President’s Update
Leading the Transition to the Future

One of my goals for my presidency was to build on CARNA’s association work and to engage registered nurses in the work of CARNA. Over the last two months, I have taken steps to move forward towards my goal through participation in events and activities that both advise and enrich our profession in Alberta and inspire our work as Canadian registered nurses.

In May, the profession celebrated National Nursing Week and I travelled the province, attending various events and talking to many registered nurses about their challenges in practice and their individual and collective accomplishments. Later that month, I heard your questions and concerns at the CARNA AGM and open forum and, for the first time, the AGM was live streamed and recorded. If you were unable to attend I encourage you to watch the AGM video located on the CARNA website at www.nurses.ab.ca/webinars.

The AGM was followed by the CARNA Awards Gala. The Awards Gala is an inspiring tribute to RNs, NPs and the profession. It was wonderful to spend time with the nearly 300 friends, family and colleagues and show enthusiastic support for this year’s nominees and award winners. From the inside looking out, we are keenly aware of the many accomplishments and advancements in our profession. While this is obvious to us, it may not be to others. That is why we must continue to articulate why our profession is essential to transform health care and to safe, quality care for Albertans.

Finally, I attended the Canadian Nurses Association (CNA) Board meeting and Biennium in Vancouver. At all forums, there was passionate discussion and debate on issues and resolutions that impact both the public health of our nation and the direction of our profession. At the CNA Biennium, I witnessed with pride the release of the final report of CNA’s National Expert Commission. The report states that “Canada’s nurses can and must act in collaboration with other health professionals and system leaders to ensure better health, better care and better value for Canadians. Through their sheer numbers and collective knowledge, nurses are a mighty force for change. Canadians expect nurses to harness that power and act” (p.1).

The report talks about transformation of the system with a focus on primary health care and the social determinants of health. I encourage every one of you to review the report at http://www.cna-aiic.ca/expertcommission/ as it will set the stage for the future of health care in Canada over the next decade.

So what lies ahead? Registered nurses in Alberta and across Canada are embarking on a journey to transform health care. This journey fits with our role, our knowledge, our skills and our values. It is truly our time. According to the National Expert Commission report, the public wants and expects nurses to lead the transformation of the health care system. In Alberta, Premier Alison Redford has set the mandate for her Cabinet ministers and identified primary health care as one of her government’s five priorities, a priority fully supported by Minister of Health Fred Horne. We must articulate our role in primary health care and wellness at every opportunity and work together to move the agenda for change forward. John F. Kennedy once said “Change is the law of life. And those who look only to the past or present are certain to miss the future.” Registered nurses must lead Alberta’s transition to the future.

The only way for government, employers, the public and other care providers to fully understand the RN contribution is if we help them to understand it. I urge you to explain how RN critical thinking, clinical judgment and decision-making set us apart. Decision-makers need to take us into account when setting policies and practices that affect health care services and our profession.

There is an old African proverb that states “Smooth seas do not make skillful sailors.” Our seas have been rough over the last decade and we have faced many challenges but our time is now and we are ready and able to lead the change. Send your ideas and suggestions for change to your provincial councillor. Your voice is important and valued.

Dianne Dyer, RN, BN, MN
780.909.7058
president@nurses.ab.ca

Connect with Dianne: @DMDyer1
Subscribe to her blog at www.carnapresident.ca
2013 Practice Permit Renewal and Continuing Competence

What’s NEW this year?

The most significant change this year is that rather than answering questions on your permit application about the implementation of your learning plan(s) you will enter the details of your completed plan(s) into your 2012 MyCCP record and use the button at the bottom of the screen to report to CARNA that this is complete. You will then begin your 2013 MyCCP record by completing the steps of Practice Reflection for the upcoming year. This must be completed to be able to submit your application to renew your practice permit.

How do I meet the requirements for practice permit renewal?

By Sept. 1, 2012, you must:
• meet all the requirements for continuing competence which includes:
  • completing your MyCCP record for 2012 and
  • beginning your MyCCP record for 2013
• submit a complete application
• pay your annual fee

How to complete your MyCCP record for 2012:
• Log in to MyCARNA and click on Complete 2012 MyCCP record
• In the My RN Learning Plan(s) section click Add Learning Activity to enter your completed learning activities for each indicator that you selected as a priority
• Click Evaluate Learning Plan to complete your learning plan(s)
• Review your record to ensure all sections are complete
• Click on Report MyCCP Record at the bottom of the screen to report to CARNA that your 2012 MyCCP record is complete

How to begin your MyCCP record for 2013:
• If you are still logged in to MyCARNA, click on All MyCCP Records, and then click Begin to complete your Practice Reflection in your new MyCCP record.
• If you logged out after completing your 2012 record, log back in to MyCARNA and click on Begin 2013 MyCCP record.
• Complete the steps of Practice Reflection: assess your practice, select your priority learning focus (indicator), and develop your learning objective. Entering feedback can be done now or any time during the new practice year.
• Click Report Practice Reflection to notify CARNA that you have completed the CCP requirements for renewal.
• Now you are ready to complete the renewal application and pay your fee to complete the application process.

How will I know if I’ve been selected for audit?

If you were selected for the 2012 continuing competence annual audit, you will be notified in the following ways:
• in the renewal notice emailed to all members on June 25
• in your online member profile
• on your 2012 MyCCP record
• when you complete the application and go to pay your fee

What happens if I am selected for audit?

If you are selected for audit, CARNA will review your completed 2012 MyCCP record to verify that the information entered meets the requirements of the program. Nothing further needs to be submitted. CARNA will notify you of your audit results prior to the expiry date of your current practice permit on Sept. 30, 2012.

Education sessions via telehealth

A series of CCP education sessions specifically focused on completing your 2012 MyCCP record and beginning your 2013 record will be delivered via telehealth throughout the summer. To register for a session go to the AHS video conference scheduler page at https://vcscheduler.ca/ahs/. A complete list of sessions is posted at www.nurses.ab.ca

Questions?

A how-to renewal video and a video covering all aspects of the Continuing Competence Program can be viewed on the CARNA website at www.nurses.ab.ca/webinars.

Contact continuing competence staff at continuingcompetence@nurses.ab.ca or call 780.732.9511/1.800.252.9392, ext. 411
Reminders to renew were emailed on June 25th
You don’t need the email reminder to renew.
Simply log in at www.nurses.ab.ca

Didn’t receive the email reminder to renew?
Non-receipt is usually the result of one of the following:

- The email went to your junk mail folder.
  If you find it there, add @nurses.ab.ca to your safe sender list.

- An incorrect email address is listed in your CARNA member profile.
  Log in to MyCARNA to confirm your current email address is listed.

- You do not have a personal email address or are sharing an email address.
  If the email address listed in your profile is also used by another RN, your spouse, your child or other acquaintance, your renewal reminder may not have been brought to your attention. Only one email reminder can be sent to each unique email address. Obtain a personal email address to avoid missing further emails.

Not planning to practise after Sept. 30, 2012?
Apply for non-practicing status to maintain your member record in good standing.

Whether you are retiring, moving out of province or for any reason do not plan to practise in Alberta after Sept. 30, 2012, you must submit an application for non-practicing status. Applying for non-practicing status serves as a formal notification to CARNA that you are not practising in Alberta and confirms you are not practising without a permit. There is no fee unless you apply for Retired or Associate membership ($42).

By reporting your practice hours and reporting on your learning activities for 2012 in MyCCP, you will maintain your member record in good standing. Good standing is needed if at some point in the future you want to return to practise in Alberta or elsewhere. If you do not submit a complete application for non-practicing status, CARNA is required by legislation to issue a suspension notice.

Avoid a late fee.
Renew before Sept. 1, 2012

Submit your complete application by September 1 to avoid a $50 late fee and by September 30 to avoid suspension. Remember, a complete application includes the following:

- reporting on your learning activities for 2012 in MyCCP and reporting that you have met the requirements for the Continuing Competence Program
- reporting on your practice reflection in MyCCP for the 2013 practice year
- completing the online application including updating your address and employment information and submitting the annual fee

For additional help with renewal, view the how-to renew video posted on MyCARNA, go to www.nurses.ab.ca/renewal or call 1.800.252.9392.

Win one of two new iPads
Renew your practice permit online via MyCARNA by August 1 to be automatically entered to win one of two Apple iPads.

* To be eligible, members must meet all continuing competence requirements and submit a complete application and fee.
Letter to the Editor

STAT Comic reminds us not to lose patients in technology

What struck me most about the comic, levity aside, was that there was a patient “lost in technology” at the heart of things. It may be easy to look after the technical details and machine management of a patient’s care, but we can never forget that there is a human being (who is often scared and worried) under all those beeping machines and attached to all those tubes.

June Cooper, RN
Edmonton

EDITOR’S NOTE: The comic referred to was the first STAT comic published in Alberta RN and appeared in the Spring 2012 issue on page 4.

The CARNA library is closed as of Sept. 30, 2012.
Access to Canadian nursing resources is available through NurseOne on the CNA website at www.nurseone.ca

MyBookstore
CARNAs online bookstore

Carna has partnered with Login Canada to give RNs access to the largest health sciences and scientific/technical book wholesaler in the country. MyBookstore puts over 600,000 active titles at your fingertips! And unlike buying books at other retailers, a portion of your sale is invested into Carna and your profession.

• same day shipping on all in-stock items ordered before 1:30 p.m.
• reliable and trustworthy site
• a wide range of titles on nursing, consumer health, allied health, health science and psychology
• shop from the comfort of your home or office
• shop 24/7

Easy payment options include cheque and online or telephone payment with Visa or MasterCard.
Self-regulation means that registered nurses, not the government or any other outside group, determine our standards of practice and our professional ethics. Through this privilege, we demonstrate accountability to the public, to ourselves and to this incredible profession.

For self-regulation to remain effective, it requires registered nurses to take an active role.

How much time is involved?
Time commitments can vary for each committee. Each volunteer opportunity lists the expectations of committee members, including the number of meetings each year and other time commitments.

Which committees are seeking volunteers?
For an up-to-date list of opportunities visit www.nurses.ab.ca and click on Member Info. Volunteer opportunities are also listed in Alberta RN magazine and the AB RN Online electronic newsletter.

Can I volunteer on more than one committee?
CARNA bylaws state members can serve on only one regulatory committee at a time. However, there is no limit to the number of committees you can serve on throughout the duration of your nursing career. When your term ends on one committee, you can apply for a position on another.

How do I apply?
Download an application form at www.nurses.ab.ca by clicking Call for Members under the Member Info section. Fill it out and send it to the contact listed on the form. To request a form by mail, call or email the CARNAP contact listed on the opportunity.

Important notice to current members of CARNA regulatory committees: The bylaws state that individuals may only serve on one regulatory committee at a time. This applies to the NEPAB, Registration, Registration Review, Hearing Tribunal, Continuing Competence committees.

CALL FOR MEMBERS

Complaint Review Committee
Three members needed
Term beginning Oct. 1, 2012

The mandate of the Complaint Review Committee is to conduct reviews of dismissals of complaints by the CARNAP 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. Committee members also review proposed settlements reached through the alternative complaint resolution (ACR) process and determine whether the settlement should be ratified, amended by agreement with the parties or refused.

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
• not currently serving as a member of another CARNAP regulatory committee
• a minimum of 10 years as a registered nurse
• active CARNAP registration as a regulated member in good standing
• active listening and critical thinking skills
• ability to interpret legislation and standards and apply to review of dismissals and ratification of proposed ACR settlements
• ability to consider evidence and information objectively and fairly; suspending personal bias in making decisions
• ability to effectively articulate a position with supporting rationale

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 ACR settlements.
• commit to preparatory time for meetings.
• attend a one-day orientation at the CARNAP office
• after one year, assume the role of Chair which includes the writing of decisions

CARNAP 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 committee or expectations of members, please contact:
Susan 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
Investigations Assistant
780.732.4433/1.800.252.9392, ext. 433
lhokanson@nurses.ab.ca

APPLICATION DEADLINE: AUG. 3, 2012
Elections and Resolutions Committee

Three members needed

The Elections and Resolutions Committee (ERC) plays an essential role by ensuring councillors from every region and from diverse nursing practice backgrounds sit on provincial council. ERC consists of up to six registered nurse members in addition to CARNA’s past president, two provincial councillors (one of whom serves as chair), and outgoing members of provincial council.

The committee recommends a slate of qualified candidates for provincial council and president-elect, whenever an election for that office is required; develops the rules governing the CARNA election process for approval by council; provides support for members submitting resolutions for CARNA’s annual general meeting; and supports the development of resolutions for the CARNA annual meeting for council’s consideration.

Qualifications
Members from all CARNA regions are welcome to apply. Members who have developed connections with registered nurses in Alberta through professional experience and other networking opportunities are well-suited for this committee.

Expectations of Members
• serve a one-year term, beginning Oct. 1, 2012
• prepare for meetings and teleconferences
• participate in four to six teleconferences and possibly one or two face-to-face meetings in Edmonton
• generate nominations of qualified members to run for positions on CARNA Provincial Council

Questions
If you have questions about the work of the committee or expectations of members, please contact:
Lisa A. Barrett
Chair, Elections and Resolutions Committee
403.350.8218
lbarrett@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:
Diane Wozniak
780.453.0525/1.800.252.9392, ext. 525
dwozniak@nurses.ab.ca

Awards Selection Committee

Three members needed
Term beginning Oct. 1, 2012

The CARNA Awards Selection Committee is an operational committee composed of five volunteer RN/NP members and the CARNA chief executive officer. The committee reviews award criteria, reviews nominations and selects recipients for the CARNA Awards of Nursing Excellence program.

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 committee composition, CARNA is seeking members who are in good standing and employed in research and/or administration.

Expectations of Members
• serve a two-year term
• participate in two-to-four meetings/teleconferences per year
• prepare for meetings/teleconferences
• review nomination submissions and objectively apply award criteria

CARNA 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 also 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.

Questions
If you have questions about the work of the committee or expectations of members, please contact:
Rachel Champagne
Manager, Communications
780.453.0516/1.800.252.9392, ext. 516
rchampagne@nurses.ab.ca

How to Apply
Download an application form at www.nurses.ab.ca. Click on Call for Members under the Member Info tab or contact:
Kyla Gaelick
Communications Assistant
780.732.9521/1.800.252.9392, ext. 314
kgaelick@nurses.ab.ca
Registration Committee

Five members needed
Term beginning Oct. 1, 2012
The Registration Committee works with CARNA staff to develop registration policy, reviews applications for registration and practice permits and considers requests for exemption to standard policy due to extraordinary circumstances. As a committee member, you will be responsible for determining if an applicant/member has met legislated requirements and whether a danger to the public would result from the applicant/member engaging in or continuing to engage in nursing as a graduate nurse, registered nurse, graduate nurse practitioner or nurse practitioner. The committee may approve, defer or refuse eligibility for registration and/or practice permits and identify needed conditions or restrictions on the practice permit.

Qualifications
• a minimum of three years nursing experience
• not serving as a member of another CARNA regulatory committee
• provide direct care as a staff nurse, community health nurse or nurse practitioner

Expectations of Members
• serve a three-year term with an option to renew for a fourth year
• attend two-day meetings every five-to-seven weeks
• participate in urgent teleconferences as required
• be willing to serve as chair or vice-chair after sufficient exposure to the role and responsibilities

Questions?
If you have questions about the work of the committee or expectations of members, please contact:
  Cathy Giblin
  Registrar/Director, Registration Services
  780.451.0043/1.800.252.9392, ext. 508
cgiblin@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:
  Camille Barry
  Assistant to Registrar/Director, Registration Services
  780.453.0513/1.800.252.9392, ext. 513
cbarry@nurses.ab.ca

Registration Review Committee

Four members needed
Term beginning Oct. 1, 2012
The Registration Review Committee is delegated by CARNA Provincial Council to hear reviews of decisions made by the registrar, Registration Committee or Competence Committee. In a formal hearing, the committee hears and reviews the reason for requesting a review, sworn testimony and submitted documents. After hearing submissions from both parties and considering the applicable legislation, regulation, bylaws and policies, the committee may:
• confirm, reverse or vary the original decision
• refer the matter back to the registrar, Registration Committee or Competence Committee for further assessment and decision
• make any further order necessary to carry out the committee’s decision

Qualifications
• a minimum of 10 years nursing experience
• have previously served on the Registration Committee or Competence Committee (preferred)
• active listener and critical thinker
• able to make difficult decisions that may negatively impact an applicant or regulated member
• able to consider evidence and information objectively and fairly, putting aside any personal beliefs when making decisions
• able to effectively articulate your position and provide rationale for that position

Expectations of Members
• serve a three-year term with an option to renew for a fourth year
• review documents in advance of meetings
• attend an orientation session prior to hearings
• attend meetings on an as-needed basis (travel expenses covered by CARNA)
• volunteer on a rotating basis to draft and finalize decisions of the committee (with assistance from the committee’s legal counsel)

Questions
If you have questions about the work of the committee or expectations of members, please contact:
  Cathy Giblin
  Registrar/Director, Registration Services
  780.451.0043/1.800.252.9392, ext. 508
cgiblin@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:
  Camille Barry
  Assistant to Registrar/Director, Registration Services
  780.453.0513/1.800.252.9392, ext. 513
cbarry@nurses.ab.ca
COMPETENCE COMMITTEE

Three members needed.
Term beginning Oct. 1, 2012

The Competence Committee is responsible for continued development, implementation and evaluation of the CARNA Continuing Competence Program and committee policies and processes, including requests from members seeking an exception of policy.

As a committee member, you will help determine

• if an applicant/member has met program requirements for a practice permit
• if members have complied with conditions assigned to meet program requirements

Qualifications

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

• active CARNA registration in good standing
• a minimum of five years of nursing experience
• not currently serving as a member of another CARNA regulatory committee
• active listening and critical thinking skills
• ability to interpret policy, standards and legislation and apply these governing levels to applications for practice permits
• ability to consider evidence and information objectively and fairly, suspending personal bias in making a decision
• ability to effectively articulate a position with supporting rationale

Expectations of Members

• complete a four-year term
• attend nine to 10 one-to-two day meetings per year, as required, at the CARNA office in Edmonton
• attend a half-day orientation session
• commit to preparatory time for meetings

Questions

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

Terry Gushuliak, Deputy Registrar
780.453.0507/1.800.252.9392, ext. 507
tgushuliak@nurses.ab.ca

How to Apply

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

Camille Barry, Assistant to Registrar/Director, Registration Services
780.453.0513/1.800.252.9392, ext. 513
cbarry@nurses.ab.ca

HEARING TRIBUNAL

Four members needed
Term beginning Oct. 1, 2012

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 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, four members with the following qualifications are needed:

• active CARNA registration in good standing
• minimum of 10 years current active registered nurse practice in: professional practice, acute care, long-term care, clinical education
• active listening and critical thinking skills
• ability to interpret policy, standards and legislation and apply these governing levels to applications for practice permits
• ability to consider evidence and information objectively and fairly, suspending personal bias in making a decision
• ability to effectively articulate a position with supporting rationale

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 chair is compensated for the work involved in decision-writing. Orientation and ongoing education is provided to all committee members.

Questions

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

Susan 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, Investigations Assistant
780.732.4433/1.800.252.9392, ext. 433
lhokanson@nurses.ab.ca

APPLICATION DEADLINE: AUG. 3, 2012
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.

To find out more about sanctions and publication, go to www.nurses.ab.ca/sanctions.

CARN A Member
Registration number: 33,091
A Hearing Tribunal made a finding of unprofessional conduct against member #33,091 who failed to document adequately on her patients. The Tribunal issued a reprimand and directed the member to pass a course in documentation, write a paper on how to improve her documentation, and be restricted to working for her current employer pending a satisfactory performance evaluation from her current employer focused on documentation. Conditions shall appear on the member’s practice permit. Failure to comply with the order may result in suspension of CARN A practice permit.

CARN A Member
Registration number: 42,712
A Hearing Tribunal made a finding of unprofessional conduct against member #42,712, who violated the employer’s policy when she failed to have narcotic wastage co-signed on five occasions and who failed to chart any assessment of pain of a patient either before or after she administered PRN oxycodone. The Tribunal issued a reprimand and accepted the member’s undertaking to not practise pending a fitness to practice letter from her physician. The Tribunal also directed the member to develop a work plan on medication administration. The member must notify a Tribunal prior to next commencing employment and be restricted to working for her next employer pending the provision of two satisfactory performance evaluations. If the member gets permission from a Tribunal to work elsewhere, evaluations are required from that other employment site as well. Conditions shall appear on the member’s practice permit. Failure to comply with the order may result in suspension of CARN A practice permit.

CARN A Member
Registration number: 55,484
A Hearing Tribunal made a finding of unprofessional conduct against member #55,484, who despite being previously warned about her medication administration practices, including documentation, failed to accurately complete a medication reconciliation of a patient’s medications on her readmission to long-term care from hospital; and failed to date the notes in the episodic record when the resident was readmitted to long-term care. The Tribunal issued a reprimand and directed the member to pass courses in documentation and basic medication administration; and be restricted to working for her current employer until the member provides to a Hearing Tribunal a comprehensive satisfactory performance evaluation from her sole current employer by a deadline. Conditions shall appear on the member’s practice permit. Failure to comply with the order may result in suspension of CARN A practice permit.

CARN A Member
Registration number: 61,987
A Hearing Tribunal made a finding of unprofessional conduct against member #61,987 who on one night shift failed to notice that a patient was missing from the unit for the entire shift; failed to adequately perform rounds on that shift; and erroneously charted the patient was checked every two hours; and who, on a different occasion, failed to administer or chart medication administration of two medications to a patient; and charted incorrect medication administration times on two patients; and on another occasion left methadone at a patient’s bedside. The Tribunal issued a reprimand and ordered the member to pass courses on medication administration; documentation and responsible nursing; and to notify the Tribunal of her next employment setting as an RN and be restricted to working at that setting pending provision of a satisfactory comprehensive performance evaluation. Conditions shall appear on the member’s practice permit. Failure to comply with the Order may result in suspension of CARN A practice permit.

CARN A Member
Registration number: 62,204
A Hearing Tribunal made a finding of unprofessional conduct against member #62,204 who without the prior authorization or knowledge of her employer, borrowed a Ventolin inhaler (belonging to the employer) for her personal use, and without the prior authorization or knowledge of her employer, borrowed fifty dollars for her own use from a staff fund. The Tribunal issued a reprimand and directed the member to provide proof that she had completed eight learning e-modules on the Code of Ethics which the Tribunal confirmed were completed prior to the hearing.
A Hearing Tribunal made a finding of unprofessional conduct against member #70,501 who while in a management position when she knew that H1N1 immunizations were only to be available to the public at mass clinics, failed to prevent a private H1N1 immunization clinic from being held; and failed to mention the request for a private immunization clinic to her supervisors after that request was brought to her attention; and who lied or was not immediately forthcoming with the truth to her supervisor when she intimated that she had no knowledge of the private immunization clinic until after it had occurred. The Tribunal took into account that the member had already been terminated from her position as a consequence of her behaviours. The Tribunal issued a reprimand.

A Hearing Tribunal made a finding of unprofessional conduct against member #72,266. The Hearing Tribunal found that he administered olanzapine to a patient on four occasions without a physician’s order and that he failed to clarify his concern regarding an order to initiate treatment for Hepatitis C and as a result did not initiate treatment for the patient. The Hearing Tribunal ordered him to complete a Responsible Nursing course, and also to complete a paper on the scope of practice of a Registered Nurse. Conditions shall appear on the member’s practice permit. Failure to comply with the Order may result in suspension of CARNA practice permit.

A Hearing Tribunal made a finding of unprofessional conduct against member #72,324, that he failed to ensure that adequate up to date records of staff and resident immunizations were maintained, neglected to put a patient name on 14 H1N1 immunization forms so it was not possible to identify which patients had been immunized, and did not ensure that a Flu Shot Record was adequately completed, which resulted in it not being possible to identify when or if the patients were immunized. The Tribunal issued a reprimand and ordered the member to take a course in charting and provide a satisfactory performance evaluation from his next employer. Conditions shall appear on the member’s practice permit. Failure to comply with the Order may result in suspension of CARNA practice permit.

A Hearing Tribunal made a finding of unprofessional conduct against member #75,081, who on numerous occasions for one and one-half years, wrongfully took narcotics including Demerol, morphine, hydromorphone and oxycodone from his employer; who charted false information on the employer's narcotic records to cover his wrongful taking of the narcotics; and who worked under the influence of narcotics. The Tribunal gave the member a reprimand and accepted an undertaking to not practise as a registered nurse pending proof from a physician and counselor that he is safe to return to practise at which time, the member has a choice to return to either a practice setting where there is no access to narcotics or controlled substances, or do a supervised practice in a setting where the member is expected to administer medications, including narcotics and controlled substances. In either setting, the member’s employer will report back to a Hearing Tribunal. The member is required to continue drug screening and provide further medical reports to a Hearing Tribunal. Conditions shall appear on the member’s practice permit. Failure to comply with the Order may result in suspension of CARNA practice permit.

A Hearing Tribunal made a finding of unprofessional conduct against member #77,913 who on one occasion took photographs of the patient without her consent or consent on her behalf, took inappropriate photographs of the patient and had the photographs sent to her personal Hotmail address so they could be printed. The photos were taken to place on the patient’s chart for the information of the physician. The Tribunal considered the severe discipline the employer had already imposed on the member when assessing sanction. The Tribunal also considered that the member had since done some education on privacy. The Tribunal issued a reprimand and ordered her to complete eight e-modules on the Code of Ethics which the member confirmed were completed at the time of the hearing.

A Hearing Tribunal made a finding of unprofessional conduct against member #78,633. The Hearing Tribunal found that she had failed to take intervention by questioning the doctor’s order to give a patient 1.0 mg of Dilaudid q2h given patient’s drowsy demeanor; she failed to administer to a patient some pre-operative medications, although she did self report incident; she did not report the results of her assessment of a patient who had passed out to a physician or charge
nurse promptly, and that she mixed inappropriate medications and used an improper procedure when mixing the medications for a diabetic patient. The Hearing Tribunal ordered her to complete a medication administration course (proof of completion provided at the hearing) and a health assessment course, to write a paper with respect to insulin administration in the treatment of diabetic patients, and to provide a satisfactory performance appraisal from her current employer. Conditions shall appear on the member’s practice permit. Failure to comply with the Order may result in suspension of CARNA practice permit.

CARN A Member
Registration number: 79,385

A Hearing Tribunal made a finding of unprofessional conduct against member #79,385 who failed to advise two employers that she was simultaneously employed to work some of the same hours for the second employer and who on numerous occasions, claimed for the same hours of work from two different employers, was paid by two different employers for the same hours of work and represented to two different employers that she was working for them, when she was also employed and purporting to work the exact same hours for another employer and who on more than one occasion inappropriately brought students to one of her employment settings that was not an approved clinical placement; on more than one occasion she was dishonest with her students about her whereabouts or reasons for absence or unavailability to them; and on more than one occasion she was dishonest with her co-workers or supervisor about her whereabouts or reasons for absence or unavailability for particular hours of work. The Tribunal issued a reprimand and ordered the member to pass courses in professional ethics and responsible nursing; write a satisfactory paper on professional ethics; commence counseling and provide satisfactory reports to a Hearing Tribunal from her counselor for two years; notify all employers for the next two years of this decision and provide performance evaluations back to a Hearing Tribunal from all employers for the next two years. Conditions shall appear on the member’s practice permit. Failure to comply with the Order may result in suspension of CARNA practice permit.

CARN A Member
Registration number: 80,923

A Hearing Tribunal made a finding of unprofessional conduct against member #80,923 for behaviours that occurred when she was a graduate nurse and then a new RN. The member had failed to notify a physician in a timely manner of a lab result showing infection, made several errors in medication administration and medication documentation, incorrectly filled out a lab requisition so the lab did not process the specimen, and failed to follow a protocol and document correctly. The Tribunal noted the positive performance evaluations from her new employer and course work the member had taken since the incidents. The Tribunal issued a reprimand, ordered the member to pass a course in medication administration and restricted the member to working for her current employer pending receipt of one further comprehensive performance evaluation. Conditions shall appear on the member’s practice permit. Failure to comply with the Order may result in suspension of CARNA practice permit.

CARN A Member
Registration number: 87,329

A Hearing Tribunal made a finding of unprofessional conduct against member #87,329 for behaviours that occurred when she was a graduate nurse and then a new RN. The member had failed to notify a physician in a timely manner of a lab result showing infection, made several errors in medication administration and medication documentation, incorrectly filled out a lab requisition so the lab did not process the specimen, and failed to follow a protocol and document correctly. The Tribunal noted the positive performance evaluations from her new employer and course work the member had taken since the incidents. The Tribunal issued a reprimand, ordered the member to pass a course in medication administration and restricted the member to working for her current employer pending receipt of one further comprehensive performance evaluation. Conditions shall appear on the member’s practice permit. Failure to comply with the Order may result in suspension of CARNA practice permit.
DOMESTIC VIOLENCE IS AN IMPORTANT ISSUE FOR ALL REGISTERED NURSES AS WE REPRESENT THE LARGEST HEALTH-CARE PROVIDER GROUP AND PRACTISE IN A WIDE VARIETY OF SETTINGS. HOWEVER, THE LITERATURE SUGGESTS RNS ARE NOT ASSESSING FOR IT BECAUSE OF NUMEROUS BARRIERS AND MYTHS (ROBINSON, 2010).

BACKGROUND

One-in-five Canadians report abuse in their current or previous relationship, with almost half identifying multiple victimizations (Statistics Canada, 2011). The health effects often persist for years. Health Canada (2006) estimated yearly health-related costs of violence against women at $1.5 billion. This cost includes medical and dental treatment, long-term physical and psychological care, lost work time and crisis centre usage.

Screening and assessment tools are valuable strategies to identify domestic violence (Registered Nurses Association of Ontario, 2005). However, routine assessment is difficult to implement within health-care institutions (Family Violence Prevention Fund, 2004) with financial, time constraints and staff barriers—often resulting in the implementation of inappropriate/unsustainable protocols. RNs often rely on signs such as bruises and broken bones (Robinson, 2010).

In addition, many believe they can judge when abuse has occurred and do not need to ask all patients. Nurses identify discomfort with asking about domestic violence and lack of understanding regarding it (Robinson, 2010). RNs that have personally experienced domestic violence may be reluctant to ask their clients.

CALGARY INITIATIVE

Guided by tools developed in B.C. (Vancouver Hospital and Health Sciences Centre, 1999), a four-hour mandatory domestic violence intervention training session was developed for Calgary emergency department and urgent care centre nurses to add to all patient assessments. It included having nurses say “Violence and the threat of violence...
in the home is a problem for many people and can affect their health. Abuse takes many forms: physical, emotional, verbal, sexual, financial and neglect. We ask all patients and families about maltreatment and violence in their lives. Is this a concern for you or your children?

Program challenges included gaining support of the management team to include domestic violence compliancy issues as a staff performance indicator. Evidence such as prevalence, consequences and costs was presented to support the need for increasing opportunities for disclosure. Managers were encouraged to engage with their staff to develop strategies to increase compliancy rates.

Education focused on RNs evaluating the health concerns and behaviours of patients and families through a lens where even when domestic violence is not the presenting concern, there is possibility of it occurring. Nurses must be taught to have open discussions, acknowledge their patients’ experiences, assess safety, explore options, offer support and referrals. Providing opportunities for nurses to reflect on their own values and assumptions about domestic violence facilitates their ability to provide holistic unbiased care (Robinson, 2010).

In spring 2009, a review of compliance rates in one emergency department showed they were the lowest in the region, indicating a need for a new educational strategy. The 135 completed questionnaires showed that nurses:

• used intuition/own judgement to “know” when abuse is occurring
• questioned the appropriateness of asking about domestic violence
• focused their patient assessments solely on the patient’s chief complaint/priority
• acknowledged asking about domestic violence is important but were not asking
• felt the responsibility/accountability for reporting lies with the patient
• did not know where to get help if domestic violence was an issue in their own lives

A refresher education session was developed to include the above themes.

PROVIDING OPPORTUNITIES FOR NURSES TO REFLECT ON THEIR OWN VALUES AND ASSUMPTIONS ABOUT DOMESTIC VIOLENCE FACILITATES THEIR ABILITY TO PROVIDE HOLISTIC UNBIASED CARE.

(ROBINSON, 2010)

Evaluations were positive, disclosures of RN personal abuse were addressed and screening compliancy rates improved – showing supportive measures along with education impacted performance and even the personal lives of staff.

NEW FOCUS

A shift from viewing domestic violence assessments as solely secondary prevention toward a public health and primary prevention approach has led to recognition of their usefulness in outpatient and community health settings (World Health Organization, 2010). Recent changes within the health region have resulted in the program expanding to public health, a promising new direction.

The main message is that obtaining a disclosure is not necessarily the goal; relieving anxiety that the RN must fix the problem or rescue individuals is.

Local nurse champions were identified to network and communicate domestic violence interventions to their colleagues, provide assistance in managing issues with implementation and work with their colleagues to formulate plans thereby decreasing resistance to new interventions. As a result, RNs are beginning to understand that effective nursing interventions can be as simple as raising the topic, providing a safe environment for disclosure and education about the health implications of abuse. Future plans include exploring ways to seek further champions supporting the contributions that nurses can offer as promoters of health for populations – a terminal goal of nursing. RN

REFERENCES


Diana Snell RN MN is an Advanced Practice Nurse with the Domestic Violence Program, Alberta Health Services: Calgary Zone; Linda McCracken RN is the Domestic Violence Program Coordinator, Alberta Health Services: Calgary Zone; Candace Lind RN PhD is an Assistant Professor in the Faculty of Nursing, University of Calgary, in Calgary, Alberta.
Hurricane Gustav, Haiti, 2008  earthquake, Haiti, January 2010  cholera o
Five years ago, Susie Wingfield saw that her husband, Dave Bateman, was missing the front-line nursing he loved. She suggested he volunteer to fill the gap. With the encouragement of his director, Dave applied to the Red Cross as a volunteer and began to train as an emergency response health delegate. He has never looked back. His desire to make a difference by providing hands-on care and addressing humanitarian needs is fulfilled.

In 2008, he was first deployed to Haiti in the wake of Hurricane Gustav. There, he practised in an expanded role as part of a basic health-care unit. In 2010, he found himself in Haiti again – just 12 days after the devastating earthquake – with the largest-ever deployment of a Red Cross hospital. In addition to his routine nursing duties, Dave worked in infection control, delegate health care, teaching, scheduling and epidemiological data collection.

In 2010, he returned to Haiti to manage the first-ever deployment of a Canadian Red Cross hospital during the cholera outbreak. The goal was to downsize the hospital to a day clinic, which involved extensive collaboration and training with Haitian Red Cross members.

“Some of my favourite moments were playing soccer with Haitian kids and sharing knowledge with my Haitian Red Cross counterparts,” says Dave. “Haiti has great professionals, but they are lacking the tools the rest of us take for granted.”

His most recent deployment was to the Solomon Islands with members of the local, Australian, Norwegian, German, New Zealand and Hong Kong Red Cross.

Volunteering “has put life into perspective” for Dave and developed within him “faith in the human race.”

He is philosophical about the time he spends away from his work at the Canmore Hospital, saying “Work will always be there. The four-to-six weeks I am away is inconsequential compared to the needs [of the people] where I go.” He does, however, worry about not being close to home if something were to happen to his wife or children while he is overseas.

Susie wanted to share in the satisfaction Dave has experienced through volunteer work. Following in her husband’s footsteps, she completed training for field work with the Red Cross. Now, Dave and Susie say they will be flipping coins or arm wrestling over who gets to go on the next deployment.

One of their goals when the kids are out of the house is to be deployed together. Dave says “I feel like I’m part of a humanitarian effort that, at the end of the day, benefits all of us. Or, as Mr. Spock of the starship Enterprise said, “The needs of the many outweigh the needs of the few...or one.”

The International Federation of the Red Cross, Red Crescent is a worldwide humanitarian organization. Registered nurses interested in volunteering can contact their local Red Cross or go to www.internationalcareers.redcross.ca. Dave also welcomes questions from interested individuals. Contact him at 403.678.7221 or via email at dave.bateman@albertahealthservices.ca.
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 and nurse practitioners in Alberta. This year’s recipients were honoured at a gala celebration on May 31, 2012 in Edmonton.

See pages 24–25 for photos for the event.

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. Thank you to:

Mariann Rich
Tameeza Chatur
Vishnu Shenoy
Joyce Woods
Jeannie Hare

For information on how you can volunteer for this committee and help recognize RN excellence, see page 8.
A passionate advocate

When she was a teenager, Josette Salgado’s grandfather fell ill and was hospitalized. Although only 12-years-old at the time, she visited him daily and even helped the nurses care for him. She was fascinated by health-care and, specifically, nursing.

After graduating from high school, she entered a nursing program in the Philippines and quickly knew she made the right career choice. “I found my passion.”

Early in her career, she worked internationally; first, in Zambia, where she met her husband, and later in the U.S., where her two daughters were born. In the late 1980s, she and her husband moved to Canada in search of a better quality of life for their children and closer proximity to relatives. In 1989, they arrived in Edmonton.

Salgado began a new nursing position at the University of Alberta Hospital’s Adult Cystic Fibrosis Clinic where she happily remains to this day. In 2000, she began to divide her time with the Pulmonary Hypertension Flolan Program.

“It’s a very multi-dimensional clinic. We take time to talk to patients. It’s not just ‘Okay, here’s some medication and in 15 minutes you’re done,’” says Salgado. Patients with cystic fibrosis benefit from a comprehensive treatment plan that includes medication, physiotherapy and lifestyle interventions.

She says “You have to take the time to let them open up and express what they need.” When an older patient mentioned he hadn’t used his bathtub for a year out of a fear of falling, she contacted his physiotherapist to have rails installed in the bathroom. In another instance, when a young patient’s health was deteriorating, Salgado discovered he had no food in his house, required oxygen and had no health coverage for medication. She arranged a social work consult to help him access social services to help meet his needs outside of the hospital.

On top of her duties at both clinics, Salgado is an enthusiastic preceptor, helping new nurses find their feet. “To me, nursing is an ongoing process of learning, teaching and caring.”
David Dyer
RN, BN
Glenrose Rehabilitation Hospital

From the frontline to the boardroom

David Dyer has experienced Alberta’s health-care system from many different perspectives. In the early 1980s, he worked as a respiratory therapist before later earning his nursing degree.

After practising in the intensive care unit at the Grey Nuns Community Hospital and the neonatal intensive care unit at Royal Alexandra Hospital, Dyer moved into nursing administration. Today, he is the director of nursing at Edmonton’s Glenrose Rehabilitation Hospital, the largest freestanding rehab hospital in Canada.

While it may seem at arm’s length from patients, Dyer believes it’s the best way for him to help the community. “Clinicians can make improvements in a particular individual’s life, but an administrator can make a difference in the health care administered to that population.”

Nurses account for about half of the employees at his facility. The other half are occupational therapists, social workers, physiotherapists and support workers. “There’s not as much nursing representation as there is at other sites,” he says. “That really gives me the opportunity to represent nurses.”

Since assuming the role in 2006, Dyer has been an advocate for the health and wellbeing of nurses at the site, implementing safety programs to protect nurses from injury and providing opportunities for them to develop skills and further their education.

“When you ask new grads what they want most out of their jobs, it’s not money. What they’re looking for is career and educational opportunities.”

This strategy has helped the hospital retain its talent at a time when facilities everywhere are battling with a nursing shortage. A high retention rate is good for the hospital’s administration and, more importantly, for the patients who receive care at the Glenrose. Dyer says “The best patient experience comes from getting care from a nurse with a lot of knowledge and background experience. In order to attract those people, you have to create an environment where people are happy to stay here for much of their careers.”
Carol Ewashen
RN, MN, PhD
University of Calgary

Teaching the next generation

As a teenager, Carol Ewashen remembers her charismatic older cousin making a grand entrance at a family dinner, dressed in a crisp white uniform and cape. “I really admired her,” she says. Impressed by her cousin’s stories about nursing, Ewashen decided to follow in her footsteps.

Forty years later, Ewashen’s nursing career has taken her from practical nursing to counselling and, ultimately, academia. “When I started, I didn’t envision working this long. That’s the great thing about nursing – there’s so much variety and diversity.”

Early in her career, Ewashen gravitated to mental health nursing, specifically adolescent psychiatry. To further her knowledge, she completed a master’s of nursing with a specialization in women’s mental health.

“One of my first research projects was a phenomenological study on the recovery from anorexia nervosa. That totally hooked me on working with young women, as well as prevention and health promotion work.”

That led to outpatient psychiatry and teaching nursing via the Calgary Conjoint Nursing Program (a collaboration between several post-secondary institutions in the city) and, eventually, tenure at the University of Calgary, where she completed her PhD in 2005.

“In academia, the rewards come from working with students and expanding your horizons through learning,” says Ewashen.

These days, she works primarily with graduate students, helping them wrap their heads around doctoral scholarship. Her research program is broad and includes curriculum design, the mental health of nurses and addictions counselling. In 2010, she was one of a handful of nurses invited to the Professionals in Residence programs at the Betty Ford Centre and the Hazeldean Centre, both in California.

With much scholarship, teaching and nursing under her belt, Ewashen is happy to reap the rewards of a long career and has no plans of retiring anytime soon, saying “I’m enjoying it a bit too much still.”
Healing from the inside out

Nursing was a natural fit for Jane Simington. As a child, she watched her parents successfully petition for a hospital in the small town of Cudworth, Saskatchewan. “They were very healing presences in the community I grew up in,” she says. Also, two of her aunts were nurses. By the time Simington was in grade three, she knew she would become a nurse. “I wanted to learn how to heal people.”

After completing a nursing diploma program, she entered the profession and quickly found interest in mental health nursing. As time went on, she discovered there was a spiritual side to healing.

To advance her understanding, Simington decided to earn a BSN and BA in psychology. Toward the end of the program, her 13-year-old son was killed in a hunting accident. Suddenly, everything she had learned about trauma felt mystifying. “I knew I had to understand it to heal myself in a deeper way.”

Her personal recovery from grief dovetailed with professional interests in alternative therapies like art therapy, dream analysis and healing touch. As she healed herself, she advanced her own understanding in these areas and earned a PhD.

In the early 1990s, Simington moved to Alberta where she worked as a faculty member at several universities, including the University of Alberta.

“But, my soul was nagging,” she says. “I knew I had lots of clinical experience and I’d always been a good nurse. I knew I had to get back into the community somehow.”

So, in 2003, Simington incorporated her company Taking Flight International, which had been a side project up until this point. At first, she focused on counselling patients, but eventually began writing books, creating videos and conducting seminars related to grief and trauma recovery.

Today, Simington is a renowned grief and trauma expert who has touched the lives of thousands around the world. In addition to creating self-help resources, she offers guidance to health-care workers treating people with trauma and grief issues. She is also often called upon to give keynote presentations, where she discusses her concept of “soul pain” and the spiritual void that underpins trauma.

While healing from tragedy can take a long time, Simington reminds both patients and caregivers that happiness isn’t a pipe dream. “I’m often referred to as ‘the woman of hope’ and I really like to bring that empowering message to tip-toe into new beginnings and teach people that they can live and laugh again, despite their painful experiences.”
Caring for the whole patient

At the best of times, hospitals are hectic places and the environment can be overwhelming for sick patients – at least until they meet Mary Widas.

“I just try to create a healing calm in the midst of all the chaos out there,” says Widas, a nurse in internal medicine at Calgary’s Peter Lougheed Centre.

Sometimes, her approach is very practical; she may take some extra time to explain a patient’s medical situation or educate them about lifestyle changes they need to make when they leave the hospital. Often, patients need help navigating health-care resources outside of the hospital or would benefit from a social work consult or family conference.

Other times, Widas’ work is more spiritual. She follows a holistic model of nursing, in which all facets of a person’s well-being are considered, not simply their physical health. To that end, she takes time to make a human connection and find out what patients and their families need.

“I say to people ‘We’re all somewhere different in the circle of life,’ because we’re all in different places. Sometimes I can’t change the outcome – say if someone has a terminal disease – but where I can make a difference is on the journey.”

It isn’t always easy. There are times when patients behave badly. Instead of reacting defensively, Widas allows them to vent. After three decades of nursing, she knows that when patients get angry, it’s typically out of fear. “It really comes down to that four-letter word. They’re worried about the diagnosis, the needles, their kids at home, the surgery they’re going or not going to have.”

Widas reads nursing journals in her spare time to stay abreast of research and has always been interested in the medical side of nursing. Ultimately, however, it is the human connections that motivate her. “When you can touch someone’s soul, that’s where the energy and power is.”

RN
THE 13TH ANNUAL
Carna Awards
Gala
MAY 31, 2012
More than 250 friends, family and colleagues honoured nominees and recipients of the 2012 Awards of Nursing Excellence and celebrated the profession at the CARNA Awards Gala.

1. For her dedication to helping people deal with grief and trauma, Jane Simington was honoured with the Lifetime Achievement Award.

2. Josette Salgado received the Nursing Excellence in Clinical Practice Award.

3. Carol Ewashen’s achievements at the University of Calgary earned her the 2012 Nursing Excellence in Education Award.

4. David Dyer was presented his Nursing Excellence in Administration Award by CARNA President Dianne Dyer (left) and CARNA CEO Mary-Anne Robinson.

5. Mary Widas received the Committee’s Choice Award.

6. Archer Memorial Hospital School of Nursing 1968 celebrate their reunion.

7. ARNET recognized TD Meloche Monnex representatives Louis Guay (left) and Don Warden for their continued support of RN education.

PHOTOS BY EPIC PHOTOGRAPHY INC.
Nearly 400 RNs and NPs attended the event that preceded the CARNA Annual General Meeting. For the first time, the AGM and presentation were streamed live online for those who could not attend in person. Missed the meeting? Watch it online at www.nurses.ab.ca. Please note that the presentation on workplace bullying is not available for viewing.

1. Valerie Cade, author of Bully Free at Work, delivers a presentation on workplace bullying.
2. Recently-appointed Associate Minister of Wellness Dave Rodney.
3. Canadian Nurses Association President Judith Shamian.
4. CARNA President Dianne Dyer.
5. CARNA CEO Mary-Anne Robinson (left) and President-Elect Shannon Spenceley.
6. CARNA honorary member and nurse pioneer Shirley Stinson.
7. CARNA Past Presidents Lillian Douglas (left) and Betty Gourlay.
ARNET is pleased to announce this year’s recipients of the prestigious Alberta Registered Nurses Educational Trust Annual Scholarships.

The scholarships are awarded to RNs and NPs who exemplify ARNET’s commitment to promoting nursing excellence and are based on academic achievement and the applicant’s professional contributions and strengths in nursing leadership, research, administration, education and/or nursing practice.

Please join us in congratulating the 2012 ARNET Annual Scholarship recipients and expressing our sincere thanks to our donors who made this funding support possible. The CARNA Presidents’ Scholarships were presented at the Awards Gala in May.

CARNAPresidents’ Scholarships
Mandy Archibald (Doctoral)
Kaylie Hoglin (Masters)

ARNET Board of Directors Scholarships
Melanie Keller (Doctoral)
JoDee Wentzel (Masters)

CARNA/TDMelonexScholarships
Dorothy Fahlman (Doctoral)
Heather Carleton (NP)
Kelly Socha (Masters)

Karen Polowick Scholarship for Nursing Leadership
Jennifer Watkins

Annual Scholarships
Lisa Kulas
Carmen Belsheim
Laura Vogelsang
Jaycee Commance-Arbour
Julie Arsenault
Lisa Howard
Bonita Fournier
Emily Pijl Zieber

Davidson Memorial Scholarship
Ramona Collins
Margot Jackson

Pat Walker Foundation Scholarship
Jennifer MacKay

Sisters of Service Centennial Scholarship
Jean Smith

Liz Lemire Memorial Scholarship
Melanie Anderson

Darlene Asquith Nurse Educator Award
Mohamed El Hussein
THANK YOU… to everyone who helped make the ARNET fundraising activities during 2012 Nursing Week and the C ARNA Awards Gala so successful—raising more than $10,000.00 dollars for nursing education. We couldn’t have done it without your support!

WITH THANKS TO:

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Special thanks to Adroit Investment Management Ltd for their generous prize sponsorship of ARNET’s Boas and Bling Fundraiser at the C ARNA Awards of Excellence!

The efforts of ARNET Executive Officer Marg Nolan, board member Sheila Elliott, and Chair of the ARNET Board of Directors Sheila A. McKay helped the charity raise fun at the gala for RN and NP education.

C ARNA Northeast Regional Coordinator Barb Diepold (right) supported continuing nursing education with the purchase of her boa.

At the 2011 gala, RN Darlene Asquith won a raffle giving her the opportunity to name a scholarship. She was on hand to accept the scholarship for her colleague Mohamed El Hussein who was unable to attend.
Chinook Regional Hospital’s medical/surgical unit (3C) was turned into a mini-art gallery earlier this year thanks to the work of one registered nurse.

Wendy Lipinski, nurse for 18 years, is also completing her bachelor of fine arts degree from the University of Lethbridge. As part of a portraiture class, she painted the images of 10 nurses from her unit at CRH. The project became a seven-month labour of love, titled: ‘Nurses: a series of 10 portraits depicting emotional self-preservation and the exploration of nurse’s identity.’

“I have always been intrigued by the sustainability and objectivity of nurses in the hospital environment,” says Lipinski. “My intent is to display a facet of the compassion and warmth displayed and celebrates this collective group of nurses.”

Lipinski began painting six years ago. Soon, those lessons evolved into taking university courses as a part-time student.

“For me it was not just painting their likeness, but expressing the nurses’ emotions and how they have impacted me.”

Lipinski applauds the work of the hospital’s Healing Arts program. “People don’t go to galleries anymore, so bringing art to the public makes it more accessible. Having the portraits hang where the nurses actually work is a real bonus.”

“The paintings really bring out the individual person versus the nurse,” says Unit Manager Joyce Nay. “Those who were painted are amazed at the “life-like” appearances Lipinski created. It has been awesome to see all the patients, physicians and colleagues come up to the unit to look at them.”

The portraits were displayed on 3C until April 2012. Lipinski is part of a couple of Lethbridge artist groups and is planning a show of her abstract works in the fall. RN
IN MEMORIAM

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

Ayris, Valerie Ann, a 1959 graduate of St. Michaels Hospital school of nursing in Lethbridge, who passed away on March 8, 2012 in Calgary.

Davis, Kimberly (née Epp), a 2004 graduate of the Grant MacEwan collaborative baccalaureate program, who passed away on April 12, 2012 in Edmonton.

Iwaasa, Collette, a 1971 graduate of Foothills General Hospital school of nursing, who passed away on March 6, 2012.

Larsback, Josephine, a 1952 graduate of Provincial Mental Hospital school of nursing in Ponoka, who passed away on Feb. 12, 2012 in Calgary.

Landry, Gladys Daisy, a 1942 graduate of Vegreville General Hospital school of nursing, who passed away on Feb. 26, 2012 in Vegreville.

Melnyk, Pearl (née Holowaychuk), a 1943 graduate of the University of Alberta, who passed away on April 24, 2012 in Stony Plain.

Seymour, Helen Francis, a 1943 graduate of the Calgary General Hospital school of nursing, who passed away on April 30, 2012 in Calgary.

Weisgerber, Lorna, a 1994 graduate of Red Deer College, who passed away on April 12, 2012.

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Nuns & Nightingales

Bronze sculpture commemorates pioneer nuns and founders of the Holy Cross Hospital

On Jan. 21, 1891 four brave sisters of charity (Grey Nuns) travelled west from Montreal to the frontier town of Calgary, Alta. They arrived on Jan. 30, 1891 with only $73.75 to establish the Holy Cross Hospital – a two-storey, 24-foot square building located near St. Mary’s Cathedral. Soon, a larger facility was built on the site west of the Elbow River, where it is a landmark in the Mission area of Calgary. The sisters also established the Holy Cross School of Nursing in 1907, graduating more than 2,400 students until it’s closure in 1979.

In April 2007, the alumni of the school of nursing formed a committee and set out to create a lasting reminder of the contribution the sisters of charity made to the history of Calgary and recognize the 100th anniversary of the school.

The Holy Cross Commemorative was unveiled on Sept. 25, 2011. The commemorative bronze sculpture portrays a sister of charity (grey nun) in traditional habit with a nurse in graduation uniform circa 1950. This sculpture, called “Nuns and Nightingales,” is proudly displayed in front of the 1929 wing at the Holy Cross Centre. This building has been designated a Municipal Historical Resource so it, along with legacy of the first four nuns, will be preserved in its entirety forever.

The sisters of charity (grey nuns) legacy is to continue the provision of compassion and charity to all in need throughout Canada.

Sr. Rita Coulombe, the last sister superior of the hospital, established the Youville Recovery Residence for Women in 1977. This not-for-profit organization continues in Calgary providing support and guidance to women trying to recover from addiction, abuse and mental health.

For more information visit www.youville.net.

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IN MEMORIAM

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

Ayris, Valerie Ann, a 1959 graduate of St. Michaels Hospital school of nursing in Lethbridge, who passed away on March 8, 2012 in Calgary.

Davis, Kimberly (née Epp), a 2004 graduate of the Grant MacEwan collaborative baccalaureate program, who passed away on April 12, 2012 in Edmonton.

Iwaasa, Collette, a 1971 graduate of Foothills General Hospital school of nursing, who passed away on March 6, 2012.

Larsback, Josephine, a 1952 graduate of Provincial Mental Hospital school of nursing in Ponoka, who passed away on Feb. 12, 2012 in Calgary.

Landry, Gladys Daisy, a 1942 graduate of Vegreville General Hospital school of nursing, who passed away on Feb. 26, 2012 in Vegreville.

Melnyk, Pearl (née Holowaychuk), a 1943 graduate of the University of Alberta, who passed away on April 24, 2012 in Stony Plain.

Seymour, Helen Francis, a 1943 graduate of the Calgary General Hospital school of nursing, who passed away on April 30, 2012 in Calgary.

Weisgerber, Lorna, a 1994 graduate of Red Deer College, who passed away on April 12, 2012.
When I sat down to write my last scholarly paper for the Mount Royal University bachelor of nursing program, I realized I may have been somewhat ignorant when I embarked on the journey from licensed practical nurse to registered nurse in 2007.
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As an LPN, I felt I entered the program with an advantage over other students. After all, I had seven years of clinical experience in primary health-care settings and working with the elderly. Documenting was not a foreign language, neither was the skill of interpreting physician’s notes or discussing a patient with a physician. My initial expectation of the RN program was that it would be a refresher on skills I had “lost.” As it turned out, catheters, intravenous therapy, maintenance of chest tubes and caring for fresh post-ops were quickly overshadowed by the complexity and variance of what it truly means to be an RN. Looking back, I had been extremely task-oriented.

Four years ago, if you asked me what the term “scope of practice” meant to me, I would have told you it encompassed tasks and responsibilities I could perform in accordance to the standards set out by my legislative body. In 2005, the College and Association of Registered Nurses of Alberta published a defining document and identified four major domains of scope of practice, including clinical practice, administration, education and research. These domains “contribute to the provision of direct client care by maintaining, supporting and enabling direct care providers; developing and communicating knowledge and policy; and ensuring that the necessary resources are in place for safe, competent and ethical care.” I had a basic understanding of these concepts but until recently, I could not honestly say I truly understood the defining characteristics of these domains and what it means to be an RN.

Another area of professional growth is my assessment skills. White et al. (2008) found that while LPNs often described assessment skills in terms of quantitative measures (vital signs, glucose levels), RNs spoke more holistically about patient assessment and described it as “providing a baseline for identifying changes in the patients’ conditions as well as identified the need for involvement from other health disciplines” (p.50).

During the second year of my RN education, my focus was to develop health promotion strategies, involve other health disciplines in my approach to nursing care and incorporate the determinants of health into a comprehensive framework. This was the beginning of an enormous learning curve as my thinking began to shift from that of an LPN to an RN. I began to understand the importance of the determinants of health and the relationship to health outcomes and saw health from a holistic perspective and the patient as the individual, family, community and population perspective. My leadership skills emerged as my “level of patient teaching, critical thinking and ability to establish effective collaborative relationships with members of the multi-disciplinary team members excelled beyond (instructor) expectations” (H. MacLean, personal communication, Dec. 9, 2009).

Patient advocacy began to emerge for me when addressing concerns of insufficient pain management, speaking to charge nurse on family’s behalf and questioning goals of care statuses. Advocacy is recognized as a leadership trait and is the foundation of the eight value statements identified by the Canadian Nurses Association’s Code of Ethics for Registered Nurses. Upholding and abiding to this code is a duty I do not and will not take lightly as I move forward in my nursing career.

Third year was an eye-opener in terms of the possible career paths available to me in my future career. In comparison to the LPN program where I had half as many clinical rotations as I did in the RN program, I furthered my understanding of the various roles of the RN in various health-care settings.

During this time, my goals included a desire to involve the family in the coordination of care and to build my understanding of community resources. Although formulating care plans was not a new concept, the expectations were much higher than what I had been accustomed to as an LPN. Thinking about the bigger picture, prioritizing care needs for complex patients and multi-disciplinary collaboration are areas in which I grew and began to exemplify leadership in my daily practice.

Fourth year was of upmost significance as I gained the required tools and skills to transition into practice. This was when I began to display emotional intelligence, a relatively new concept, which is being recognized as a key asset to nursing leaders of the future. Grewal & Salovey believe emotional intelligence “represents a stage in the evolution of one’s thinking about the relation between emotion and reason” (as cited in Akerjordet & Severinson, 2010, p.363) and “may be an underlying expression of transformational leadership behaviour, resulting in a major improvement in the functioning of the organization as well as job satisfaction and encouraging employees to increase their level of self-efficacy” (Akerjordet & Severinson, p.364).

My experience as peer team leader during the 4112 clinical rotation was one of the most valuable experiences of the entire program. Establishing partnerships with charge nurses, advocating on behalf of my peers and their patients, strengthening communication abilities and task delegation were among my duties. These roles encompass ethical integrity and a consistent leadership style indicative of a high level of self-awareness, self-management and supervisory skills which created a favorable work environment for my peers and me. Akerjordet & Severinson describe these concepts as
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being central to the idea of emotional intelligence (p. 364). I expressed confidence in my peers’ abilities to perform at a high level, which can, according to Spence Laschinger et al. (1999), “lead to nurses’ feeling empowered to perform because they feel important through having the freedom to make decisions and propose and engage in activities without needing to seek approval” (as cited in Germain & Cummings, 2010, p.433). Maintaining open communication lines and welcoming participation in decision-making processes lead to the development of trusting and supportive relationships with my peers. These behaviours continue as I enter the workforce and develop relationships with colleagues, managers and multi-disciplinary team members.

AS I continue on my journey as an RN, one area I have identified as posing a possible challenge is incorporating evidence-based research into future daily practice. Many nurses find this difficult because of insufficient time, lack of mentoring and lack of education on the research process (Fink et al., 2005; Hutchinson & Johnston, 2006; Karkos & Peters, 2006 as cited in Staffileno & Carlson, 2010, p.85). I hope to overcome this challenge by joining a bi-weekly journal club, participating in interactive sessions (Staffileno & Carlson, p.87), being a participant in trials or research studies or attending workshops. If these options are not available, I will advocate for such education programs to be made available.

Self-reflection has fostered professional growth and development and has been as essential to my transformation not only from LPN to RN but from nursing student to future nursing leader. As I enter the next phase of my journey, I will continue to self-reflect on areas of strengths and weaknesses as I strive to become a future nursing leader.

C. Tara Showman graduated from Mount Royal University in December 2011. She currently works at an oral maxillofacial surgeons office as well as an orthopedic day-stay and inpatient facility.

REFERENCES

NURSING PRACTICE INSTRUCTORS
Faculty of Nursing

The University of Calgary Faculty of Nursing is seeking applications for limited term nursing practice instructors. We are seeking applicants with broad experience across a variety of areas as well as applicants with focused practice experience in acute care, community health, and family health. These positions range from part-time to full-time and include benefits. Scheduling varies depending on the semester and may include a combination of days and evening shifts, Monday through Friday, and practice education both on and off campus.

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Review of application will begin immediately and will continue until the positions are filled.

All qualified candidates are encouraged to apply; however, Canadians and permanent residents will be given priority. The University of Calgary respects, appreciates, and encourages diversity.

Qualified applicants should submit a letter of interest along with a current CV to:

Dr. Dianne Tapp, Dean
Faculty of Nursing
University of Calgary
PF2277, 2500 University Drive N.W.
Calgary, AB T2N 1N4
Email: lsanchez@ucalgary.ca

nursing.ucalgary.ca

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Sheri Fielding, Clinical Director
Edmonton Southside Primary Care Network
sheri.fielding@edmontonsouthsidepcn.ca
Phone: 780.395.2637
Fax: 780.435.5526

Deadline: July 20, 2012

We thank all applicants; however only those selected for interviews will be contacted.
It’s that time of year when each and every practicing RN or NP in Alberta demonstrates, either consciously or unconsciously, a commitment to professional self-regulation to protect the public interest. The act of applying to renew your practice permit is not simply something you must do, it is a legislated requirement. The Health Professions Act identifies the expectations of nurses regarding practice permit renewal as including meeting the requirements for continuing competence, submitting a complete application and paying a fee by a date specified in bylaws.

I recognize that the annual exercise of applying for a practice permit, and particularly paying a registration fee, triggers a variety of responses ranging from indifference to resentment to pride in the profession. Nonetheless, the act of applying for a practice permit can be viewed as the simplest expression of engagement by members with their professional college and association. For many nurses, engagement simply means keeping current with on-going developments and observing the changes. For others, participation is more active and might include attending CARNA education sessions; providing feedback on nursing standards, guidelines or position statements; nominating a colleague for an award; applying to serve on a regulatory committee; or submitting your candidature for council. In the member survey conducted last fall, members indicated that they are interested in engaging with CARNA but in varying degrees and through a variety of mechanisms. You are particularly interested in professional education. In response, we’ve introduced social media and webinars and, most recently, invited all members to participate in the annual general meeting via live streaming.

Individual members and the profession are under tremendous pressure to change and adapt and CARNA is committed to making it easier for members to participate in the ongoing development of our profession. As much as change can be difficult, we do ourselves a disservice in clinging to the past and resisting change and your responses to the CARNA survey indicate that most of you accept that expectations of the profession are rapidly changing.

Although some of you may not identify strongly with CARNA’s mandate under legislation to regulate nursing to protect the public interest, CARNA’s commitment to the profession of registered nursing may resonate for you. That commitment is also in the public interest.

In a publication called Understanding Self-Regulation, the Canadian Nurses Association states the following: “It is in the interest of the public that the profession evolve in response to changes in health care and society. Being a member of the profession brings with it the respect and trust of the public. To continue to deserve this respect, nurses have a duty to participate in, and promote the growth of, the profession;” A term that is increasingly emerging and you will increasingly hear is “jurisprudence.” It comes from the Latin term juris prudentia, which means “the study, knowledge, or science of law.” Regulatory bodies around the world are recognizing that all health care professionals need to appreciate the full extent of the legislated professional expectations to meet the increasing expectations of governments and publics. Risks to public safety and decreased quality of health care may occur when professionals do not adequately understand how legislative requirements and regulations apply to their practice.

In response, many are developing, or already have developed, jurisprudence requirements as a condition of licensure. In various Canadian jurisdictions, regulated professions such as psychologists, dentists, pharmacists, dietitians, engineers and midwives have implemented requirements for jurisprudence and ethics exams for registration by local, Canadian and/or internationally educated applicants.

Nursing regulators in Quebec and Ontario have already introduced a jurisprudence requirement. Nova Scotia recently announced that nurses seeking licensure for the first time ever in that province will, commencing in the 2014 licensure year, be examined on provincial legislation and other legal standards governing nursing practice.

In September 2010, CARNA Provincial Council adopted a motion to develop a requirement for nurses to demonstrate competence in jurisprudence for the purposes of obtaining initial registration as a registered nurse in Alberta. Last year, CARNA initiated the Jurisprudence Project to develop a requirement to demonstrate that RNs in Alberta possess the competencies to practise in accordance with Alberta legislation, regulation and standards. A literature review has been completed and next steps include identifying the content of the requirement and the methods used to evaluate competence.

The development of a jurisprudence requirement is just one illustration of an evolving profession that supports safer health care, increased accountability for providing the appropriate care and values public confidence in the profession. Although it can be easy to dismiss jurisprudence as “yet another requirement devised by CARNA,” it represents a positive trend in professional self-regulation that recognizes that nurses have an individual responsibility to ensure they know the relevant legislation and regulations, and how these are applied in their practice. More importantly, jurisprudence provides an opportunity to make self-regulation a practical, everyday reality for the individual nurse beyond the confines of annual licensure renewal.

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