of Credentials</td>
<td>“The nursing is more advanced, highly paid and more flexible in terms of FTE.”</td>
<td>“The nurse-to-patient ratio is higher. For example, there is one nurse for 20 patients in general medical and surgical units.”</td>
</tr>
<tr>
<td>4 Months</td>
<td>Assessment of Credentials</td>
<td>“No racial discrimination; everybody can practise equally.”</td>
<td>“The ratio of nurses to patients is higher.”</td>
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<tr>
<td>2 Years</td>
<td>English Language Test.</td>
<td>“The level of care is in accordance with patient wishes. I love it here.”</td>
<td>“We treat patients according to their wishes.”</td>
</tr>
<tr>
<td>1 Year</td>
<td>English language test “I took it twice. After I passed, everything else went quick, quick, quick!”</td>
<td>“Everything! It's a good country to live in – the hospital settings, the health-care system, the educational courses and CARNA are great. Also, computers and advanced technology.”</td>
<td>“In India, there are privately-owned and government hospitals. If you have the money to go to a private hospital, you can have good health care.”</td>
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A competency profile is the combination of knowledge, skills and abilities required for competent performance in a role. The competency profile facilitates awareness of the practice expectations of a registered nurse. By describing the knowledge, skills, behaviours and attitudes registered nurses are educated and authorized to perform, the RN competency profile outlines the unique and expert care contribution of RNs, distinguishing them from the rest of the health-care team.

The International Classification of Nursing Practice (ICNP) and the Nursing Interventions Classification (NIC) readily identify a very comprehensive list of RN competencies at the level of specific nursing interventions. These classification systems, in combination with the entry-to-practice competencies, describe the competency profile for registered nurses in Alberta.

The use of NIC to plan and document care enhances communication between nurses, other care providers and the public. It provides language to communicate the visible and invisible aspects of RN expert care, such as critical thinking; physiological and psychological care; clinical judgement and nursing actions aimed at management of the client care environment; and interdisciplinary partnership demonstrating the value of the RN role. Use of NIC also aids in the collection of data to study the effectiveness and cost of nursing treatments.

Competency Profile for Registered Nurses: NIC in Medical-Surgical Nursing

THE SCENARIO

Caroline has been an RN for over 20 years and has worked in a variety of clinical practice settings. After a three-year absence to work on a team project, she is back on a medical-surgical unit. Since her return, she has heard other registered nurses discussing the Nursing Interventions Classification (NIC) for care planning and to describe their work. In discussions with colleagues, she learns NIC was not available when she graduated some time ago but that it is now part of the competency profile for registered nurses in Alberta. Caroline struggles to articulate her role in electrolyte management. She has decided to use NIC to help her communicate with her client and his family.

THE DISCUSSION

Caroline’s colleagues show her how to access NIC online via the CARNA website. After just a few clicks, she is at the “Electrolyte Management” page. NIC provides language to describe both the goals and outcomes of this specific intervention. It further describes how Caroline will organize care for her client in a logical sequence of activities, including, but not limited to, maintaining patent IV access; monitoring for loss of electrolyte fluids; instituting measures to control excessive electrolyte loss; teaching the patient about the type, cause and treatments for electrolyte imbalance, as appropriate; and consultation with others, as required. The background readings listed further her professional development by providing information directly-related to her practice.

NIC provided Caroline the language to both explain and demonstrate the value added to client care when RNs are directly involved in clinical practice. “NIC is like having the RN thought processes laid out on paper,” she says.

NIC helps her explain to her client, his family and other care providers how she uses her knowledge, skills and abilities in the provision of care, making her direct care intervention visible.

As knowledge workers, RNs make decisions through the monitoring of clients and synthesizing information, specific to client needs in their particular practice settings and within their individual competencies. NIC speaks to the breadth and depth of the knowledge base of registered nurses that is used in the provision of clinical care.

Electrolyte management is one of 78 interventions listed in NIC under the core interventions for the medical-surgical nursing specialty area (on page 820). Electrolyte management also has greater specificity within NIC (e.g., electrolyte management: hypercalcemia) on pages 282-303. RN
NIC is available online 24 hours-a-day, seven days-a-week at no charge to CARNA members. To access NIC online:

1. Go to www.nurses.ab.ca
2. On the top right corner of the homepage, click “Login” and enter your user ID and password.
3. Click on the Nursing Interventions Classification icon in the bottom right.
4. Click on the Contents tab.
5. In the contents section, click on Part Three: Classification to view nursing interventions listed in alphabetical order.
6. Click on the intervention you wish to view to see a definition and associated activities.

RN Expertise for RNs

Consultations available by phone, e-mail, fax or in-person

Carna policy and practice consultants provide confidential consultations to RNs who seek assistance with issues that directly or indirectly affect the delivery of safe, competent, ethical nursing care.

How policy and practice consultants can help you:

- assist you in understanding how legislation, regulations, standards, guidelines and position statements apply to your practice
- act as an informed sounding board to help identify problems or questions related to nursing practice
- propose a range of viable options that foster valid decision-making related to your nursing practice, policy or education
- guide you to develop problem solving/conflict resolution strategies that you may use in your practice setting
- provide constructive and supportive feedback focused on improvements related to patient safety, work environments, etc.
- collaborate with stakeholders to support a professional practice environment that fosters the delivery of quality patient care
- suggest accessing other relevant practice resources (e.g., CNPS, ISMP, best practice guidelines)

To reach a CARNA policy and practice consultant call 780.451.0043/1.800.252.9392
A patient in Canada died after receiving an injection of EPINEPHrine 1:1,000 (1 mg/mL) from a syringe that a surgical nurse and surgeon thought contained a local anaesthetic. Staff at the hospital where the event happened worked collaboratively with ISMP Canada to issue a country-wide bulletin to draw attention to the tragic event and encourage a call to action for all hospitals to prevent similar errors.

**Contributing Factors**

The event in Canada differs from the similar prior event. In the earlier case, EPINEPHrine had been poured into a bowl labelled “lidocaine with EPINEPHrine.” In the recent event, EPINEPHrine had been drawn into a syringe and mistaken as the local anaesthetic to be injected. In this event, EPINEPHrine 1 mg/mL for topical use, which is used to stop bleeding, was on backorder in the pharmacy, so EPINEPHrine 1 mg/mL for injection was provided for use in the operating room. As a result, usually, the topical EPINEPHrine and local anaesthetic for injection were prepared before the start of the procedure. But the operating room nurse was interrupted after drawing the EPINEPHrine 1 mg/mL into a syringe, so she placed it on the back table. Later, when the surgeon requested the local anaesthetic for injection, the nurse placed the EPINEPHrine (1 mg/mL) syringe on the stand beside the operating room table, believing it contained the injectable anaesthetic.

Although not directly related to the most recent fatality, practitioners in the U.S. and Canada have often expressed concerns about similarities between the pour-bottles of topical EPINEPHrine and vials of injectable medication. The pour-bottles have a rubber stopper and metal ferrule which, when pulled, removes the metal ferrule, yielding a “pour-bottle” format. However, the rubber stopper and metal ferrule give the pour-bottle an appearance very similar to a vial of injectable medication. The similarities have led to mix-ups between local anaesthetics with EPINEPHrine and vials of topical EPINEPHrine.

**Practice in the U.S. and Canada**

Practitioners in the U.S. and Canada have often expressed concerns about similarities between the pour-bottles of topical EPINEPHrine and vials of injectable medication. The nurse used a needle and syringe to withdraw the contents from the vial, rather than directly pouring the EPINEPHrine from the manufacturer’s container into the sterile open container with the pledgets. The syringe containing EPINEPHrine 1 mg/mL was not labelled.

**Similar Prior Event**

A similar event occurred more than a decade ago in the U.S. in which a seven-year-old boy died during a tympanomastoidectomy after receiving a fatal dose of EPINEPHrine. In this case, EPINEPHrine 1:1,000 was accidentally poured into a cup on the sterile field labelled “lidocaine with EPINEPHrine.” This cup should have been used for soaking pledgets (type of sterile gauze packing) with EPINEPHrine, but the pledgets were never placed into the cup. The surgical technician drew 3 mL into a syringe from the cup labelled “lidocaine with EPINEPHrine,” but because the cup actually held EPINEPHrine 1 mg/mL, the syringe contained 3 mg of EPINEPHrine. That syringe was used to infiltrate the ear, causing the child’s cardiac arrest.
The best recommendations to avoid an error like the most recent event are to always label syringes and containers, discard unlabeled products and eliminate interruptions when preparing medications for a procedure. However, the event that occurred more than a decade ago involved a substitution error in which the topical EPINEPHrine was poured into a container labelled as lidocaine and EPINEPHrine. Thus, all facilities that perform procedures requiring the use of EPINEPHrine 1 mg/mL (1:1,000) for topical application should consider the list of recommendations in the **check it out!** column to avoid inadvertent parenteral administration of topical EPINEPHrine. 

**check it out!**

To prevent inadvertent parenteral administration of topical EPINEPHrine, consider the following:

- **Differentiate.** Use topical EPINEPHrine supplied in a pour-bottle (vial with peel-off cap). If unavailable, ask pharmacy to prepare doses for topical administration in ready-to-use pour-bottles or syringes, and to communicate the expected change to frontline staff.

- **Provide label clarity.** Properly identify the medication and ensure the word “topical” appears on the label of any container used to hold a solution intended for topical application, along with the name and concentration of the solution.

- **Separate drugs and processes.** Store and prepare medications intended for topical use in separate areas from those intended for injection.

- **Prepare safely.** Medications for topical application should not be drawn into a parenteral syringe, and medications for injection (e.g., local anaesthetic) should not be placed into an open container.

- **Withdraw additional local anaesthetic doses from vial.** Surgeons may inject the surgical site with a local anaesthetic before scrubbing and gowning. If additional doses are needed, withdraw the medicine directly from the vial.

- **Verification.** Keep local anaesthetics for injection in their original vials and withdraw the medication into a syringe (and label it) immediately before use or when handing it off to another practitioner, allowing them to verify by comparing the vial and syringe label.

- **Simplify.** Prepare pre-soaked EPINEPHrine pledges in advance or consider using oxymetazoline spray to eliminate the use of topical EPINEPHrine.

- **Limit access.** Do not stock 30 mL multiple-dose vials of injectable EPINEPHrine 1 mg/mL in the OR, which look similar to the 30 mL vials of topical EPINEPHrine.

There continues to be considerable debate about how to prepare nursing students so that they are ready to practise. A recent study with RNs, managers and educators in Alberta showed that:

- there is a strong perception that practice-readiness is an idealistic, largely impossible goal that has reached “mythical proportions” because there is a limit to how much students can learn in generalist-oriented programs
- the level of practice-readiness is often considered to be an educational problem, but it is more of a larger systems-level problem
- there is a persistent perception that nursing programs do not include sufficient opportunity to develop strong psychomotor skills
- the multiple stressors experienced by new graduates result in a pervasive fear of making mistakes and “not doing a good job” for six months to a year following graduation (availability of consistent mentoring, orientation and clinical support on the unit help to alleviate this stress)
The more confident and competent nurses feel upon graduation, the more likely they are to remain in professional practice. Closing the theory/practice gap in nursing education enhances their knowledge acquisition and critical thinking. Problem-based learning is one approach used to close that gap for graduate nurses. In addition to teaching theory through text and lectures, problem-based learning provides context to theory by presenting students with real-world situations similar to those they might encounter in their future practice. The student assumes the role of an RN as they work through actual practice scenarios designed to engage their critical thinking and clinical judgement. They then join a group discussion on the learning to foster peer teaching and learning. The philosophy behind problem-based learning is that the more realistic the theory aspect of learning is, the easier it is for students to grasp and apply it in practice.

Originally developed and used at McMaster University in Ontario in 1968, problem-based learning is now used to educate many disciplines, particularly medical and health professions. The University of Alberta BScN Collaborative Program is one of only two undergraduate nursing programs in Canada to use this approach and has been doing so since 1997. The program has opted to describe the program as “context-based learning” rather than problem-based learning in the belief that not all encounters with clients are problematic in nature.

Research shows that students educated with a problem-based learning approach may be:
- more highly motivated
- better problem-solvers
- more self-directed learners
- better able to learn and recall information
- better able to integrate basic science knowledge into clinical practice

It is unclear if the problem-based learning approach affects self-rated academic competencies. It does not seem to influence clinical competence. Medicine graduates with a problem-based learning education report that they feel well prepared for practice, especially in interpersonal skills, problem solving, self-directed learning and the ability to plan and work efficiently. In contrast, nursing students report they initially feel inadequate in clinical settings, but are able to adapt and continue learning. A small amount of research exploring the experience of problem-based learning for post-registration students shows that experienced clinicians can have difficulties transitioning and adapting to the approach. Often, post-registration students have a negative perception of the effect of problem-based learning on program completion. But, after time and distance from the program, the perception of the approach’s impact on their role is far more positive, especially in the areas of increased confidence, assertiveness, critical thinking and evidence-informed practice. There is limited research on employer perceptions about the knowledge, competency and professionalism among graduates with a problem-based learning education. However, there is a paucity of outcome research documenting the effectiveness of the approach once the graduate enters professional practice at the RN or advanced practice level.

Despite much literature on the advantages of problem-based learning, more research is needed to determine its

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5 ESSENTIAL ELEMENTS OF Problem-Based Learning
1. Learning is student-centred.
2. Learning is triggered with a scenario designed to help the student find and apply relevant knowledge.
3. Learning occurs in small, collaborative student groups under the guidance of a tutor.
4. Learning is contextual and integrated with realistic problems, concerns and/or situations.
5. The tutor fosters the intellectual and interpersonal process for the group.

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Research shows that irrespective of setting, country or educational system, the transition from nursing student to professional registered nurse practice can be difficult for a number of reasons including:

- the pressure to perform at a graduate level while still learning about the work and practice environment can exacerbate a disconnect between what graduate nurses learned in school and the realities of the work place
- practice or job readiness—the ability of graduate nurses to “hit the road running” seems to be evaluated by their deficits instead of clearly agreed upon attributes
- work environments are increasingly more complex—comprehensive orientation, clinical support programs and continuing education are continually being eroded
- graduate nurses are highly dependent on senior nurses’ expertise and guidance, which are not always readily available
- the primary focus of graduate nurses is often task completion, time management and fitting in to the unit
- after six-to-nine months, graduates start to experience a sense of fitting in, although it can it can take up to two years for graduate nurses to develop their professional self-concept

affect beyond the initial transition into the RN profession. The majority of current research stops at the point of graduation and only focuses on faculty and student perceptions of effectiveness, as well as their experiences and satisfaction during the program and immediately after graduation. At the moment, we can only speculate as to whether differences in outcomes and practice between graduates educated in problem-based learning or traditional nursing programs are similar or different—or at which point they merge or differentiate.

More research is also needed to:
- evaluate the effectiveness of the education theories behind problem-based learning
- determine if problem-based learning is superior in terms of student, faculty and cost evaluation and in terms of objective and perceived measures of practice competence
- determine if problem-based learning approaches are effective in producing clinicians who maintain consistently high levels of performance throughout their professional careers.

Each year, the University of Alberta gathers data about its context-based learning program, including strengths and areas for improvement. At graduation, nursing students are not able to describe how the program will affect their professional practice. Evidence about effectiveness in ensuring nursing students meet a safe level of preparation can be measured to a certain extent by success rates in the Canadian Registered Nurse Exam. Research is underway at the university to determine the program’s lasting effects and how they differentiate from other educational approaches.

U of A BScN Collaborative Program Graduates Sought For Study

Researchers at the University of Alberta, along with researchers from Red Deer College and Grande Prairie College, are seeking practicing and non-practicing nurses who graduated from the University of Alberta BScN Collaborative Nursing Program in 2001 or later to participate in a study to measure the effectiveness of context-based learning.

You will be asked about how your nursing program contributed to who you are as a nurse and the way you practise to explore possible links between your education, knowledge, professional values, team work and other aspects of your practice. You will also be asked if your work place has increased, lessened or otherwise changed the values and customs you learned in school.

Information is being collected through focus groups and individual interviews with nurses living in Edmonton, Red Deer, Grande Prairie and Fort McMurray. If you live outside these areas and wish to participate, a telephone or email interview will be arranged.

“The Influence of an Undergraduate Context-Based Learning Program on Evolving Professional Nursing Graduate Practice” study is funded by the University of Alberta Teaching and Learning Fund. It aims to help educators and employers prepare and support graduate nurses. This study has been reviewed and given ethical approval by the relevant academic and clinical agencies.

All BScN collaborative program graduates are invited to take part in this study. To participate, call 780.248.1563 or email CBL.research@nurs.ualberta.ca.

Graduate Nurse: Scope of Practice

THE CARNA INTERPRETIVE DOCUMENT
The Graduate Nurse: Scope of Practice provides guidance about supervision, accountability and support of graduate nurses. The document also provides information about the scope of practice of graduate nurses for RNs, managers, administrators, other care providers, employers and other stakeholders.

Go to www.nurses.ab.ca and click on CARNA Publications under the Resources tab to download the document.

The following CARNA documents also support graduate nurses to make decisions about their practice:
- Entry-to-Practice Competencies for the Registered Nurses Profession describes the competencies expected of new graduates from an approved nursing education program leading to initial entry to practise as a registered nurse and includes a profile of newly graduated registered nurse practice and what to reasonably expect.
- Guidelines for Assignment of Client Care provides a tool to assess client risk factors and health-care needs and provides support in staff mix decision-making.
- Evidence-Informed Staffing for the Delivery of Nursing Care: Guidelines for Registered Nurses provides evidence-informed principles that support the use of best practices to determine, implement and evaluate nursing staff skill mix, staffing patterns and models for delivery of care.

Continued support of graduate nurses is essential to keep them in the workplace and in the profession. It is important for graduate nurses to gain confidence, experience, knowledge and skill in a workplace that values and supports their contribution to the health-care team.
IN MEMORIAM

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

Hebblethwaite, Pearl, a graduate of the Misericordia Hospital school of nursing, who passed away on Dec. 9, 2009.

Hickey, Georgina, a graduate of the Saskatchewan Institute of Arts and Science Technology, who passed away on Dec. 27, 2009.

Nicolas, Regina, a graduate of the Philippine Women's University College of Nursing, who passed away on Sept. 23, 2009.

Reichheld, Marie, a graduate of the Saskatchewan Institute of Arts and Science Technology.

RNLibrary

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

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


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Into the Next Decade
CONTACT: www.albertanps.ca

THE 65TH ANNUAL MEETING OF THE CANADIAN ORTHOPAEDIC ASSOCIATION
CONTACT: http://www.coaannualmeeting.org

CANADIAN ASSOCIATION OF NURSES IN ONCOLOGY ANNUAL CONFERENCE
CONTACT: www.cano-acio.ca

CALGARY/WEST NURSING WEEK DINNER
CONTACT: Bridget Faherty, 780.538.7154, bridget.faherty@albertahealthservices.ca

NURSING WEEK DINNER
CONTACT: Ellen Hoy, 780.618.3439, Ellen.Hoy@albertahealthservices.ca

CENTRAL REGION NURSES CELEBRATING NURSES DINNER
CONTACT: hwasylenki@nurses.ab.ca

CANADIAN ASSOCIATION OF CONTINUING HEALTH EDUCATION
2010 ANNUAL CONFERENCE
CONTACT: www.med.mun.ca/pdcs

CANADIAN SOCIETY FOR TRANSFUSION MEDICINE CONFERENCE
CONTACT: www.transfusion.ca

Canadian Orthopaedic Nurses’ Association Conference
Set Sail for the Next Decade of Orthopaedics
CONTACT: www.conamayflower.com

INTERNATIONAL PERSPECTIVES IN THE HISTORY OF NURSING
CONTACT: www.nursesvoices.org.uk/conference
Reunions

Brandon General Hospital School of Nursing Reunion
CONTACT: Val Zurba, valzurba@wcgwave.ca or Loree Wedderburn, iddenva@mts.net, 204.328.7144

Calgary General Hospital School of Nursing
Class of 1970 • 40-Year Reunion
CONTACT: Linda Clarke (Ingram) at 403.282.7382, lrclarke@shaw.ca

Humber College-Osler Campus
Class of 1975 • 35-Year Reunion
CONTACT: ejhand@rogers.com

Misericordia Nurses Alumnae Dinner Annual Reunion
CONTACT: Cheryl Mittelstadt, 780.438.1967, mittelstadt@shaw.ca

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

Royal Alexandra Hospital School of Nursing
Class 1970 • 40-Year Reunion
April 30 – May 2, 2010. Edmonton.
CONTACT: Jan Aikens (Robinson), 780.459.8689, j.angelfly@shaw.ca

Submission deadline for events listed in Alberta RN May/June 2010 is April 15.
Go to www.nurses.ab.ca for an up-to-date listing of events or to submit an event for publication in Alberta RN.

Submission deadline for reunions listed in Alberta RN May/June 2010 is April 15.
Go to www.nurses.ab.ca for an up-to-date listing of reunions or to submit an event for publication in Alberta RN.
In August 2009, CARNA, the College of Nurses of Ontario and the College of Registered Nurses of British Columbia as Canadian associate members of the National Council of State Boards of Nursing (NCSBN), the collective voice of nursing regulation in the U.S. In March 2010, I was among the members representing the Canadian “bloc” of nursing regulators at the proceedings of NCSBN attending together for the first time. On the agenda were the issues and challenges that routinely dominate the discussion between my Canadian colleagues and me and between nursing leaders across the country: transition to practice, uniform licensure requirements, continuing competence, nurse staffing and the effect of healthcare reform on the profession.

What, you might reasonably ask, is the purpose of CARNA joining NCSBN? Two main reasons: strength in numbers and maintaining the credibility of self-regulation in nursing. NCSBN is comprised of 60 member boards and provides the opportunity for boards of nursing to act and counsel together on matters of common interest and concern affecting public health, safety and welfare and to represent nursing on national and international matters, such as nurse credentialing and labour mobility.

Founded in 1978, the creation of NCSBN arose out of recognition that in order to guard the safety of the public, the regulation of nurses needed to be a separate entity from the organization representing professional nurses. In Canada, we find ourselves at a similar crossroads. Increasingly the role between professional association and regulatory body is blurred in the eyes of the government representatives with whom we must collaborate and sometimes in the eyes of the public, which through the legislature has granted us the privilege to self-regulate our profession. We stand to learn a great deal through membership in NCSBN, not only because of its experience as a national body but because it provides significant insight into the increasingly global nature of nursing practice. In some areas, such as the implementation of continuing competence and labour mobility, Canadian nursing has made greater strides; in others such as the development and administration of examinations, the U.S. leads in innovation.

One of the NCSBN initiatives discussed at this meeting is a pilot program for national, standardized transition to practice regulatory model that is designed to promote public safety by supporting newly licensed nurses. Studies show that transition programs reduce first-year turnover from 35-to-60 per cent to six-to-13 per cent; that newly licensed nurses report significantly fewer errors when they have had a transition program with specialty content; and that a mentoring program with new RNs is related to improved patient outcomes. You would be hard pressed to find an RN in Alberta who doesn’t have an opinion on practice-readiness and I’ve heard many in a variety of discussion forums, both formal and informal. In this issue of Alberta RN, we’ve published two articles which highlight the challenges faced by newly licensed RNs and some of the home-grown solutions developed in Alberta to help Alberta graduates and internationally-educated nurses “hit the ground running.”

Orientation and transition experiences for newly licensed RNs are tremendously variable in structure and in effectiveness from practice setting to practice setting and in some practice settings may be nonexistent. The current controversy among nurses, employers and educators related to practice-readiness attests to the need to apply a flexible, robust and evidence-based solution to reduce turnover, reduce the risk of practice errors, improve patient outcomes, improve retention and reduce health care costs. As a NCSBN member, CARNA will have access to progress reports on the pilot, and the learning could translate into significant benefits to Alberta’s nursing workforce with considerably less effort than if we tried to tackle this problem on our own.

CARNA’s recent experience related to the increasing complexity of regulatory processes triggered by the expansion of international recruitment efforts at the provincial level and the implementation of the national labour mobility agreement emphasized the need to ensure our regulatory processes are founded on current best-practice and robust enough to bear up under scrutiny by a vast number of stakeholders. It is also increasingly clear that to successfully address the issues surrounding the ongoing debates on the challenges of “practice-readiness,” nurse staffing and continuing competence, we will need to draw on all the nursing expertise available to us. We would be foolish not to.

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E-mail: mrobinson@nurses.ab.ca
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