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President’s Update

Professional Pride

The challenges of balancing a demanding career as a registered nurse or nurse practitioner with family responsibilities, professional development, and other responsibilities can make it difficult to pay attention to political issues. The recent federal election campaign was half-way over before party leaders began addressing the number one concern of Canadians: health care. As nurses, we have first-hand knowledge of the issues facing the way people receive care and the problems that are created when individuals cannot access the care they need. It is not just the patient/client/resident who is affected but their families as well.

Advocacy on behalf of our patients is not a choice – it is a professional responsibility. Both the CARNAR Nursing Practice Standards and the Canadian Nurses Association Code of Ethics for Registered Nurses address the professional and ethical responsibilities of nurses related to advocacy. On a larger scale, nurses can make a substantial difference for the public by advocating for health policies and health delivery systems which are patient-focused and make optimal use of the knowledge and skills of the whole inter-disciplinary team.

After all, politicians are people who need information in order to make decisions about allocation of resources on behalf of the electorate. If nurses don’t provide information about the health system, they will receive their information from others who have their own agendas and biases. Taking that first step of meeting with your local MLA or MP may seem daunting but they are likely to welcome hearing from constituents who can help them understand the impact of health decisions on the lives of ordinary people. I encourage you to become acquainted with the politicians who represent you and help them understand health care from a nursing perspective.

Just as MLAs and MPs are real people doing a job, your CARNAR provincial council is made up of members just like you. This year, there were three regions where there were no candidates willing to stand for election to provincial council. This is concerning. CARNAR is not a faceless organization working on issues distant from the needs of front-line nurses. CARNAR is the body which creates the framework for the registered nursing profession in Alberta; the decisions that provincial council makes will affect every nurse in the province, including you. I urge you to talk to your provincial councillor about the work that council does and their experiences as a council member. If you are unable to consider running for council in the immediate future, there may be a colleague that you could nominate.

When there is an election in your region, please exercise your right to vote. Profiles of candidates are published in Alberta RN, posted on the CARNAR website, and are available on the electronic ballot when you vote. With a membership of 33,000, it is unlikely that you will personally know each candidate but the profiles do give you a sense of why the individual is running, their qualifications and experience. There may also be opportunities to meet candidates face to face.

This Nursing Week, I hope that you will celebrate being a registered nurse and a member of a trusted, caring and dynamic profession. In April, I was able to meet with nurses working in Fort McMurray and I was impressed by their professionalism and their commitment to nursing. Their pride in their profession was evident. Nurses throughout the province have posted Show your RN Pride videos on the CARNAR website for Nursing Week. As always, it is nurses themselves who inspire me and make me proud to be a registered nurse.

**Joan Petruk,** RN, MHS
780.909.7058
president@nurses.ab.ca

The next CARNAR Provincial Council meeting is May 19, 2011

All members are welcome to attend. Open forum will be held at 4 p.m. This is an opportunity for observers to ask questions of council or staff; raise issues for future consideration by council; comment on current issues or experiences; or provide feedback on the meeting.

To confirm your attendance, please contact:
Jacqueline Broverman
1.800.252.9392, ext. 531
jbroverman@nurses.ab.ca

**AGM**

Annual General Meeting

June 9, 2011
Hyatt Regency Hotel
Calgary
1130–1630
LL CARNA REGISTRANTS who hold a permit must complete the annual renewal process to keep their records in good standing, whether you are applying for practicing or non-practicing status.

Even if you will not be practising after your permit expires on September 30, you must submit an application for non-practicing status to CARNA.

By reporting your practice hours and the implementation of your continuing competence learning plan for the past year, you close your member record in good standing. If no application for renewal is received, whether for practicing or non-practicing status, CARNA must issue a suspension notice to comply with the Health Professions Act.

There is no fee to apply for non-practicing (former member) status and ensure that your member record indicates that you left the profession in good standing. A registration status in good standing is required if at some point in the future you intend to apply to another jurisdiction or return to practise in Alberta. If you do not close your member record in good standing, your record will show a suspension.

BY SEPT. 1, 2011, a complete application for either practicing or non-practicing status must be received by CARNA to avoid a $50 late fee.

As of Oct. 1, 2011, suspension notices will be issued to any registrants who held a 2011 practice permit but did not submit a complete application for either practicing or non-practicing status for 2012.

COMPLETE APPLICATION is defined as an application that includes all information required under the Health Professions Act and the Registered Nurses Profession Regulation. For those applying for practicing status, a complete application also includes the full permit fee.

A complete application includes updated demographic and employment information as well as meeting the requirements for currency of practice, fitness to practice, good character and reputation and for the Continuing Competence Program.

Your complete application must be submitted:

• by Sept. 1, 2011 to avoid the $50 late fee
• by Sept. 30, 2011 to avoid suspension
2012 renewal fees unchanged

There is no increase to fees for the 2012 practice year. Fees for practicing status include membership in the Canadian Nurses Association and liability protection from the Canadian Nurses Protective Society.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Nurse</td>
<td>$504.00</td>
</tr>
<tr>
<td>Nurse Practitioner</td>
<td>$530.25</td>
</tr>
<tr>
<td>Certified Graduate Nurse</td>
<td>$451.50</td>
</tr>
</tbody>
</table>

All fees include GST.

Fees can be paid by:

* your bank’s telephone or online banking service
* Interac online money transfer
* Visa, MasterCard or American Express
* money order payable to CARNA
* cash (in person at the CARNA office)

As of June 1, 2011, CARNA will no longer accept personal cheques.

Electronic permits in—paper out

CARN will not issue paper practice permits for the 2012 practice year. You will be able to access and print your permit any time by logging into MyCARN to meet the requirement under the Health Professions Act to make your permit available for inspection on request. The permit will include a disclaimer that it is only valid at the time of printing.

The change to electronic permits is intended to provide more accurate and current verification of a nurse’s registration and is already in place in British Columbia and Ontario. A paper permit only provides information about a nurse’s registration at the date and time the permit is issued and does not reflect changes that may have occurred afterward. By contrast, online verification provides immediate, up-to-date confirmation that an individual is legally entitled to practise.

There have been a number of incidents across Canada, including in Alberta, over the past few years involving individuals who produced fraudulent practice permits and were practising illegally. As a result, public safety was compromised and the integrity of the nursing profession was called into question. As reported in the November/December issue of Alberta RN, CARNA’s online verification system will comply with provincial legislation while ensuring that any information that is not required to be public is maintained securely. No personal information will be provided.

The CARNA website and the renewal notice emailed to you this spring will include instructions on how to verify your registration online, how to print your practice permit if necessary and how to access a receipt. RN

How to renew your practice permit

In June, CARNA will email instructions on how to access online renewal. Because renewal instructions/reminders will be sent to the email address listed in your MyCARN profile, please verify that a valid email address is listed by logging in to www.nurses.ab.ca/MyCARN with your username (registration number) and password. If you’ve forgotten your password, simply click the “forgot password” link or call registration services at 1.800.252.9392.

If you have not provided an email address to CARNA, you can still access online renewal via the CARNA website beginning July 4th.

If you renewed your registration on paper last year, you will not receive a paper application form this year. Please contact CARNA if you have questions about completing your renewal online.

We’re here to help. If you have any questions about your current registration or renewing your practice permit, contact CARNA registration services at 1.800.252.9392.

To renew:
1. Go to www.nurses.ab.ca
2. Click on “Login” in the upper right hand corner
3. Log in to MyCARN using your user ID (your registration number) and your password
4. Click on “2012 Registration”
5. Follow the step-by-step instructions. Online help will be available throughout the process.
A new online tool is under development for documentation of professional development activities

A vendor has been selected to develop a new online tool to simplify and standardize documenting and reporting of continuing competence activities. You will be guided through the online documentation process and will have easy access to additional resources to support you with each step. After you have inputted your information, you can review, change, print and add notes to your learning plan as often as you like. Completed learning plans will be stored electronically and available for future review. The system will monitor if all required fields on each screen of the documentation tool have been completed but CARNA will not access the details of the entries other than the selected priority focus (indicator), unless the member is selected for random or directed audit.

As in previous years, members will be randomly selected to participate in the audit. Those selected for 2011 audit will send in copies of their learning plan(s) in their current format and will use the online tool to develop their 2012 learning plan(s). The audit questionnaire has been discontinued.

For more information about the online tool and revised program documentation requirements, go to www.nurses.ab.ca and click on Continuing Competence under the Member Info tab.

Examples of Strong Learning Objectives

During the 2010 audit, the best examples of learning objectives were selected from the hundreds of documents submitted. The authors of the learning objectives listed here agreed to share their objectives as a teaching tool for other nurses. The confidentiality of continuing competence information under the Health Professions Act prevents CARNA from identifying these individuals, so their willingness to share without any expectation of recognition is greatly appreciated.

Examples from nurses in clinical practice settings

<table>
<thead>
<tr>
<th>PRACTICE AREA</th>
<th>NPS INDICATOR</th>
<th>LEARNING OBJECTIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency</td>
<td>1.7</td>
<td>…culturally competent care for multiple minorities, how to facilitate therapeutic relationships inclusive of diversity</td>
</tr>
<tr>
<td>Oncology/ Palliative Care</td>
<td>1.7</td>
<td>Broaden my knowledge base related to palliative care/oncology: obtain specific skills to enhance my ability to provide holistic nursing care to palliative clients in their homes (including gaining specific knowledge related to community resources available, skills for symptom management and interdisciplinary collaboration)</td>
</tr>
<tr>
<td>Paediatrics</td>
<td>1.7</td>
<td>How to treat and manage hypergranulation tissue at a g-tube stoma site; Best practice for care of stoma site.</td>
</tr>
<tr>
<td>Primary Care Network</td>
<td>1.7</td>
<td>I wanted to enhance and improve my knowledge base and teaching skills for helping obesity clients become better managers in self care.</td>
</tr>
<tr>
<td>Transplant Coordinator</td>
<td>1.7</td>
<td>Gain more in-depth understanding of the transplant process, including pharmacokinetics, physiologic events and medical/surgical interventions and treatment</td>
</tr>
<tr>
<td>Hemodialysis</td>
<td>2.1/15</td>
<td>Related to indicator 2.1: I wanted to gain a deeper understanding of physical activity and exercise and how it relates to individuals with chronic kidney disease. The focus of my current nursing practice is working with individuals who have chronic kidney disease to try and increase their quality of life through the application of exercise and physical activity. I decided to consult research literature and other individuals who work in this area to increase my knowledge base. This also blended well with my other objective indicator 1.5 as I was able to apply the information I had gathered to aid in the development of new policies and procedures for the application of exercise in this population group.</td>
</tr>
<tr>
<td>PRACTICE AREA</td>
<td>NPS INDICATOR</td>
<td>LEARNING OBJECTIVE</td>
</tr>
<tr>
<td>----------------------</td>
<td>--------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Rural Hospital</td>
<td>2.2</td>
<td>As a new nurse in a rural nursing environment… working in many different areas… with a variety of cases… I wanted to increase my ability to read lead II rhythms and appropriately be able to interpret rhythms… to complete NRP to increase my knowledge and skills in neonatal resuscitation… to complete my TNCC to increase my level of comfort, knowledge, and competence…</td>
</tr>
<tr>
<td>ICU</td>
<td>2.3</td>
<td>One of the objectives I wanted to achieve this year was to increase my knowledge and skill in reading/interpreting 12 lead ECGs. My goal was to increase my comfort and knowledge of 12 leads and utilize this skill to further understand assess, and evaluate my patient and their complete health picture.</td>
</tr>
<tr>
<td>Community Health/FNIH</td>
<td>2.3/2.4</td>
<td>To increase my knowledge of and competence in interpreting statistical and epidemiological data; managing communicable disease follow-up, including animal bites; and managing biologicals and immunization programs.</td>
</tr>
<tr>
<td>Community</td>
<td>2.5</td>
<td>Computer skills relevant to utilizing electronic medical records to record, document and communicate client’s treatments and progress within the practice setting.</td>
</tr>
<tr>
<td>Paediatrics</td>
<td>2.7/4.4</td>
<td>My nursing unit is involved in a number of research trials. As a casual RN I felt I wasn’t “on top” of all the changes and new protocols being used on the unit. My goal was to become better educated about these protocols so I could practice more safely, more confidently and be a better resource for the families on the unit.</td>
</tr>
<tr>
<td>Community</td>
<td>3.1</td>
<td>To be familiar with a model of ethical decision making to assist me in handling difficult professional and personal ethical situations.</td>
</tr>
<tr>
<td>Telehealth</td>
<td>3.2</td>
<td>Learn and apply the Telehealth Nursing Practice Standards and competencies for teletriage nurses as set out by the American Academy of Ambulatory Care Nursing.</td>
</tr>
</tbody>
</table>

Examples from nurses in non-clinical roles

<table>
<thead>
<tr>
<th>PRACTICE AREA</th>
<th>NPS INDICATOR</th>
<th>LEARNING OBJECTIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Instructor/Professor</td>
<td>1.7</td>
<td>To learn appropriate student engagement techniques to ensure the student’s optimal learning.</td>
</tr>
<tr>
<td>Consultant</td>
<td>2.2</td>
<td>To become more skilled doing MDS assessments in order to teach MDS to clinical practitioners. To learn more about MDS-RAI 2.0 assessments and reports and how they can be used to support interdisciplinary teams in clinical gerontology (including nursing) care.</td>
</tr>
<tr>
<td>Research</td>
<td>2.7</td>
<td>1. To gain knowledge and skills in developing and testing knowledge translation interventions.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. To network with national and international peers and scholars in the area of knowledge translation science in aging research.</td>
</tr>
<tr>
<td>Administration</td>
<td>3.3</td>
<td>Advocacy/promotion of rights: Learn the new Mental Health Act and associated regulations: their impact on patients and service provider roles and responsibilities. Develop an appreciation of the changes to the philosophy of mental health and its implications (e.g. community treatment orders, change in role of the mental health patient advocate, change to the definition of harm, etc). Ethical balance between least intrusive/less restrictive and effective. Impact on patient choice and autonomy.</td>
</tr>
<tr>
<td>Education</td>
<td>4.3</td>
<td>This year I took on a new role of clinical educator supervising groups of students at their clinical placements. I had a lot of learning that I wanted to accomplish with respect to student as client, establishing student-instructor relationships, roles and responsibilities (organizational/institutional etc). I also wanted to develop my instructional skills around adult learning, teaching styles, giving feedback.</td>
</tr>
</tbody>
</table>

Some of the objectives have been minimally edited to allow for space; the words are the work of their authors.
ARNET is pleased to announce exciting funding news that will benefit Alberta RNs and NPs!

As a result of recent negotiations with Alberta Health and Wellness, ARNET has some new sources of educational funding supports. Our new funding applies to those pursuing:

- specialty certification studies that include a practicum component
- master’s level NP studies
- doctoral level studies

Eligible members should apply using the appropriate application before Aug. 30, 2011. To download an application form or for more information, go to www.nurses.ab.ca/ARNET.

Y’all come out now, ya hear!

Harness your inner Annie Oakley or Jesse James and join us for some western themed excitement in support of nursing education. We hope to see you at the ARNET luncheon on Friday, June 10, 2011 at the Hyatt Regency Hotel in Calgary. This annual event hosted by the ARNET Board of Directors promises boot stompin’ fun to get you in a Stampede frame of mind!

In keeping with our ARNET tradition of creative fundraising activities, fabulous entertainment and fantastic prizes, this year’s luncheon is fixin’ to be our best yet! Admission to the ARNET luncheon is included with your registration to the CARNA conference. See page 30 for conference details or go to www.carnaconference.ca. So, saddle up! You don’t want to miss what we’ve got cookin’ this year!

We would not be here without the support of our sponsors

ARNET would like to extend many thanks to the following companies and corporations that support continuing nursing education:

Brewster Travel Canada  London Drugs  Uniglobe Geo Travel

VIA Rail  West Edmonton Mall

Telus World of Science  Royal Alberta Museum  City of Edmonton, Community Services Department

Please support our sponsors who support you.
Celebrate National Nursing Week
May 9–15, 2011

WOW! What pride you have!

Thank you to RNs and NPs who took up our challenge to post videos of themselves telling us why they are proud to be an RN. Responses included:

“I feel best when… I ask somebody ‘Have I helped you? Have I made a difference? Do you feel better about what we have just talked about?’ and they say ‘Yes.’”

“My favourite thing about being a nurse is… being in a complex situation and being able to figure it out.”

“I became a nurse because… I like to help and also because it is a great and noble profession.”

“I feel best when… a resident says they had a wonderful bath because I took care of their wounds and they hadn’t had a bath in years. That’s a remarkable feeling.”

Go to www.expertcaring.ca to check out the videos. Then, email us at AlbertaRN@nurses.ab.ca and tell us what you think.

CROSSWORD CLUES

ACROSS
3 CARNAs monthly electronic newsletter
7 Minimum educational requirement for entry-to-practice as of Jan. 1, 2010
10 d/c
13 Event at which nursing excellence will be celebrated on June 9, 2011
15 Client protection
16 Legislation regulating 30 self-governing health professions in Alberta
17 “______ ________ Makes a Difference”
21 Backbone of your continuing competence plan
22 May 9–15, 2011

DOWN
1 Your regulatory college and professional association
2 Lady with the lamp
4 RNs, NPs, etc
5 Secure section of the CARNAs website
6 Albertas best kept health-care secret
8 Component of the RN competency profile
9 Take before meals
11 Right away!
12 Canadian federation of nursing associations and colleges
13 Location of 2011 CARNAs conference
14 CARNAs online job board
18 Charity dedicated exclusively to supporting RN education in Alberta
19 National testing requirement for RN entry-to-practice

SOLUTIONS ON PAGE 34.
CALL FOR MEMBERS

Hearing Tribunal

Four – six members needed
Term beginning Oct. 1, 2011

Members of a Hearing Tribunal adjudicate hearings into allegations of unprofessional conduct. Hearing Tribunal members have to be objective in their consideration of evidence presented to them at each hearing in determining whether the behaviours constitute unprofessional conduct for each matter before them. 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.

Qualifications
CARNA strives to achieve broad representation of membership by appointing members from a variety of practice settings and geographic regions. To complement the current composition, members with a minimum of 10 years current active registered nurse practice in: professional practice, acute care, long-term care and/or clinical education are needed from the following CARNA regions:

• Edmonton/West: one-to-two members needed
• Northeast: one member needed
• Central: one member needed
• Calgary/West: one-to-two members needed
• not a current member of another CARNA regulatory committee

Expectations of Members

• serve a four-year term
• attend an average of 20 hearing days or compliance meetings per year in Edmonton
• attend a one-day orientation session in Edmonton
• attend a compulsory annual meeting
• accept the responsibility of the chair of the Hearing Tribunal after approximately one year

CARNA reimburses committee members for travel expenses related to the meetings. Salary replacement to the employer and/or per diems for unpaid time away from work is paid. The work of the chair is compensated for decision writing. Orientation and ongoing education is provided to all committee members.

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

Sue Chandler  
Complaints Director/Director, Conduct  
780.453.0519/1.800.252.9392, ext. 519  
schandler@nurses.ab.ca

How to Apply
Download an application form at www.nurses.ab.ca (Click on Call for Members under the Member Info tab) or contact:

Laurie Hokanson  
780.732.4433/1.800.252.9392 ext. 433

APPLICATION DEADLINE: JULY 22, 2011

Conduct Decision Review Committee

One member needed for a two-year term
Two members needed for a three-year term
Term beginning September 2011

If you are a RN seeking an opportunity to advance the profession by sharing your knowledge and experience, you are invited to apply for a volunteer position on the Conduct Decision Review Committee (CDRC). The CDRC reviews Hearing Tribunal decisions to identify significant trends and issues that affect the ability of Alberta’s RNs to provide safe, competent and ethical nursing care. It provides an excellent opportunity for RNs who want to make a difference by examining what resources are needed to support nurses in their practice.

Qualifications

• a minimum of three years experience as a direct-care provider in active medical/surgical or emergency/critical care setting or long-term care setting
• not a member of another CARNA regulatory committee

Expectations of Members

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

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

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

Marie-Andrée Chassé  
Policy and Practice Consultant  
780.451.0043/1.800.252.9392, ext. 526

How to Apply
Download an application form at www.nurses.ab.ca (Click on Call for Members under the Member Info tab) or contact:

Ruby Sutton  
780.453.0522/1.800.252.9392, ext. 522

APPLICATION DEADLINE: JUNE 3, 2011
**Complaint Review Committee**

**Three members needed**

**Term beginning Oct. 1, 2011**

The committee is responsible for conducting reviews of dismissals of complaints by the CARNA complaints director. This means reviewing the information and supporting documentation in the investigation report and determining whether to uphold the original dismissal decision, refer for more investigation or to refer the matter to a hearing.

**Qualifications**

- past experience as a member of the Hearing Tribunal, Professional Conduct Committee (under the Nursing Profession Act) or a member of any adjudicative panel or committee is preferred
- minimum of 10 years current registered nurse practice
- resident of the Edmonton/West, Northeast or Central Region
- not a current member of another CARNA regulatory committee

**Expectations of Members**

- serve a four-year term
- participate in teleconference meetings and/or face-to-face meetings. The number of meetings per year will depend on the number of requests for review of dismissals by the complaints director and alternative complaint resolution settlements
- commit to preparatory time for meetings
- attend a one-day orientation at the CARNA office
- after one year, assume the role of chair which includes the writing of decisions

CARNHA reimburses committee members for teleconference meetings which are paid on an hourly basis. For face-to-face meetings, travel expenses related to the meetings are reimbursed. Salary replacement to the employer and/or per diems for unpaid time away from work is paid. Preparatory time for meetings, which may be significant, is not compensated. The work of the chair is compensated for decision writing. Orientation and ongoing education is provided to all committee members.

**Questions**

If you have questions about the work of the Complaint Review Committee or the expectations of members, please contact:

Sue Chandler
Complaints Director/Director, Conduct
780.453.0519/1.800.252.9392, ext. 519
schandle@nurses.ab.ca

**How to Apply**

Download an application form at www.nurses.ab.ca (Click on Call for Members under the Member Info tab) or contact:

Laurie Hokanson
780.732.4433/1.800.252.9392 ext. 433

**APPLICATION DEADLINE: JULY 22, 2011**

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**Canadian Registered Nurse Exam Committee**

**One member needed**

**Term beginning January 2012**

The Canadian Registered Nurse Exam (CRNE) Committee reviews and responds to the examination documents prepared by the ASI consultant responsible for exam development. The committee typically meets twice a year. Additional meetings and/or teleconferences are arranged as needed.

**Qualifications**

- thoroughly familiar with the current theoretical and clinical content measured by the exam being developed
- thoroughly familiar with the competencies (knowledge, skills, abilities, attitudes and judgement) of entry-level practitioners
- thoroughly familiar with jurisdictional regulations and commonly accepted standards of practice for entry-level practitioners
- able to view nursing from a national perspective
- able to work well in a group
- able to accept feedback and constructive criticism on work developed by the committee

It is desirable for the members of the CRNE Committee to be knowledgeable in test construction, knowledge gained through academic preparation and/or hands-on experience.

**Duties**

The CRNE Committee will:

- review the specific content of the exam
- review and validate operational and experimental questions as needed
- recommend a final version of the exam
- establish the standard (pass mark) for the exam
- collaborate with the registering/licensing body in the jurisdictional review process if requested to do so
- report annually on their activities to the CRNE Council

**Expectations of Members**

- serve a three-year term (January 2012 – December 2014) with the possibility of one additional three-year term
- read and sign the Security Agreement and Security Measures Appendix
- abide by the Conflict of Interest Code

**How to Apply**

Submit an expression of interest to registration@nurses.ab.ca with “Exam Council Representative” in the subject line.

After an expression of interest is received, CARNA will outline supporting documentation required for application.

**APPLICATION DEADLINE: MAY 24, 2011**
Election 2011

The candidates for president-elect and the South Region are

PRESIDENT-ELECT ACCLAIMED

Shannon Spenceley
RN, BN, MN, PhD

RATIONALE FOR SEEKING ELECTION
I believe that strong leadership in our profession is tremendously important and it has never been as essential as it is right now. As an organization committed to ensuring public safety by supporting safe, competent, effective and ethical nursing care, our professional organization is well-placed to bring the highly respected voices of registered nurses to the transformation of the health-care system. We are nursing in times of political upheaval in Alberta, and most certainly in a time of confusion and chaos throughout the health system. We know that this ongoing system instability affects our daily work in a million different ways – whether that work is in clinical practice, education, administration or research. High stress levels and frustration are daily realities. Despite the difficulties caused, these are also ideal conditions to effect positive change. Right now, we see politicians waking up to the realization that they haven’t listened closely enough to those that form the backbone of the system, health-care professionals. In partnership with the public and other professional organizations, I look forward to working with you, the registered nurses of Alberta, to influence positive change.

ATTRIBUTES I BRING TO THE POSITION
I am an articulate, collaborative and solution-focused registered nurse and I bring positive energy and a spirit of fun to my work. I have a passion for my profession and I am a proven and respected team-builder that strongly believes in servant leadership. I hold a deep belief that the voice of nursing has an essential contribution to make at the policy level, and have studied to develop knowledge in this area.

NURSING EDUCATION BACKGROUND
- 2007: PhD, University of Alberta Faculty of Nursing
- 1993: MN, University of Calgary Faculty of Nursing
- 1984: BN, University of Lethbridge Faculty of Nursing
- 1981: RN, Foothills Hospital School of Nursing

EMPLOYMENT BACKGROUND
- 2010-2011: Chair, Nursing Programs, Lethbridge College
- 2010: Sessional Instructor, Nursing Education in Southern Alberta (NESA) Program Lethbridge, Winter term
- 2008-2009: Executive Director, Primary Care and Chronic Disease Portfolio: Alberta Health Services Lethbridge
- 2006-2009: Director, Transitional Care: Chinook Health Region, Lethbridge
- 1997-2002: Health Care Analyst, Chinook Health Region, Lethbridge
- 1996-1997: Clinical Trials Coordinator – Neurology, Dr. T.R. Winder Professional Corp. Lethbridge
- 1996-1998: Communications Coordinator, Alberta Association of Registered Nurses – South District, Lethbridge
- 1988-1994: Academic Assistant, University of Lethbridge
- 1991-1993: Relief Staff Nurse, Lethbridge Regional Hospital ICU
- 1984-1988: Clinical Educator, St. Michael’s Hospital, Lethbridge
- 1981-1984: Staff Nurse, General Surgery and ICU, St. Michael’s Hospital, Lethbridge

PRESENT/PREVIOUS INVOLVEMENT WITH PROFESSIONAL ORGANIZATIONS
- 2006: Voting delegate (by invitation) Canadian Nurses Association Conference and Annual General Meeting
- 2002-2005: Elected Provincial Councillor for AARN (South Region)
- 2001-2005: Chair, Leadership Review Committee of Provincial Council
- 2003: AARN representative to Health Utilization and Outcomes Commission professional advisory group
- 1996-1998: Communications Coordinator (South)

COMMUNITY ACTIVITIES
- 2010-present: Chair, ARNET Allocations Committee
- 2008-present: Board member/Allocations Committee member, Alberta Registered Nurses Educational Trust (ARNET)
- 2000-2004: Executive Board Member, American Legion Baseball Association (Montana division)
- 2001-2005: Canvasser, Alberta Lung Association

Get to know Shannon better. Check out her blog at www.shannonspenceley.com.
Janet Lapins
RN, BNSc

RATIONALE FOR SEEKING ELECTION
I am excited over the possibility of being elected to Provincial Council and participating in meaningful discussions about the important contributions of registered nurses to the health-care system. My career is at a point where I have the time and energy to invest in giving back to our profession. There are a number of challenging issues ahead but through collaboration and collective problem solving, nurses have demonstrated that we do indeed make a difference in improving health-care delivery. I believe that we need to ensure that we are educating and supporting a new generation of nursing graduates, a generation well-prepared to meet the future health needs of our population. We need to formulate and then advocate for viable solutions to address issues that are presenting real challenges to nurses in the practice setting, and actively participate in shaping the future of health care. I am a strong proponent of team-based care, and also a career-long advocate for the unique contributions that registered nurses bring to practice to ensure that patients/clients/residents receive the best care possible. It would be a privilege for me to serve on council and work with you in fulfilling my responsibilities. I sincerely hope that you will afford me the opportunity and the honour of representing the voices of registered nurses in the South!

ATTRIBUTES I BRING TO THE POSITION
I have been very fortunate during my nursing career to have held numerous positions in various sectors and at all levels of our health-care system. These opportunities have allowed me to acquire a sound knowledge of our system and of the unique contributions our profession brings to health-care reform. I have provided leadership to many teams, provincially and locally. I have had the opportunity to work with people from all organizational levels, from front line staff to board members, to representatives of our provincial government. These experiences have allowed me to develop a solid understanding of operational, strategic and political perspectives that impact our ability to deliver health care. Lastly, and of greatest significance, I bring my passion and long years of experience as a registered nurse to this position; I care deeply about our profession, the population we serve, and the important work we have to do together.

NURSING EDUCATION BACKGROUND
- 2004: Completed course work for Master’s of Health Science, University of Lethbridge
- 1999: SEARCH Program Graduate, Alberta Heritage Foundation for Medical Research
- 1980: Certificate in Neonatal Nursing, University of Alberta
- 1979: Bachelor of Nursing Science, Queen’s University

EMPLOYMENT BACKGROUND
- 2010-ongoing: casual academic employee, Lethbridge Community College
- 2008-2009: Vice President of Primary Care and Chronic Disease, Alberta Health Services
- 2005-2008: Vice President of Acute Care and Support Programs, Chinook Health Region
- 1999-2005: Senior Program Director of Acute Care and Support Programs, Chinook Health Region
- 1996-1999: Director of Health Information and Outcomes, Chinook Health Region
- 1995-1996: Institutional Coordinator, Lethbridge Regional Hospital, Chinook Health Region
- 1992-1996: Senior Director of Nursing Operations, Lethbridge Regional Hospital
- 1988-1992: Associate Director of Maternal Child Nursing, Lethbridge Regional Hospital
- 1980-1988: staff nurse in labor and delivery, neonatal intensive care unit, postpartum and gyne surgery – was also clinical educator for this area for three years, Lethbridge Regional Hospital
- 1979-1980: staff nurse in the Neonatal Unit, University of Alberta Hospital

PRESENT/PREVIOUS INVOLVEMENT WITH PROFESSIONAL ORGANIZATIONS
As part of my responsibilities in management:
- participated in provincial NESA committees in relation to entry into practice competencies/issues facing new graduates
- participated in discussions on issues impacting nursing practice during visits from CARNA presidents in our former region
- worked collaboratively with nursing union to address issues related to safe nursing practice

COMMUNITY ACTIVITIES
- 1998-1999: Canvasser for the Heart and Stroke Association
- involvement in the Excalibur and University of Lethbridge Swim teams – assisting at meets, chaperone for swimmers
Three candidates are seeking election in the Edmonton/West Region.

CARNA members in the Edmonton/West Region will receive an electronic ballot via email on June 1, 2011. Please note that paper ballots will not be mailed to members. To ensure you receive your ballot, login to www.nurses.ab.ca/MyCARNA and verify your email address by May 15.

You can cast your vote between June 1–July 10, 2011. All you need is your user ID (your registration number) and password. If you don’t know your password, click on the “forgot password” link and we’ll email it to you.

Votes will be tabulated and results announced on July 11, 2011.

If you have any questions or require assistance with the electronic voting system, contact:

Diane Wozniak
780.453.0525/1.800.252.9392, ext. 525.
RATIONALE FOR SEEKING ELECTION

Provincial Council encourages innovative leadership to advocate for change. By advocating for nurses, patients and community and pushing the boundaries for optimal care, as a nurse leader I am committed to political action for system change. I believe in competent and safe care and have the passion and commitment to help make decisions that affect nursing practice throughout Alberta. One of my focuses while attending university and since I graduated has been on the promotion of health and Aboriginal Peoples.

I believe as a successful leader I have the qualities to manage crisis and change, to empower and collaborate, be diverse to handle unique situations, have a higher ethical purpose in being honest, genuine and accountable and lastly being humble by supporting and encouraging others to be the best they can be; as well as using regulation to promote and support safe, competent and ethical nursing care. As a leader I am a visionary for the future, collaborate to enhance team morale and include the stakeholders. Further, I am creative and passionate, to think outside the box, to have integrity and authenticity in the delivery of care, and to accept the inescapability of predicament and change and influence healthy policy in Alberta. I am a communication champion creating opportunities to build relationships with colleagues on different levels of the health-care system to create a balance state thereby increasing unity, interdependence and support. As a representative on Provincial Council, I will bring in rich dynamics to support nurses, patients and communities in Alberta leading us to the next level of professional excellence.

ATTRIBUTES I BRING TO THE POSITION

Presently I am attaining my master’s in nursing. While attending university, my focuses are promoting women’s health and building working partnerships with Aboriginal communities and mainstream health-care system. I am a role model; mature, motivated, organized and self-directed. I have excellent communication skills and I believe in working in a positive team environment. I feel confident in my teaching, teambuilding and leadership capabilities. I am a creative problem solver and enjoy developing new initiatives. My passion has always been to ascertain and provide effective and sufficient health services for all people. I have written successful proposals for funding; Choices – Aboriginal Youth Program, Diabetes – Aboriginal Diabetes Wellness Program, Prenatal Care – Aboriginal Prenatal Wellness Clinic and Youth Tolerant Shelter-Edmonton Drug Strategy Initiative. My public relations skills, i.e., congeniality, compassion and empathy has proven very successful in maintaining workable and trusting relationships with clients, colleagues and stakeholders.
RATIONALE FOR SEEKING ELECTION

I have long believed in the importance of the nurse as patient advocate. In my many nursing roles over the past 25 years, I have promoted individualized patient care and collaboration among all health-care professionals. Despite this, I feel that Albertans will not truly recognize the registered nurse as a patient advocate unless we ourselves begin to champion evidence-based provincial health-system changes that will benefit the public of Alberta. I feel that if we individually do not voice our nursing values and become involved in addressing public policy we will have no power over our future and the health of our patients will be impacted. Our profession is in a unique position to positively affect change in the health of Albertans with our knowledge of science, technology, and the art of caring. Nurses need to empower other nurses to be effective as advocates and agents of positive change to our health system. I believe being a member on Provincial Council will allow me this opportunity.

ATTRIBUTES I WOULD BRING TO THE POSITION

I have over 25 years of experience as a registered nurse at all levels within the health-care system of Alberta. I have demonstrated leadership, contagious energy and innovation in my tenure with the former Capital Health Region and Alberta Health Services. I bring to this position a strong background in health-related adult education, quality improvement, and patient safety at the unit, site, regional, provincial, national and international level. My goals over the next three years will be to focus on empowering nurses to challenge the trend that devalues the role and accountability of registered nurses in our health system. I also will advocate for reversing the trend towards reducing the capacity of our workforce. I believe we all merit safe and high-quality care, based soundly on current evidence.

NURSING EDUCATION BACKGROUND

- Part-time graduate student in the master’s in nursing program at the University of Alberta since September 2008, with a focus in organizational leadership
- 1983: BScN, University of Alberta Faculty of Nursing

EMPLOYMENT BACKGROUND

- 2010-present: Provincial Manager of Medication Quality and Safety, Pharmacy Services; Alberta Health Services. I lead a multidisciplinary provincial team managing large medication quality and safety projects.
- 2009-2010: Practice Consultant, Clinical Workforce Support, Health Professions Strategy and Practice, Alberta Health Services
- 2008-2009: Professional Practice Consultant, Regional Nursing Affairs, Capital Health

PRESENT/PREVIOUS INVOLVEMENT WITH PROFESSIONAL ORGANIZATIONS

- University of Alberta Faculty of Nursing Caucus and Council
- 2009-2010: AHS Health Professions Strategy and Practice Nursing Representative
- 2009-2010: University of Alberta Faculty of Nursing Graduate Student Representative

COMMUNITY ACTIVITIES

N/A
RATIONALE FOR SEEKING ELECTION

I want to actively contribute to our association. The association has demonstrated a strong commitment to managing policy for competent nursing care and I would like to be personally involved with that work. I want to assist with this exciting time in our profession as we move forward improving our professional excellence. For my own growth, I want to also gain increased knowledge of all the association has to offer and benefit from the leadership skills this position will provide. I will willingly commit the time required for this position.

ATTRIBUTES I WOULD BRING TO THE POSITION

I believe as health-care trends reach towards delivering community services, I have that experience of working in community and have an understanding of the quality services that are delivered. I have experience working in both the federal and provincial systems. I also have experience in various sectors in nursing so bring that understanding with me. Nursing is very diverse and the management, direct care, supervision, and teaching opportunities used throughout my career are skills that I will bring to this role. I have also strived to develop skills in communication and leadership. I have travelled throughout the province with my current position and have knowledge of the challenges in the different areas of the region. Finally I am a hard worker and will be dedicated to the role.

NURSING EDUCATION BACKGROUND

- 2007: BScN, University of Alberta
- 1993: Diploma, Royal Alexandra Hospital School of Nursing

EMPLOYMENT BACKGROUND

- 2003-present: Health Canada, First Nation Inuit Health, Regional Coordinator – Home and Community Care
- 1997-2003: First Nation Organization, Home Care Team Lead
- 1991-1997: Good Samaritan, Stony Plain Long Term Care, Client Service Coordinator
- 1992-1995: Royal Alexandra Hospital, RN, surgery and medicine

PRESENT/PREVIOUS INVOLVEMENT WITH PROFESSIONAL ORGANIZATIONS

- Member, Aboriginal Nurses Association of Canada
- Member, Community Health Nurses Association of Canada – Alberta Chapter
- The relationship with our association has been with the resources (regional coordinators) that are offered through the education sessions and the resources offered on line.

COMMUNITY ACTIVITIES

- 2010, 2011: Relay for Life, team lead for one group in Leduc
- 2009-10, 2010-11: Government of Canada Charitable Workplace Campaign Team member
- Heart and Stroke, volunteer

RN Library

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

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


A 27-year-old pregnant woman was admitted to a labour and delivery unit with cramping, abdominal pain, vaginal bleeding, and leaking amniotic fluid. Although she was only 27 weeks pregnant, an exam showed that she was in the early stages of labour with a breech baby. In an attempt to stop the preterm labour from progressing, an obstetrician prescribed IV magnesium sulfate, with a 6 g bolus dose over 30 minutes followed by a continuous infusion of 2 g/hour.

The patient’s nurse obtained a 20 g/500 mL bag of magnesium sulfate from an automated dispensing cabinet. Smart infusion pumps (with dose-checking software) were used in the hospital, but the nurse was unfamiliar with programming a bolus dose. The smart pump has a bolus dose feature that allows the user to program the pump to deliver a bolus dose (6 g/30 minutes) and then automatically switches to deliver a continuous infusion (2 g/hour) once the bolus dose has been administered. Not knowing how to use this feature, the nurse programmed the bolus to be delivered as a continuous infusion at 12 g/hour. The pump did not issue a warning to what was clearly a toxic dose of magnesium if the drug was continued past 30 minutes as a continuous infusion at 12 g/hour.

The nurse intended to return to the patient’s room in 30 minutes to reprogram the pump to deliver 2 g/hour. However, she was distracted by other responsibilities and failed to return to the patient’s room in 30 minutes to adjust the infusion rate. When the patient became flushed and short of breath, she called for a nurse. When the nurse arrived, the patient also complained of dizziness and was found to be hypotensive. She quickly became unresponsive, requiring brief cardiopulmonary resuscitation. Magnesium toxicity was suspected, so the infusion was stopped and the patient was given a rescue dose of IV calcium. Lab results later confirmed a high magnesium blood level. To avoid serious adverse effects, bolus doses of magnesium should not exceed 6 g over 15–20 minutes and continuous infusion rates should not exceed 3 g/hour. In this case, the infusion ran at 12 g/hour for more than one hour.

Fortunately, the patient responded to emergency treatment. The baby was delivered by C-section several days after the event due to unrelated preterm complications. Both the mother and child were eventually discharged with no permanent harm. However, we have published descriptions of more than a dozen events related to magnesium overdoses. In these cases, two mothers died and two suffered anoxic encephalopathy, leaving them in a vegetative state. Most of the errors were due to mis-programmed pumps, unfamiliarity with safe doses and signs of magnesium toxicity, inadequate monitoring, and mix-ups between magnesium and oxytocin.

Don’t be misled by a solid safety record in your labour and delivery unit. Complacency with using IV magnesium sulfate could eventually lead to a tragedy.
check it out!

Follow these strategies to reduce the risk of potentially harmful errors when administering IV magnesium sulfate.

- **Give IV bolus doses safely via smart pumps.** Never infuse a bolus dose of IV magnesium sulfate (or other high-alert medication) from the maintenance solution used for continuous infusions UNLESS ALL of the following criteria are CONSISTENTLY met:
  1. The bolus is delivered using the bolus dose feature with a smart infusion pump that allows programming of both the bolus dose and the continuous infusion rate and then automatically switches to the continuous infusion rate once the bolus dose has been administered.
  2. Separate dose limits have been set for bolus doses (e.g., 6 g/30 minutes) and continuous doses (e.g., 3 g/hour) of magnesium sulfate.
  3. Dose limit alerts remain operational at all times.
  4. Dose limit alerts are configured as a “hard stop,” which forces the user to reprogram the infusion if the dose exceeds safe limits.
  5. A qualified nurse remains at the bedside during infusion of the bolus dose to monitor the patient for signs of magnesium toxicity.

- **Ensure competency with programming pumps.** If the above five conditions are consistently met, ensure that all smart pump users have been trained to program the pump—including bolus doses—and can demonstrate ongoing competency. Bypassing the bolus dose functionality or employing a “generic” setting on a smart pump is unsafe.

- **Give IV bolus doses via separate containers.** If the five conditions above are not consistently met, administer the IV magnesium sulfate bolus dose from a separate, single-dose container prepared by or obtained from pharmacy (e.g., a commercial 4 g/100 mL minibag can be used if a 4 g bolus dose is prescribed).

- **Use small volume bags to infuse IV maintenance doses.** For IV maintenance solutions, use only the 4 g/100 mL mini-bags (which require frequent bag changes) or 20 g/500 mL bags of magnesium sulfate. The smaller volume bags are easier to differentiate from liter bags of hydrating solutions and other medications used during labour and delivery. The smaller volume also helps limit the amount of magnesium a patient could receive if a rapid infusion occurs accidentally.

- **Monitor patients for toxicity.** Frequently (every 15 minutes to start, then progressing to no longer than hourly intervals) monitor the patient’s vital signs, oxygen saturation, deep tendon reflexes, and level of consciousness. Also monitor the fetal heart rate and maternal uterine activity if the drug is used for preterm labour. Assess the patient for signs of toxicity (e.g., visual changes, somnolence, flushing, nausea, muscle paralysis, hypoactive tendon reflexes, hypotension, bradycardia and heart rhythm disorders) or pulmonary edema, and notify the physician if observed.

- **Treat toxicity.** If symptoms of magnesium toxicity are present, immediately treat the patient and then investigate the possibility of an error. Stock calcium gluconate nearby with directions for use in the treatment of respiratory depression.

- **Immediately discard upon discontinuation.** When magnesium sulfate is discontinued, immediately remove and discard the bag and tubing to avoid potential mix-ups with other IV fluids and medications.

Appointed executive director of CHIEF: Linda Miller

Linda Miller, a former Alberta Health and Wellness deputy minister, CIO and assistant deputy minister of information strategic services was recently appointed as the new executive director of CHIEF, Canada’s Health Informatics Executive Forum.

In her four-year assistant deputy minister role, she was responsible for leading the strategic planning process for new information system development and overseeing provincial implementation of the electronic health record.

CHIEF’s mission is to address critical business issues, build leadership capacity, forge relationships, enable peer dialogue, support succession and maximize professional development time health informatics executive members in Canada.

Global TV Woman of Vision: Dr. Jane Simington

In March, Jane Simington received the Global Television Woman of Vision Award for her work to help people around the world deal with trauma and grief.

Her work began more than 20 years ago after her 13-year-old son Billy was killed in a hunting accident. Her goal is to use the lessons she learned from her personal tragedy to heal people who have been deeply wounded.

Simington founded Taking Flight International to provide resources, counselling, training, workshops and presentations on dealing with trauma and grief. She has written two books, Journey to the Sacred: Mending the Fractured Soul and Setting the Captive Free. Her work is also featured in two award-winning films, Listening to Soul Pain and Healing Soul Pain.

In addition to her degrees in nursing and psychology, Simington earned a PhD in health sciences and is a certified Reiki teacher, a therapeutic touch practitioner, dream therapist, clinical hypnotherapist and studied art therapy and acupuncture.

Letter to the Editor

I recently had the unfortunate occasion to be in the University of Alberta Hospital emergency department. The nurses were wonderful. Caregivers are a very special part of our society.

Tom Peterson

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.
Celebrate nursing excellence at the CARNA Awards Gala Dinner

Join us as we honour recipients and nominees of the 12th Annual CARNA Awards and celebrate the profession.

**June 9, 2011**
**Hyatt Regency Hotel Calgary**
Champagne reception at 6 p.m. followed by dinner at 7 p.m.

This gala event for registered nursing will also recognize several RNs for their educational achievements with ARNET’s most prestigious scholarships, including the TD Meloche Monnex scholarship.

One ticket to the gala is included with registration to the CARNA Conference and AGM. Visit [www.carnaconference.ca](http://www.carnaconference.ca) for more details and to purchase tickets.

**SUPPORTED BY**

![TD Meloche Monnex Insurance](image)

Meet the RECIPIENTS of Alberta’s *premier* registered nursing awards

Each year, the CARNA Awards of Nursing Excellence recognize individual achievements and increase public understanding of the different settings, roles and contributions of registered nurses in Alberta. The awards also recognize an outstanding member of the public who partners with the nursing profession in advocating and caring for the health and well-being of the community. Recipients are selected by a group of RNs who volunteer for the Awards Selection Committee. This year’s nominees and recipients will be honoured at the CARNA Awards Gala on June 9, 2011 at the Hyatt Regency Hotel in Calgary.

A special **thank you** to the Awards Selection Committee. These RN volunteers thoughtfully evaluated the nominations submitted by their peers to select this year’s recipients.

- Alena Thompson
- Linda Shorting
- Mariann Rich
- Tameeza Chatur
- Vishnu Shenoy
Donna Stelmachovich
RN
Vice-President, Alberta Health Services – Seniors Health (retired)

“In regional program development and later at AHS there was no such thing as a ‘typical’ day. A typical day was always full of surprises.”

Donna, a registered nurse in Alberta since 1970, has worked in all areas of acute care including recovery room, obstetrics and emergency. She has had extensive frontline experience in both home care and long-term care.

Donna has been a consistent advocate for nurses throughout her career, particularly through her work as an administrator in Seniors Health. Her commitment to provide excellent nursing care in the community was responding to seniors who strongly voiced their desire to have health needs met in their own homes and communities whenever possible.

To accomplish her vision of an accessible, sustainable, person-centred continuing care system for all Albertans, Donna took her successes in building community-based capacity in the former Chinook Health Region to a provincial level within Alberta Health Services.

“I loved the visioning and planning exercises and the thought that seniors somewhere would directly benefit from the decisions we made at AHS on any given day. And now I may be rapidly becoming one of those seniors!”

On the national and international levels, Donna has hosted groups from other provinces and countries to orient them to the progressive strategies put in place to improve community-based seniors care here in Alberta.

After 40 years of service to patients and nurses alike, Donna’s decades-long imprint on the health-care environment in Southern Alberta is a living legacy. She has set the framework for Seniors Health initiatives for the Province of Alberta and, in doing so, created the potential for improved community-based programming in health services for Albertans past, present and future.

“My mentors included my mother, an older cousin and an older sister who despite chronic health problems lived a full and active life as a teacher with a ‘Never Say Never’ approach to life and work.”

From her early coordination of the initial home care program in the Crowsnest Pass area through her development of numerous manuals and teaching programs to her more recent implementation of a comprehensive information system, Donna has served both the municipal and nursing communities.

Donna has set the benchmark for excellence in nursing care and administration. With her example of dedication and a single-minded quest for progress she has enlisted the willing support of thousands of the next-generation’s health-care professionals.

“We’ve got to get back to really strong community-based health-care system and RNs have a real opportunity to take leadership roles as case managers and key players in a stronger community-based system.”

LIFETIME ACHIEVEMENT

This award recognizes an outstanding RN who made significant and lasting contributions to the nursing profession.
RISING STAR AWARD
This award recognizes an outstanding RN who graduated from a nursing education program after Jan. 30, 2009.

Lisa Chau
RN, BN
Alberta Health Services – Public Health

“Every nurse I have met left a big impression on me and I’ve been able to grow from that.”

Lisa Chau is a public health nurse with a passion for community health nursing and family-centred care. She works in East Calgary Health Centre’s Public Health Department connecting patients with appropriate community resources.

Lisa provides nursing care to clients in both school and well-child vaccination clinic settings. The principal at a local school with a large ESL population finds Lisa particularly helpful with families whenever health issues or concerns arise as Lisa is fluent in English, Vietnamese and the Chaozhou dialect of Chinese.

“I love where I’m working and my public health focus. The challenges in urban and rural settings are the different barriers that families and school communities have in accessing health care.”

Lisa had been practising as an RN for a year when she offered to be a preceptor and mentor a fourth-year nursing student. With time spent at the Rockyview General Hospital and the Airdrie Regional Health Centre, her background has helped share information with baccalaureate nursing students about the challenges and rewards of doing community assessments in small rural communities.

“Once you’ve found something you enjoy and have a passion for it, it’s hard to give up. I’ve just begun my nursing career and know that I’ve yet to put in my time.”

By all accounts, Lisa is off to a very auspicious start!
Susan Horsman

NP, BN, MN
Cross Cancer Institute

“The team I work with has such a capacity of caring and making a difference.”

Susan Horsman is an RN and NP in the Radiation Oncology Department at Edmonton’s Cross Cancer Institute. She is a former ARNET scholarship recipient for the completion of her BScN studies at the University of Alberta where she also completed her master’s of nursing.

Susan sees patients experiencing periods of great stress who need both physical and emotional support and intervention. Susan refers patients for supportive care services and makes herself available to talk about their diagnosis, treatment plan and how they are managing with the changes in their lives.

Susan is a strong advocate for patients taking an active role in their own care. She encourages them to ask questions and works to ensure that they have a good understanding of their treatment plan.

“My mentors range from senior administrators to new students keen to know more and practise more effectively.”

As part of the Radiation Oncology team, Susan includes other health-care providers in the discussion of patient care options. Nurses, dieticians, social workers, physiotherapists and radiation therapists all contribute ideas and solutions for effective case planning. Team members praise Susan’s sense of humour, positive attitude and inclusive approach.

As a member of the Gastrointestinal Tumor Group, Susan developed the current triage system for new patients with esophageal cancer. This system ensures timely referral to the appropriate physicians and arranges, as necessary, any outside consultation or further diagnostic work required.

“There are over 300 nurse practitioners in Alberta and we don’t meet nearly as often as we should. But we can make a great difference to people with extreme needs.”
NURSING EXCELLENCE IN ADMINISTRATION

This award recognizes an outstanding RN practising in an area of nursing administration in any setting.

Sherry LaRose
RN, COHN-C
NOVA Chemicals (Joffre Site)

“Nursing is a powerful community with many strong leaders and unlimited potential. Not an occupation for the faint of heart. The work can be arduous. No shortage of barriers and challenges. The rewards are worth it. I have seen the work we do truly make a difference in the lives of individuals and within community.”

Sherry LaRose’s setting for nursing practice is a little different than most - a heavy industrial setting with a broad spectrum of lifestyles represented on site.

With a staff of four RNs and one administrative support person, Sherry manages programs for 760 employees and 400 contract workers. The job requires a high level of communication skills in teaching, collaboration, management and advocacy. And that’s all before her first nutrition break!

As a staff nurse (Intensive Care Unit and Emergency) at the Red Deer Regional Hospital Centre, Sherry became a contracted casual nurse to NOVA Chemicals. Duties included testing procedures, health reviews, fitness to work assessments and emergency response.

“The safety culture at NOVA Chemicals allows me to focus on injury/injury prevention rather than emergency medical care after an injury or illness. The reactive-to-proactive shift appealed to me.”

In 1999, she became an occupational health professional for NOVA Chemicals and for the past five years has served as the regional coordinator/health services manager. Responsibilities include the development/delivery of employee education and training, disability case management and relationships with regional physicians, specialists, and the clients themselves.

Sherry coordinates counseling services, budget planning and supports her occupational health team’s regular skills and competency reviews.

“Nursing has become my second family and I feel so grateful to be a part of this amazing profession.” Sherry LaRose has a hard hat and a healthy heart... both of which come in handy on the jobsite!
Jacalynne Glover
RN, BN, MN
Lethbridge College

“My job as an educator is to encourage students to think critically so that challenges of all sorts can be addressed.”

Jacalynne Glover graduated in 1971 as a Registered Nurse with Great Distinction from the Foothills School of Nursing in Calgary and has completed both bachelor and master’s degrees with a focus on health education. She has gone on to inspire several generations of student nurses to do the same.

Jacki works for the Nursing Education of Southwestern Alberta (NESA) program, a collaborative program between the Lethbridge College (where Jacki has taught full-time since 2003) and the University of Lethbridge.

Jacki has spent three years developing and refining introductory courses for the NESA Bachelor of Nursing After Degree program—six consecutive semesters of study accessible to those already possessing a degree recognized by the University of Lethbridge, or those with at least 90 credit hours of transferable university-level studies.

“I have seen the increasing diversity of our classrooms with more representation from different cultural groups, more male students and more students entering our program after already completing another undergraduate degree. I think that this mix speaks well to expanding nursing’s worldview.”

Jacki has also developed and presents workshops that relate to childbirth, breastfeeding and human lactation at conferences and care facilities all over North America. Jacki also assisted with the development of Baby Friendly Hospital Initiative procedures, documents and policy statements.

“My biggest passion is to be continually learning. The day I wake up not wanting to know something is the day that I don’t wake up!”

Jacki has served on a number of national and international boards and organizations and her commitment and dedication continues to inspire colleagues, students and families.
“I spent a lot of time in hospital as a child afraid of anyone who wore white which did not get me off to a good start with nurses.”

That was then. This is now: Dr. Nancy Moules’ colleagues refer to her as one of the rare individuals in nursing who has “the whole package,” excelling in teaching, research and service.

Currently nursing professor in Child and Family Centred Cancer Care at Alberta Children’s Hospital, the program of research Dr. Moules has developed establishes her as one of Canada’s nursing experts in the field of family, relational and psychosocial studies in pediatric oncology.

“My passion in nursing lay in the potential healing power of conversation, language, words and relationships.”

In her career as a nurse counsellor, Nancy worked with families struggling through the most unsettling times in their lives. Her continuing education and subsequent research projects have kept families at their core.

Nancy believes in therapeutic and healing powers of supportive conversation. Her current research studying grandparents’ experiences in dealing with childhood cancer will bring voice and understanding to the doubled pain of grandparents as their beloved grandchildren suffer from cancer and their own children face a parent’s worst nightmare.

Nancy’s strong network of clinicians and researchers at Alberta Children’s Hospital have clinical practices that include families with children with cancer. Studies being explored include the effect of childhood cancer on parental relationships.

Nancy knows cancer is more than cellular aberration. It affects lives, families and communities. Her research, funded by regional and national granting agencies has added new and valuable information into almost 40 publications.

“If you love your job you’ll never work a day in your life. This is how I feel every day.”
Ruth Cossever-Aronetz
NP, BScN, MN
Boyle McCauley Health Centre

“I learn something new every single day!”
Ruth Cossever-Aronetz demonstrates professional excellence as a senior nurse practitioner in direct patient care at the Boyle McCauley Health Centre in downtown Edmonton. BMHC operates on a philosophy of primary health care and harm reduction utilizing a multi-disciplinary team. She brings a pan-Canadian array of nursing experience to that position.

“My mother was a nurse and I always wanted to work in the North.”
Training in Montreal, working at several sites in Manitoba and spending several years at a variety of communities in the Northwest Territories and additional training at the University of Alberta, Ruth gained a broad range of clinical experience and people skills that make her exactly the right person in the right place at BMHC.

“At BMHC, I can do the type of work that I love: giving the disadvantaged the dignity and respect and access to health-care services that they deserve.”
Outreach programming is an important function of Ruth’s work. She makes weekly visits to lodges funded by Operation Friendship, an inner city social and housing agency for “hard to house” seniors over the age of 55. She also provides health care on site at Urban Manor, a shelter and long-term dormitory-style residence for “hard to house” men over the age of 18.
Ruth also works closely with Health for Two, AADAC and other inner city organizations that provide services for pregnant women.

“As a nurse practitioner I can work to my full scope of practice as an independent care provider. I manage my own patient caseload and refer patients to other members of the interdisciplinary team or to specialists as needed.”
Ruth’s integral and trusted presence at the Centre since 1983 has benefitted countless patients, colleagues, students and community residents.
PARTNER IN HEALTH
This award recognizes an outstanding member or group of the public who has served their community in an outstanding and remarkable way.

Barrie Strafford
LLD
The Brenda Strafford Foundation/
Brenda Strafford Centre for Excellence in Gerontological Nursing

“It was my mother’s birthday and the moment I saw the first clients arrive, it changed my life. No longer a business venture, this was now a life mission to improve quality of care for those most vulnerable within society, those who required long-term support.”

Dr. Barrie Strafford and The Brenda Strafford Foundation are two pillars of progressive care for seniors in Alberta and models for many other facilities and organizations outside the province and outside of Canada.

In 1950 when Barrie and Brenda Strafford arrived in Halifax from England, they were referred to Calgary as “the place of the future of Canada.” They made it their “place of the future” as well.

Barrie has since given distinguished service as a visionary in the administration of long-term care facilities, as a caring humanitarian serving people in need in underprivileged countries, and as a tireless supporter of a wide range of causes from medical research in memory care and recreational therapy that benefits seniors to programs and housing for victims of domestic abuse.

“Art Jenkins, a great man and a great friend, got me involved with Operation Eyesight Universal, which he had founded. He was my mentor. Great Calgarian and philanthropist. Once we got started we never looked back.”

The Brenda Strafford Foundation, created in Brenda’s memory in 1974, has extended the good works for elders and others to a variety of health clinics, health centres and target-specific programs such as the partnership with Operation Eyesight Universal, hospices, halfway houses for teen parents and new health-care curricula implemented in medical training programs from Jamaica to Haiti and Dominica.

Barrie’s commitment to service has resulted in a number of awards and honours over the years, including the Alberta Centennial and Honourary Doctor of Laws Degree from the University of Calgary.

“I’ve always believed in education to better one’s own life and to help others improve their lives.”
Building the bridge as we walk on it
The challenges and benefits of developing an alternate model of nursing care
Verdeen Bueckert, RN, BScN
Foothills Medical Centre

The medical in-patient unit at Foothills Medical Centre has significantly enhanced patient care by introducing collaborative practice to improve communication and coordination among care providers, patients and families. Structural changes, such as staffing and unit routines, and process changes, such as communication and coordination of care, have resulted in benefits to patients and families, reduced chaos, improved provider satisfaction and the development and clarification of the unique and complementary roles of RNs, LPNs and health-care aides.

Emergency to home – a senior’s journey to the right care
Charlene Thomas, RN
Teresa Quist, RN
Lori Rich, RN
Pat Siebold, RN
Adele McKechnie, RN
Red Deer Home Care Emergency Room – Redirect Nursing Team

The “Emergency to Home – A Senior’s Journey to the Right Care” program helps keep patients over the age of 65 at home to avoid the potential for adverse outcomes that often occur when older adults are hospitalized. Results of the program include a strengthened relationship between home care, emergency and the public; clients educated about appropriate use of the emergency department; a team approach for appropriate care; increased use of community resources; improved access/admissions from the emergency department to hospice and community transition beds; safe and appropriate discharges of seniors from the emergency department with appropriate community supports through home care.
A nursing perspective: the role of anticoagulation in stroke prevention

B.L. Lazzarotto, RN, BScN
S.M. Beaudoin, RN
Central Alberta Anticoagulation Clinic
Red Deer Regional Hospital Centre

RNs at the Central Alberta Anticoagulation Clinic in Red Deer take a lead role in anticoagulation management within a multi-disciplinary team. The RN role at the clinic has evolved to include warfarin dosing; policy and procedure creation; and development and implementation of a warfarin dosing protocol, a bleed and clot risk stratification document and a bridging decision document that is currently being developed.

Building bridges in multiple sclerosis: transitional planning to develop capacity in long-term care

D.L. Cleland, RN
C.L. Braithwaite, MClinSc, OT (C)
N. Ehlers, MA
Central Alberta Multiple Sclerosis Clinic
Red Deer Regional Hospital Centre

The Central Alberta Multiple Sclerosis Clinic helps long-term care facilities care for MS patients by assisting with care planning and providing disease-specific evidence-based information. The goal is to empower self-management capacity within a clinic setting. Since 2007, the clinic has worked with 16 long-term care sites.

Using computer technology to deliver education in remote First Nations communities in Alberta region

Dorothy Phillips, RN, BScN, MN, CETN(C)
Home and Community Care Program
Health Canada
First Nations & Inuit Health

Nurses, geographically separated across 45 First Nations communities, are learning about wound care through e-learning education sessions. Live sessions are delivered on a regular basis and are recorded, edited and converted to video for asynchronous learning.

Orientation by Elluminate

Elizabeth D. Kyplain, RN, MN
Community Health Nursing
Health Canada
First Nations & Inuit Health

Through e-learning activities, nurses in Alberta First Nation communities receive part of their orientation without having to leave communities they are working in. From September – October 2010, four Elluminate e-learning sessions were delivered to public health nurses on CHNAC standards, well baby clinic, postnatal visit and community assessment. Each of the sessions was recorded for future orientation and review.

It’s not all about bumps, bruises and bleeding; developing an innovative approach to domestic violence interventions within the health-care system

Linda McCracken, RN
Sheldon M. Chumir Health Centre
Diana Snell, RN, BScN, MN
University of Calgary Faculty of Nursing

In 2003, 500 nurses were trained on universal assessments for domestic violence at all urban emergency departments in the former Calgary Health Region. Nurses in rural emergency departments were trained two years later. The shift, from viewing domestic violence interventions as secondary prevention towards primary prevention, required the development of the Universal Domestic Violence Interventions. The result was a more comprehensive, coordinated and integrated approach to care.

The family nurse in primary health care – a diverse and central role

Carol Maskowitz, RN
Red Deer Primary Care Network

To maximize family nurse scope of practice, staff at the Red Deer Primary Care Network have attained special skills, including motivational interviewing which involves patients in decision-making regarding care and facilitates action planning and goal setting for patients with chronic conditions.

Weekend pass planning group on an in-patient mental health unit

Karen McNeil, RN
Sandra Wheeler, RT

The Weekend Planning Group is a unique partnership between nursing and recreation therapy to address continuity of care as mental health inpatients begin the transition back into the community. The programempowers patients to plan for success through a series of worksheets that address weekends spent out of hospital, reflecting the challenges patients may face. Feedback has noted that this group has led to reestablishment of routine, balance and preparedness.

Triaging of referrals to an outpatient gastroenterology clinic: implementation of guideline-based nurse-led triage

Greg Heather, RN, BN
GI Medicine Clinic Health Sciences Centre

A centralized referral uptake and triage system was developed to address variable and excessive wait times for a consultation in gastroenterology. Over 50 per cent of cases were amenable to nurse-based triage. As a result, there was more consistent and reliable use of triage guidelines when compared to gastroenterologist’s triaging; an increased efficiency of the triage process; and increased satisfaction from both nurse and clinician.
Integrating context-based learning into rural practice settings

Deirdre Jackman, RN, MN, PhD (candidate)
Sandra J. Klevgaard, RN, BScN, MN
Lisa Barrett, RN, MN
Jacquie Corkery, RN
Jenna Watson, RN, BSN
University of Alberta Faculty of Nursing

The tutorial team at the University of Alberta after degree program created topics that incorporate what students would experience in various settings and were congruent with course objectives. To maintain student input and allow adequate learning independence, students submitted topics of interest and clinical exposure. Students chose topics and, in teams, facilitated 20-minute presentations throughout the term. Student-led presentations provided teaching to peers and facilitated open discussion to encourage group process. Feedback suggests that the mutual process gave value and respect to students and tutor guidance was important to provide direction and support.

Development of the LEAP project: an online spirituality-based intervention for adolescent depression

S. Moritz, MSc; B. Rickhi, FRCPC; P. Paccagnan, RN, BN; J. Toews, FRCPC; N. Rickhi; J. Griffith, MDiv; D. Clark, PhD; M.T. Kelly, MA
Institute of Natural and Integrative Medicine

The LEAP Project is an online spirituality-based intervention for clinically depressed young people. It consists of eight modules and includes youth friendly features like simple visual designs, easy navigation, a chat room, video clips and music. The RN was an integral part of program development, collaborating with mental health professionals, spirituality experts, teachers, parents and counsellors; engaging and supervising teen volunteers who provided ongoing feedback; and ensuring produced materials considered the unique needs of this high-risk population.

Development of advanced nursing practice in nurse-led inflammatory bowel disease support service

Lisa Westin, RN, MN, CGN(C)
Red Deer Regional Hospital Centre

For the final project in her master of nursing program, RN Lisa Westin developed a formalized framework for advanced nursing practice (ANP) that positively impacts patients with inflammatory bowel disease (IBD). The project incorporated an integrative literature review of 30 peer-reviewed articles pertaining to the experience of living with IBD, examination of the nature and practices of three ANP-led programs and the development of ANP practice documents within the context of IBD.

The Canadian Nurses Association competencies for ANP are incorporated in the documents and best practices that are now the written foundation of Westin’s ANP role.

Using a multiprofessional team approach to improve outcomes for heart failure patients in central Alberta

Cindy Johnson, RN, MN
Central Alberta Heart Function Clinic
Red Deer Regional Hospital Centre

The Central Alberta Heart Function Clinic, located in the Red Deer Regional Hospital Centre, is nurse-run and physician-supported. Improvements made to the clinic processes and expansion of the multi-professional team have improved patient care and outcomes, mainly by decreasing emergency room visits, hospital admissions and length of stay. Since 2007, the clinic has grown 162 per cent.

Paediatric Transition Clinic

Tracy McMillan, RN, MN, NP
Rachel Williamson, RN, MN, NP
Peter Lougheed Centre

In September 2010, a clinic at the Peter Lougheed Centre in Calgary opened to act as a bridge between hospital discharge and community follow-up for infants and children. The goals of the clinic are to increase resident and clerk training/experience with paediatric clinic exposure; improve access for patients needing follow-up and increase capacity; health promotion and prevention; assist and encourage families in finding a care provider; NP role development/growth; and support regional capacity and wait time issues.

Development of a process to expedite gastroenterological procedures in an outpatient setting

Valerie Lymer, RN, BScN
University of Calgary Medical Centre Gastroenterology Clinic

Staff at the University of Calgary Medical Centre Gastroenterology Clinic reduced wait times and is refining direct-to-procedure processes by having an RN coordinate the process to eliminate the need for an initial clinic visit. Fewer than nine per cent of direct-to-procedure patients were re-triaged to a clinic consult.

Telehealth arrhythmia clinic: initial experience report

Josephine Amelio, RN, BScN
Amy Manchak, RN, BScN
Telehealth Arrhythmia Clinic

To increase and improve access to electrophysiologists, a Telehealth arrhythmia clinic was developed in 2008. Patients are seen through a half-day clinic, scheduled on a monthly basis. On clinic day, the patient is seen by a RN and electrophysiologist and a personalized plan of care is developed during the Telehealth session. Through a comprehensive video-conference interview combined with diagnostic data supplied from the distant site, the multidisciplinary team diagnoses the patient condition and provides treatment options. On-going follow-up by an RN ensures patients are properly managed. Patients report satisfaction and indicate saving up to $500 in expenses and over 500 kilometres in travel for each appointment.
A pocket calendar was developed by the Central Alberta Heart Function Clinic with spaces reserved for recording weight, blood pressure, pulse, blood sugar, appointments and more to support self management. This simple effective tool helps nurses view trends and tailor teaching to meet the patient’s needs.

Public health nurses in Fort McMurray go outside the box

Carol Stuckless, RN
Northern Lights Regional Health Centre

Using unconventional methods, nurses in Fort McMurray set out to increase immunization rates for all ages. With no permanent manager, front-line nurses took the lead and exceeded provincial expectations.

Think like a nurse ...helping nursing students link anatomy/physiology concepts to actual nursing practice

Sandra J. Klevgaard, RN, BScN, MN
Deirdre Jackman, RN, MN, PhD (candidate)
University of Alberta Faculty of Nursing

To assist the learner to link/apply human anatomy and physiology concepts to the practice of nursing, realistic case scenarios are provided to students at the University of Alberta faculty of nursing Camrose site through e-Learning technology. Initial feedback from students suggest the nursing scenarios, uniquely situated within anatomy and physiology courses, innovatively create learning opportunities to familiarize students with real situations where nurses provide knowledge and care.

Immunization Competency

Sharon French, RN, BScN
AHS, Public Health, Central Zone

In an effort to encourage and support best practice in immunization, a team within the Central Zone developed immunization orientation modules and a supporting workbook based on the Public Health Agency of Canada’s Immunization Competencies for Health Professionals. These modules, available electronically, are for both new and experienced public health nurses to assist them in achieving the fourteen core immunization competencies recommended for health-care providers. Evaluation data will be reviewed by public health managers. Any trends or issues identified will be addressed with appropriate support initiatives.

Red Deer’s Heart Failure Calendar

Cindy Johnson, RN, MN
Central Alberta Heart Function Clinic
Red Deer Regional Hospital Centre

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Get a life, get a haircut and get a real job!

Shelley Daljeg, RN
St. Mary’s Hospital, Camrose

The schizophrenia program at St. Mary’s Hospital distributes start-up packages; hosts patient and family information sessions to provide informed consent; hosts weekly group sessions while the patients wait for blood test results and medication distribution. They also started a life skills group called “Get A Life;” a role-playing social skills group called “Get A Haircut;” and a program to assist with returning either paid or volunteer work called “Get A Real Job.” Healthy Lifestyle group and Metabolic Clinic were added to address physical health issues.

Shared care nursing – together is better!

Elizabeth Benson, RN, BScN; Gloria Beardsworth, RN; Karen Billan, RN; Chris Carey, RN; Cathy Cross, RN; Karen Epp, RN; Joyce Grabo, RN, BScN; Allison Hicks, RN, BScN; Debbie Isaac, RN; Harmony Kosola, RN, BScN; Darlyne Lagouette, RN; Debbie Leitch, RN, MN; Lori Niemeyer, RN, BScN; Sandi Sebastian, RN, MN; Tanis Thompson, RN, BScN; Derilee Ziebart, RN, BScN
Red Deer Regional Hospital Centre

The shared care nursing model is a new initiative at the Red Deer Regional Hospital Centre that allows certain babies who would normally be cared for in the NICU to be cared for at the mother’s bedside by a NICU nurse while the mother is cared for by a post-partum nurse, moving the focus from an illness to a wellness model of care. Since Jan. 1, 2011, 30 babies who traditionally would have been admitted to the NICU and been separated from their mothers have been cared for in the shared care nursing model.

“I was assaulted – I can’t breathe!”

The strangulation identification, advocacy and care protocol

Morag Mclean, RN

The Strangulation Identification, Advocacy and Care Protocol provides information, resources and assessment tools for crisis advocates, health professionals and the judicial system. The protocol also provides information, advocacy and support for the survivors of strangulation. Initially created for shelter advocates and strangulation victims, community response evidences the benefit to victims and professionals outside the shelter setting. Documentation using the protocol tools was recently admitted into evidence at trial and was reported to be “crucial in the verdict of guilt.”

Alberta Children’s Hospital paediatric intensive care unit collaborative care model

Emma Folz, RN
Pediatric Intensive Care Unit
Alberta Children’s Hospital

RNs and registered respiratory therapists (RRTs) are learning new skills and procedures within their scope of practice to provide better, less segmented care at the paediatric intensive care unit (PICU) at Alberta Children’s Hospital. This is the first such unit in Canada to explore full scope of practice with both the RN and RRT professions and consider an alternative model of care delivery other than the one that has existed traditionally in PICUs across North America. The team that is developing the model includes RNs in various roles and members from the RRT profession.

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Publications ordered by Hearing Tribunals

CARNAR Member
Registration number: 44,536
A Hearing Tribunal made a finding of unprofessional conduct against member 44,536 on admission of the member for documenting removal of nitro patches when delegated; making inappropriate comments to colleagues; and leaving the medication room door open; and not notifying colleagues of her whereabouts. The Tribunal issued a reprimand and ordered attendance at a course in interpersonal aspects of nursing. Conditions shall appear on the member's practice permit. Failure to comply with the order may result in suspension of CARNAR practice permit.

CARNAR Member
Registration number: 49,849
A Hearing Tribunal made a finding of unprofessional conduct against member #49,849 who while on duty triaged herself, accessed her own patient records and as a registered nurse prepared the clinical note for the physician or nurse practitioner on herself as a patient on a few occasions. The Tribunal issued a reprimand.

CARNAR Member
Registration number: 63,576
Member #63,576 was found by a Hearing Tribunal to have committed unprofessional conduct in not documenting pertinent information and not properly charting late entries. The Hearing Tribunal accepted the member's undertaking to not practise pending medical clearance and ordered attendance at two courses: physical assessment and charting. Conditions shall appear on the member's practice permit. Failure to comply with the order may result in suspension of CARNAR practice permit.

CARNAR Member
Registration number: 65,059
A Hearing Tribunal made a finding of unprofessional conduct against member #65,059 who used the employer's supply of nitro-spray for personal use; self-administered nitro-spray without a prescription while at work; threw her dinner at her co-worker/ex-boyfriend while at work; abandoned her duties when she left the hospital abruptly during her shift without speaking to the charge nurse to advise her that she wanted to go home; attended at the parkade of her employer and drove into her co-worker/ex-boyfriend's truck so hard with her vehicle that the truck flipped over; and sent to some of her co-workers an inappropriate email in that her words could be construed as threatening. The Tribunal received a psychiatric assessment saying from a psychiatric perspective she could work. The Tribunal issued a reprimand; ordered the member to pay a fine of $5,000 by a deadline; ordered the member to undergo counselling; required the member to provide annual psychiatric reports for four years, and restricted the member to working for her current employers pending satisfactory performance evaluations from her employers. Conditions shall appear on the member's practice permit. Failure to comply with the order may result in suspension of CARNAR practice permit.

Find out more about 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. At each hearing, the Hearing Tribunal considers a number of factors mentioned in case law to arrive at the appropriate sanction and publication, including whether or not to publish the member's name. To find out more about sanctions and publication, go to www.nurses.ab.ca/sanctions.

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CONTACT: www.cona-nurse.org

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Network Opportunities

CALLING ALL HEART FAILURE CARE RNs AND NPs
A CARNA special interest group for nurses who care for those with heart failure is in the beginning stages of formation. The group will bring together a diverse group of nurses from across the province to provide opportunities for networking, education, and information sharing. To learn how you can get involved, contact Terry Kawahara at 403.5505 or via email at terry.kawahara@albertahealthservices.ca.

Carna Specialty Practice Groups
Contact your CARNA regional coordinator or go to www.nurses.ab.ca and click on “Member Info.”

The 2009–2010 CARNA annual report, Stepping Up to the Plate, was recently distributed to stakeholders and is posted on www.nurses.ab.ca

The submission deadline for events and reunions in the July/August issue of Alberta RN is May 31. Go to www.nurses.ab.ca for a complete and up-to-date listing of events and reunions or to submit an event for publication.
I am inspired by the innovation and leadership demonstrated by the RNs and NPs featured in this issue of Alberta RN. Whether they submitted an abstract for poster presentation at the annual conference, were nominated for an award of excellence, forwarded their name for election to provincial council or achieved a milestone in their career, all these members model risk-taking when it comes to advancing their nursing experience and the profession. We can all feel proud of the will and ability of Alberta’s registered nurses to effect positive change in health-care delivery and on the future of our profession.

The summary of abstracts provides an excellent example of the breadth and depth of the registered nurses profession and showcases the solutions nurses have developed to address challenges within our current health-care system. All over the province, nurses are helping seniors stay home longer, reaching out to teenagers combating depression, supporting Albertans to manage chronic diseases, improving communication and coordination among care providers, patients and families and tackling structural changes, such as staffing and unit routines. They are fearlessly exploring the boundaries of what it means to work to full scope of practice in hospitals, clinics, educational institutions, in rural, remote and urban Alberta to find solutions to current health care challenges. Their innovations are noteworthy and should be shared for the benefit of more Albertans and all health care providers. I encourage you to support these nurse leaders who will participate in the showcase of RN innovation during the CARNA annual conference in Calgary on June 9–10.

Nurses and public representatives serving on council, regulatory and operational committees and the nursing and non-nursing staff employed by CARNA are also demonstrating innovation and leadership in the field of regulatory practices and professional organization. In late April, we conducted a broad member survey to gauge overall satisfaction with CARNA, to clarify member perceptions of quality and safety of patient care and of primary care, and to determine how well we are meeting your expectations of opportunities for engagement. Results of the survey will be disseminated in the next issue of Alberta RN and in an upcoming issue of AB RN Online.

In response to the results of the member survey on the continuing competence program, we are introducing an online tool to make it easier for members to fulfill the program’s documentation requirements. Last fall, Council supported the recommendations from the comprehensive review of the program, and staff will continue to phase in revisions which will build on the strengths of the program, integrate new developments in best practice in professional regulation, and acknowledge member expectations to demonstrate continuing competence in a meaningful way.

Our recent launch of online nurse verification increases public access to the information we are required to make available and will help maintain the high level of trust nurses have earned. The upcoming introduction of electronic practice permits at renewal is also aimed at adopting best practices in professional regulation and maintaining public trust in the profession.

This Nursing Week, CARNA is seeking out media opportunities to call attention to the many ways our members step up to the plate to address the many challenges faced by patients, caregivers and employers in the delivery of safe, quality health care. We are once again building on the success of our advertising campaign “Expert Caring Makes a Difference” launched in a first phase in January 2010 and then reiterated in a second phase in December 2010. It is now more important than ever to communicate the important role our members play as patient advocates and sentinels for patient safety in the health-care system.

Despite the many challenges you face on the job, you continue to show how important you are in not only to meeting the immediate health needs of patients and residents across the province but in finding solutions to the problems we currently face in health care. Remember to celebrate during Nursing Week. Take time to recognize your professional accomplishments and your critical role as collaborative practitioners. Celebrate your role as patient and nursing advocates, as nursing administrators, educators and researchers – in whatever setting or phase you are in your nursing career. Your active participation in health-care reform is not only appreciated, it’s vital.

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Join your nursing colleagues from across Alberta for the one and only provincial conference for RNs and NPs in all roles and at all levels of experience. This uplifting program will give you a fresh perspective on your future and the future of the profession.

Annual General Meeting

All CARNA members are encouraged to attend the annual general meeting on June 9, 2011 at the Hyatt Regency Hotel in Calgary. **Pre-registration is required if you are not registered for the CARNA conference.** There is no fee to attend. Members who are not registered for the conference are welcome to join us for lunch with guest speaker Dr. Ann Tourangeau from 11:30AM–1:15PM.

The formal proceedings of the annual general meeting will begin immediately following Dr. Tourangeau's presentation, “Choices and Tradeoffs: Nurse Staffing and Hospital Mortality Rates.” Pre-register online at www.carnaconference.ca.

Need accommodation?

A special room rate of $259 per night is available for conference delegates at the Hyatt Regency Hotel in Calgary. To guarantee this rate, book before **May 9, 2011.**

To book, go to www.carnaconference.ca and click on the Location tab or call the hotel direct at 1.800.633.7313. Quote conference code “Registered Nurses of Alberta.”

Register at www.carnaconference.ca/780.419.6070
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