Can decreasing antipsychotic use lead to growth in mental and emotional health?

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Renewal is right around the corner

What improvements have we made this year?

FIND OUT ON PAGE 6
I was at a meeting not long ago where it was brought to my attention that the messages out of the government around primary health care seem to be losing steam. I have wondered about this, too—know that it is the nature of politics to “move on” in order to catch the public’s attention in new ways—but primary health care can’t be the flavour of the month—it’s just too important to lose sight of. Furthermore, every discussion of primary health care seems to start and stop with primary (medical) care. Don’t get me wrong: primary care is really important—and I am passionate about community-based, comprehensive, person-centred primary care delivered by interdisciplinary teams—but that is NOT the same thing as primary health care! Primary health care can’t be the flavour of the month—it’s just too important...

Primary care is one part of a community, and the place where most people first interact with the health-care system. So primary care is a place, and an opportunity to engage people around what matters to them in terms of their health. To be sure, care for medical problems is an important service in such places—but it’s the engagement and relationship with people that really matters. If that relationship is informed by the principles of primary health care as envisioned in the Alma Ata in 1978 (http://www.who.int/publications/almaata_declaration_en.pdf), then you really do have an opportunity to influence health—and to see it in action is humbling. Primary health care in action is what I saw during a recent visit to the Boyle McCauley Health Centre.

The Boyle McCauley Health Centre (BMHC) has been serving Edmonton’s inner city population for 30 years. The very first thing I heard from the BMHC team was this: “this place arose from the community for the purpose of meeting the needs of the community”—they are proud of their community roots. They are prouder still of their philosophy around meeting need: it isn’t about following the funding, it’s about doing the right thing for their population. When they have a chance to meet an emerging need in their community, they don’t say “well, that’s not really about health.” Instead, they find a way to meet the need either directly, or in a partnership with others. They have established networks of influence and communication across many sectors—housing, income supports, education, policing, victims services... wherever they need to link and partner to assist their clients—and can you guess where the biggest disconnect is for them in meeting their client’s needs? You guessed it: the rest of the health-care system. This is the population that few want to pay attention to or talk about. They are the homeless, the impoverished, the displaced, the addicted, the mentally ill, and often the victims of violence—in short, the truly vulnerable. The nurses I met shared stories of how their clients are treated in other parts of the health-care system—it’s as though the rest of the system doesn’t think primary health care has anything to do with them. That’s the danger of thinking that primary care and primary health care are the same thing. Primary health care isn’t “out there” somewhere—it should live, breathe and inform everything we do in health care, everywhere we do it.

Primary health care requires a major shift in focus, attitude and behaviour. It isn’t simply about rearranging the services we can provide—it’s about reorienting the whole system—and ourselves. It starts with the client/community—and requires working together to discover what is getting in the way of being healthy. In other words, health is what the client says it is. Then, it’s working in partnership to find a way to meet the need. As one of the team members said to me: it’s never just a medical problem—in fact, that might be the thing the client is least worried about.

Primary health care and its principles are truly at the core of nursing knowledge. This is where the full scope of nursing practice meets the full scope of the human health experience. Shannon Spenceley, PhD, RN 780.909.7058 president@nurses.ab.ca
New Provincial Council members

Carna welcomes four new Provincial Council public members appointed by the Minister of Health with terms that began on May 12, 2014.

Michael Dungey

Michael Dungey was born in the United Kingdom. In 1965, he immigrated to Australia and in 1969, he was commissioned as a 2nd Lieutenant with the Royal Australian Regiment. In 1970, Michael moved to the Solomon Islands where he managed a logging camp in Viru Harbour on New Georgia Island.

Upon his return to England, he immigrated to Canada where he served for 27 years as a police officer, retiring in 1998 as a staff sergeant. His many positions included commander of the Police Academy and as a detective/staff sergeant in commercial crime, general investigative unit and sex crimes.

In 1998, he was appointed by Order in Council as a Commissioner for the Appeals Commission for Workers’ Compensation Board – Alberta and served for 12 years in that position, retiring in 2010. He served as President of the Calgary, Alberta and Canadian Police Associations from 1978 until 1995 and was the chair/vice chair of the Special Forces Pension Plan for 10 years.

Prior to being appointed to Provincial Council, Michael served as the public representative on the AARN professional conduct committee under the Nursing Professions Act, and then served two terms as a public member for other regulatory bodies under the Health Professions Act.

George Epp

After a university education in agricultural business at the University of Manitoba, George Epp gained 20 years experience in banking and credit union management. George is the director of Taber MCC Services for Newcomers, as well as a Low German Mennonite Liaison for Horizon School Division.

He is a conflict management specialist and has served as a public member for the Alberta Government in Education and Health for their professional conduct committees.

George’s other interests include microfinance and education in developing countries including promoting entrepreneurship, peace and justice.

Marlene Pedrick

Marlene Pedrick holds a bachelor of arts from the University of Alberta and bachelor of social work from the University of Calgary. She has worked as a registered social worker in hospitals for over 25 years.

More recently, Marlene served as a committee member with the Alberta Health Facility Review Committee. She continues to volunteer with a number of community organizations.

Doug Romaniuk

Doug Romaniuk holds a bachelor of education from the University of Alberta and Sir George Williams University. Doug taught special education for 34 years with Edmonton Public Schools.

He has previously served on the City of Edmonton Advisory Board for Persons with Disabilities. Doug recently retired from teaching and is active in his community. In 2014, he was awarded a lifetime membership to the Alberta Teachers’ Association. RN
Letters to the Editor

CORRECTION: CARN A would like to recognize the authors of the article “The Baby-Friendly Initiative,” Maxine Scringer Wilkes, BN, IBCLC, RN and the Alberta Breastfeeding Committee. The byline was inadvertently left out and they deserve recognition for their article. We apologize for the oversight.

Clarification on breastfeeding article from previous issue

I HAVE SOME CONCERNS REGARDING INFORMATION FOUND IN “The Baby-Friendly Initiative” in Volume 70 No 1 of Alberta RN. On page 26 it states, “Baby-Friendly designation is an assurance to families of best practice policies, procedures and guidelines implemented to support the WHO recommendation of exclusive breastfeeding for six months and sustained breastfeeding for up to two years with the introduction of age appropriate foods.” The WHO actually recommends exclusive breastfeeding for six months with “The introduction of nutritionally-adequate and safe complementary (solid) foods at six months together with continued breastfeeding up to two years of age or beyond.” (http://www.who.int/mediacentre/factsheets/fs342/en/) It does not indicate that breastfeeding should stop at two years of age as is stated in your article.

As a former public health nurse and a breastfeeding mother I have concerns with this. I hope this article indicating that babies should not be breastfed beyond two years of age is just an oversight and error and not intended to say that women should not breastfeed beyond two years. Thank you for looking into this matter.

Corinne Jones, BN, Red Deer

RESPONSE FROM AUTHOR:

Ms. Jones is correct, the two words “or beyond” were inadvertently left off the WHO quote, and I thank her for noticing this. There is evidence by Ip et al, 2007, to show that infants and mothers benefit from extended breastfeeding specifically, the immunoprotective factor of lysozyme levels were found to be increased by 220 percent in the second year of life. This increase of immunoprotective factors is evidence of the protective element that sustained breastfeeding provides in maintaining child health. It has also been demonstrated that, compared to non-breastfeeding, breastfeeding for six months was associated with a reduced risk of obesity later in life and that this reduction in risk increased by four percent with each additional month of breastfeeding (Ip, et al. 2007).

Maternal benefits associated with longer duration of breastfeeding include a reduction in maternal type II diabetes, for a woman that was not diagnosed with gestational diabetes; a reduction in risk of pre-menopausal breast cancer; and a reduction in ovarian cancer (Ip, et al. 2007).

While the WHO endorses extended breastfeeding, the ABC’s goal is to highlight the poor six-month exclusive breastfeeding duration rates that exist in Alberta. The Baby-Friendly Initiative is a worldwide proven strategy that improves maternal and infant health. If Alberta RNs supported women in these best practices early on, perhaps more women and children would benefit from extended breastfeeding.

It was fitting to see that the Baby-Friendly Initiative was followed by an article on Pediatric obesity: What can registered nurses DO? The Public Health Agency of Canada document: Curbing Childhood Obesity: A Federal, Provincial and Territorial Framework for Action to Promote Healthy Weights, names the Baby-Friendly Initiative as a strategy to help prevent childhood obesity. For more information, please refer to: www.breastfeedingalberta.ca

Maxine Scringer Wilkes, BN, IBCLC, RN

On behalf of the Alberta Breastfeeding Committee.


Nursing’s purpose

I AM GRATEFUL TO BE AN RN PRACTISING IN CANADA FOR 34 years. My nursing journey is full of memorable moments in direct care, clinical leadership and preceptorship.

Nursing is an opportunity to make a difference to an individual’s health, both physically and emotionally. This is a story of mine to show how much of a difference we can make.

A patient was admitted after a fall and was confused and agitated. An occupational therapist was consulted for cognitive tests which the patient did not pass. The patient was listed for long-term care (LTC). The following days onwards, his mental and physical status progressively improved. He told me he wanted to live and spend the rest of his life at home with his wife instead of LTC. But the doctor stated the test result showed that the patient was not able to make that decision himself. I encouraged the patient to think positively and keep up with his mental alertness by reading and writing down what he did on daily basis. Two weeks later, I told the doctor of the patient’s progress and suggested another consultation with the occupational therapist to repeat the cognitive test. The patient passed the test. He was allowed to make his decision to go home instead. On day of discharge, with tears in his eyes, he thanked me dearly. A few years later, I saw his name in the obituaries, and it read: “…passed away peacefully at home with his wife and best friends at his bedside.”

To make a difference in someone’s life, we don’t have to be brilliant, rich or perfect, we just have to care. Nursing has a purpose: to understand patients and respect their wishes.

Anita Ho-Choi, RN, Edmonton
Thanks to feedback we received during renewal last year, from a focus group of RNs, and from at-home renewal testers, we’ve been diligently working to improve the renewal process for you. We will continue to make improvements in the future, but here’s what we accomplished this year.

What’s new this year?

**New website design**

Nurses told us that our website was hard to navigate, so we started from scratch. The main website and member registration website (MyCARN) have both undergone complete redesigns based on best website practices, research, usability testing and, of course, member feedback. We are pleased to launch our new website and MyCARN in time for renewal 2015. Visit www.nurses.ab.ca to check out the new website.

**Pay with Interac online**

One feature that we built back into the application form is the ability to pay through Interac online, which lets you pay your fee directly from your bank account. When you get to the end of your application form, select “Pay Online” and follow the steps. Select “Interac Online” in the payment type and you will be redirected to your online banking.

**Customized MyCARN dashboard**

We built a customized dashboard in MyCARN so you only get the information and instructions relevant to you with easy-to-follow steps and links. Just log in to MyCARN at www.nurses.ab.ca/mycarna and look on the left side of the page. The dashboard will not only identify you and your member type, but also show you which memberships you can apply for, how to apply and whether your submission is complete. It will also indicate if you’ve been selected for continuing competence review.

**New MyCCP features**

We also heard from you that the continuing competence program MyCCP was hard to navigate and the steps were unclear. Two progress lists have been added to the top of each MyCCP record; one shows when the steps of Practice Reflection are complete and the other when the steps of Continuing Professional Development are complete. A little pop-up window will also tell you when these are finished. This tells you when you have entered the minimum amount of information. After that, you can continue to add as much as you wish or report your record as complete.

We have also changed the location of some of the buttons in the learning plan section. The evaluation button now displays near the bottom of the plan to reinforce that evaluation is the final step in a learning plan. The section for feedback has been moved below the learning plan section as feedback can be entered during either Practice Reflection or Continuing Professional Development. We have also changed some wording on the buttons to make them clearer. To eliminate confusion about where to go next, when you report your current record as complete, you will automatically return to the list of all your MyCCP records so you can begin your planning for the coming year.
What you need to know to renew this year

You will soon receive an email notice telling you when renewal opens. Until then, get the following ready so you can spend less time renewing!

- Know your MyCaRNA username and password. To find your username or registration number, contact us or look yourself up on the public nurse register at www.nurses.ab.ca/mycarna. If you forgot your password, click “Forgot your User ID or Password?” underneath the login boxes and follow the instructions.
- Complete your 2014 record in MyCCP by inputting your learning activities and evaluating your learning as you complete it.
- Have your current employer information ready (supervisor’s name and phone number).
- Update your contact information in your profile, including your email address, so you will receive your renewal notice.

Are you currently practising and will continue to practise next year?

Simply follow these three steps to renew your permit once you receive your email notice:

- Complete your CCP Continuing Professional Development for 2014
- Begin your CCP Practice Reflection for 2015
- Submit the application form and payment

We will review your application and contact you by email when your renewal is approved or if we need more information.

Are you retiring, going on maternity leave or leaving nursing practice?

If you’re not planning to practise, please apply for non-practising membership (free!) or as an associate or retired member ($42 per year). Unfortunately, Alberta law requires that your status be changed to suspended if you do not renew your permit or apply for non-practising membership.

Simply follow these two steps once you receive your email notice:

- Complete your CCP Continuing Professional development for 2014
- Submit the application form

If you are going on maternity leave, there are a number of different options depending on when you will be on leave. Please visit our website at www.nurses.ab.ca and click on “Maternity Leave” under “Maintain my Registration” to view instructions relating to your specific circumstance.

Here are some reasons to renew:

- Non-practising status confirms that you are not practising without a permit. Otherwise, we don’t know that you’re not practising anymore.
- Associate/retired membership means you’ll receive Alberta RN magazine, monthly enewsletters and Take Note, and other communications that will keep you up-to-date with nursing advocacy issues, nursing events around the province, changes in regulation and more.

Note about the continuing competence indicator “fitness to practice”

You will recall having previously read about the confusion caused by the indicator related to fitness to practice (formerly 1.8 and now 5.9). After consideration, CARNA Provincial Council decided in January 2014 to remove this indicator as an option from the continuing competence program, as well as indicator 5.1 (the nurse maintains current registration) as neither of these indicators provide guidance for professional development.

Extended call centre hours and more staff

One of the biggest hurdles we faced during the renewal season last year was the long call centre wait times. Nurses said that, due to their work hours, they were unable to call in during regular office hours. So, we have more than tripled the number of call centre staff available and also extended the call centre hours to 7 a.m. to 9 p.m. Monday to Friday and 9 a.m. to 4 p.m. on Saturday and Sunday so you can get the help you need when you need it. To reach our renewal call centre after renewal opens, call 1.800.252.9392 ext. 348. There are also other resources available on MyCARNA to help you with renewal, such as frequently asked questions, a renewal walk-through guide and video tutorials.

Faster application processing

Because of a high volume of nurses registering at the same time last year, some nurses were experiencing extremely long wait times after submitting their online application. This was due to our systems being unable to handle the volume. We have optimized our systems and done high volume testing. The systems can now handle up to 2,000 application submissions per hour. As well, the application form itself has been broken down into multiple pages so you can save your progress and return to the form to finish at a later time.
What would you say to RNs who are looking to get involved?

Just go for it! You’ll like it, enjoy it, and find it rewarding. CARNA provides a great deal of support and orientation programs for new committee members. If we were grappling with something on a committee, someone from CARNA would come and provide background or more context to the situation. We’ve always had lots of support to make decisions. What brings value to the committee is having a variety of practitioners bring their knowledge and ideas to the table, so I encourage people of all backgrounds and practice areas to apply.

What made you initially want to volunteer for a CARNA committee?

When I was first registered as a nurse, I had no interest in CARNA (formerly AARN). It was just something I had to pay a fee to. But I started to work with nurses and had friends that were interested in volunteering and they got me into it as well.

Why did you continue to volunteer?

I’ve found it rewarding, both personally and professionally. As I started volunteering, I became more and more interested in nursing as a regulated profession and the work of the association. I’ve never attended a meeting where I didn’t learn something new. The opportunity to work with nurses from different practice areas really broadens my thinking and keeps me from having tunnel vision about a certain perspective.

In many ways, volunteering with CARNA has helped me see health care and clinical practice in the context of health-care legislation. I now understand how CARNA and other colleges regulate nursing practice. It’s helped me develop decision-making skills, work in teams, learn how to chair committees and develop administrative skills. Quite honestly, I feel I’ve always gotten back more than I’ve given. Some of it is quite intangible. All volunteers feel it’s rewarding for them and they are making a difference.

How much of your time does volunteering take?

Some committees take more time than others. On average, a volunteer could spend one day a month or 12-15 days a year working on one committee. There have been times where I’ve had to drop back because other commitments took precedence but other times I could commit more time to committee work.

CARNA recognizes the commitment and has a variety of compensation strategies like salary replacements and per diems for their volunteers. In my experience, my employer valued my contribution to CARNA to my overall work, so I had no problem getting the time off work. Anyone looking to volunteer should check with their employer to make sure they are able to get the time off before applying.
Information about committee volunteering:

Carna reimburses committee members for each hour spent in teleconference or meetings, as well as meeting travel expenses. Salary replacement to the employer and/or per diems for unpaid time away from work is paid. The work of the Hearing Tribunals Chair is compensated for decision writing. Orientation and ongoing education is provided to all committee members.

Applicants are strongly encouraged to discuss their application with their current manager/supervisor to ensure release time from work to attend compliance meetings/hearings.

Carna strives to achieve broad representation of membership by appointing members from a variety of practice settings and geographic regions.

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.

Competence Committee

Two members needed
Term beginning Oct. 1, 2014

The Competence Committee makes recommendations to Provincial Council regarding continuing competence program (CCP) requirements and the assessment of those requirements. The Competence Committee also makes recommendations regarding monitoring member fulfillment of continuing competence requirements on practice permit applications and providing for practice visits as part of the continuing competence program. The Committee works with Carna staff to develop, implement, and evaluate policies to guide the Carna continuing competence program.

Committee members determine
- whether an applicant/member has met the CCP requirements for a practice permit
- whether a member has complied with conditions assigned to meet CCP requirements
- approval, suspension, or refusal of an application for a practice permit and identifying conditions or restrictions that may be imposed on a practice permit
- any further action a member must take to meet CCP requirements

Qualifications

To complement the current composition, two members with the following qualifications are needed:
- 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 to applications for practice permits
- ability to consider evidence and information objectively and fairly, putting aside personal beliefs when making decisions
- ability to effectively articulate a position with supporting rationale

Expectations of members
- fulfil a four-year term
- attend up to 10 required one-to-two day meetings per year at the Carna office in Edmonton and attend teleconferences as needed
- attend a half-day orientation session
- commit to preparatory time for meetings

How to apply

Visit www.nurses.ab.ca and fill out the online application form.

Questions

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

Barbara Haigh
Deputy Registrar
780.732.9517 / 1.800.252.9392, ext. 223
bhaigh@nurses.ab.ca

CALLS FOR MEMBERS

Apply at www.nurses.ab.ca

Apply by: Friday, Aug. 1, 2014
Hearing Tribunal

Six members needed
Term beginning Oct. 1, 2014

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 the nurse’s skill or knowledge deficits or behaviours and determines compliance with its discipline orders.

Qualifications
To complement the current composition, six members with the following qualifications are needed:
• active CARNA registration in good standing
• minimum of 10 years current active registered nurse practice (staff nurse in acute care or long-term care; professional practice long-term care or clinical education)
• active listener and critical thinker
• ability to consider all evidence and information objectively and fairly, putting aside personal bias in making a decision
• able to make a difficult decision that may negatively impact a CARNA member
• ability to effectively articulate a position with supporting rationale

Expectations of members
• fulfil a four-year term
• attend approximately 15-20 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

How to apply
Visit www.nurses.ab.ca and fill out the online application form.

Questions
If you have questions about the work of the hearing tribunal or the expectations of members, please contact:
Susan Chandler
Complaints Director/Director, Conduct
780.453.0519 / 1.800.252.9392 ext. 519
schandler@nurses.ab.ca

Awards Selection Committee

Three members needed
Term beginning Oct. 1, 2014

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

Qualifications
To complement the current committee composition, CARNA is seeking members who are in good standing and employed in any area of practice.

Expectations of members
• fulfil a two-year term
• participate in up to four meetings/teleconferences each year
• review nominations (67 total in 2013) and objectively apply award criteria within a two-week period in January

How to apply
Visit www.nurses.ab.ca and fill out the online application form.

Questions
If you have questions about the work of the committee or the expectations of members, please contact:
Crystal Komanchuk
Communications Coordinator
780.732.4428 / 1.800.252.9392 ext. 428
ckomanchuk@nurses.ab.ca

APPLY BY: FRIDAY, AUG. 1, 2014

APPLY BY: FRIDAY, AUG. 1, 2014
Registration Review Committee

Three members needed
Term beginning Oct. 1, 2014

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 review, the committee hears and reviews the reason for requesting a review, any 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 adjust 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
To complement the current composition, three members with the following qualifications are needed:

• a minimum of 10 years current nursing experience
• previous regulatory committee experience is an asset
• active listener and critical thinker
• able to make difficult decisions that may negatively impact an applicant or member
• able to consider evidence and information objectively and fairly, putting aside personal beliefs when making decision
• able to effectively articulate a position with supporting rationale

Expectations of members
• fulfil 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 review
• attend meetings on an as-needed basis (travel expenses covered by CARNA)
• volunteer on a rotating basis to act as chair to draft and finalize decisions of the committee (with assistance from the committee’s legal counsel)

How to apply
Visit www.nurses.ab.ca and fill out the online application form.

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

Camille Barry
Assistant to Registrar/Director, Registration Services
780.451.0513 / 1.800.252.9392, ext. 513
cbarry@nurses.ab.ca

NEPAB Regulatory Board

Two members needed
Term beginning Feb. 1, 2015

As part of the mandate of a self-regulated profession, the Nursing Education Program Approval Board (NEPAB) reviews and approves Alberta nursing education programs leading to initial entry to practice as a registered nurse (RN) and nurse practitioner (NP); and nursing education programs leading to re-entry to practice as an RN or nursing refresher programs (NRP). NEPAB is a voluntary board with members representing approved nursing education programs, employers of RNs, the public and RNs.

Visit www.nurses.ab.ca for further information about NEPAB.

Qualifications of members
Experienced RNs who are involved in direct nursing practice (e.g. frontline nurse manager, clinical specialist, advanced practice, or preceptor for nursing students) and represent urban or rural (large and small) centres, are required.

Expectations of members
• complete the term of office that expires on Jan. 31, 2020
• attend two-day meetings held quarterly
• adhere to the code of ethical conduct and maintain confidentiality
• commit to preparatory time for meetings
• participate in the reviews of and render decisions about nursing education programs
• make decisions in the best interest of the public, nursing education and RN profession

How to apply
Visit www.nurses.ab.ca and fill out the online application form.

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

Margareth Mauro
NEPAB Consultant
780.451.0043 ext. 359
mmauro@nurses.ab.ca

Lori Kashuba
NEPAB Consultant
780.451.0043 ext. 425
lkashuba@nurses.ab.ca

APPLY BY: FRIDAY, AUG. 1, 2014
While working in an acute medical inpatient unit, I met three women who changed my perspective on seniors care.

L was a high functioning executive until Lewy body dementia eroded her cognition. It took 40 minutes and four nurses to restrain her and provide personal care, which distressed her for the rest of the day. But there was one health-care aide who used gentle strategy to avoid force and resistance. I wondered... how often is there a better way?

S loved to sing and dance, until dementia stripped her of her sense of fashion and dignity. One day, as she struggled down the hall between two security guards, I opened a door, turned around and found her in my arms. She decided I was her sister, and I tried to live up to that. We went for short walks on my breaks, and I often stopped to say hello and give her a hug. I wondered... what difference could it make if we all took simple steps to develop trust and caring relationships?

J had always been physically active, and loved to walk her little dog. Naturally, she continued to walk constantly, sometimes, off the unit. She resented the implication that she was lost or wandering. “I was walking!” she emphasized. I noticed... there’s a dignified adult who deserves respect. One day at shift change, we had coffee together in my office. It was such a normal moment: two people enjoying a break. I wondered... how often could a simple intervention prevent agitation caused by overstimulation, boredom or loneliness?

Can decreasing antipsychotic use lead to growth in mental and emotional health?

BY VERDEEN BUECKERT, MCL, BScN
The Appropriate Use of Antipsychotics (AUA) provincial project, initiated by the Seniors Health and Addictions and Mental Health Strategic Clinical Networks, is more than the “change flavour of the month.” It represents a change in practice – a shift away from drugs and towards the biopsychosocial model of excellent nursing care.

The AUA project team supports long-term care (LTC) staff as they seek to replace the use of antipsychotics – when possible – with more person-centred strategies. Eleven LTC early adopter sites reduced their collective use of antipsychotics by half within nine months, positively impacting residents, families and staff.

### Monthly average RAI 2.0 QI for use of antipsychotics for early adopter sites

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### Risks of antipsychotic use

In the 1950s, antipsychotics such as Haldol enabled people with schizophrenia to live normal lives in their own homes. They were also used to treat similar symptoms in dementia such as delusions, hallucinations, agitation and aggression. In the 1990s, concerns over side-effects prompted the switch to atypical antipsychotics such as risperidone (Risperdal), quetiapine (Seroquel), clozapine (Clozaril) and olanzapine (Zyprexa). As antipsychotic use became more prevalent, evidence of adverse side-effects increased.

In 2005, a Health Canada Advisory linked all atypical antipsychotics to a 60 percent increase in mortality from heart-related events and infections (mostly pneumonia). Advisories in 2002 and 2004 warned of increased risks of stroke with Risperdal and Zyprexa.

Not only are there mortality risks – the side-effects of antipsychotics can be extensive and debilitating. Antipsychotics increase confusion, impair communication and reduce independence. They contribute to falls, delirium, constipation, urinary tract infections, nausea, sedation, dizziness and blurred vision. They can impair esophageal motility and swallowing and thus increase the risk of aspiration pneumonia. Long-term use can lead to metabolic syndrome, diabetes, severe muscle stiffness accompanied by a shuffling gait, muscle weakness, lip-smacking and tremors. Akathisia (restlessness) can worsen insomnia, wandering, agitation and aggression, often the very behaviours antipsychotics are meant to treat.

However, there remains an appropriate role for antipsychotics in some chronic mental health conditions, for example in dementia and delirium. Risperidone is used for “short-term symptomatic management of inappropriate behaviour due to aggression and/or psychosis in patients with severe dementia.”

Even when appropriately used, it is crucial to assess and address underlying reasons for the behaviour, and include more gentle and persuasive approaches for personal care.

Challenging behaviours, also called responsive behaviours, are a form of communication – an attempt to tell us about pain, fear, constipation, thirst, fatigue, overstimulation, boredom, loneliness, underlying medical issues and drug side-effects. Masking this communication with a chemical restraint means the underlying need isn’t met. And many behaviours do not respond to antipsychotic medications at all.

### The project

Keeping these risks and the appropriate research in mind, the AUA project team created methods of assessing the use of antipsychotics in long-term care facilities. The first method is to perform monthly reviews of those on antipsychotics, to assess for purpose, effect and side-effects, by an inter-professional team including nursing, pharmacy, physician and allied health.

Second, a care plan process was developed that brings together nurses and health-care aides to strategize and implement person-centred approaches for responsive behaviours. The project team also emphasized staff education,

<table>
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<tr>
<th>Behaviours/conditions not improved by antipsychotics</th>
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<tbody>
<tr>
<td>- Wandering</td>
</tr>
<tr>
<td>- Undressing/not dressing suitably</td>
</tr>
<tr>
<td>- Hiding or hoarding things</td>
</tr>
<tr>
<td>- Eating things not fit to eat</td>
</tr>
<tr>
<td>- Repetitive words and behaviours (clapping, calling out)</td>
</tr>
<tr>
<td>- Interfering with others (pushing those in wheelchairs)</td>
</tr>
<tr>
<td>- Inappropriate urination or defecation (voiding in the plants, smearing feces)</td>
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<table>
<thead>
<tr>
<th>Behaviours/conditions that may be improved</th>
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<tbody>
<tr>
<td>- Certain mental health conditions such as Schizophrenia; mania in bipolar disorder</td>
</tr>
<tr>
<td>- Adjunctive treatment of major depression that doesn’t respond to antidepressants</td>
</tr>
<tr>
<td>- Disturbing hallucinations and delusions</td>
</tr>
<tr>
<td>- Physical and verbal aggression that endangers self and others</td>
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specifically implementation of dementia education, awareness of antipsychotic side-effects and risks, and attention to underlying factors such as pain, constipation and sleep.

Another method used was family/alternate decision-maker involvement. Care providers would have discussions with family or decision-makers about risks and reasons for antipsychotic medications, with the opportunity to provide (or refuse) consent.

Finally, there is a focus on collecting and sharing resources among the sites, specifically on the Continuing Care Desktop and AHS Seniors Health Strategic Clinical Network external website.

The project was not without concerns, though. A 2005 survey of Canadian nurses found 30 per cent of those working in hospitals, and 50 per cent working in long-term care reported they had been physically assaulted by a patient/resident in the previous year, so increased aggression while off antipsychotic medication was a risk factor. There was also a concern that implementing this project would result in the need for increased staff members or current staff hours; attending to confused, frightened, dependent people is time-consuming.

The results

The evaluation showed that the 11 early adopter sites are quieter and calmer. Residents are less confused, and communicate their needs instead of screaming. They’re more active and less dependent. They’ve re-engaged socially with families and other residents and participate in activities. It took time up front to figure out more person-centred strategies, but there was no need for increased staffing. Each success empowered front-line providers to look for the reasons behind the behaviours of even the most challenging residents.

Here are some examples:

• A resident was prescribed antipsychotics to help manage hallucinations associated with delirium caused by a urinary tract infection. After the hallucinations resolved, the antipsychotic wasn’t discontinued. He experienced approximately 45 aggressive episodes per month until the team tapered and discontinued the medication. He’s had no further incidents of aggression.

• A resident ‘screamed’ every afternoon around 2 p.m., causing others to be unsettled and call out or scream. Instead of medication, staff assisted her to bed for a nap. Now she’s more settled.

• One extremely agitated resident was given a drug holiday. When her 14 medications were removed, the underlying problem became clear: hemorrhoids. She’s now on three medications, knows the other residents by name and helps them to their activities.

Antipsychotics are not always the best treatment for dementia. When used inappropriately, they’re chemical restraints. They’re to be used sparingly while better solutions are explored. Not surprisingly, cognitive impairment often improves when we take away a medication that causes confusion, sedation and agitation. In fact, atypical antipsychotics worsen cognitive function at a magnitude consistent with one year’s deterioration compared to placebo.9

Where do we go from here?

The 11 early adopter units are spreading their successes within their sites and organizations, provincially and nationally. The AUA project team is extending support to the remaining 164 long-term care centres in Alberta. Interest is stirring in some acute care hospitals and supportive living facilities.

Beyond Alberta, the world is watching. Global attention is focused on the growing prevalence of dementia and the needs of older adults. Alberta LTC nurses are poised to inform dementia care practices nationally and internationally. This is a proud and historical time for gerontological nurses everywhere, and a time to recognize this nursing specialty for what it is: a tremendously rewarding calling and career choice. RN

ENDNOTES

1. Atypical Antipsychotic Drugs and Dementia – Advisories, Warnings and Recalls for Health Professionals, 2005
IN May 2014, Provincial Council approved the CARNA document Assignment of Client Care: Guidelines for Registered Nurses, which replaces Guidelines for Assignment of Client Care, last updated in 2008.

The request for feedback on this document was sent to 1,200 randomly selected CARNA members in December 2013. The request for feedback was also included in the ABRN enewsletter, the monthly regional enewsletter Take Note and the CARNA website.

What we heard from you:

• 84 per cent of respondents indicated that the guidelines are useful to their practice setting

• 73 per cent stated that all of the key steps around assignment of client care were addressed in the document

• 87 per cent responded that nothing should be removed from the document

Respondents identified the need for a stronger focus on leadership, teaching and the supervisory role of RNs on the team. You asked for more information about the responsibility and accountability in collaborative practice for the individual health-care provider and for the team. Respondents also identified:

• difficulties applying the guidelines

• constraints in the practice setting (such as staff shortages or cutbacks)

• concern for workloads that include simultaneous client assignments

The top revisions

Overall, the principles outlined in this document were well-supported as best practices through the literature review, environmental scan and the feedback received. Based on the comments by respondents regarding the need to strengthen the focus on the leadership role of the RN, a section on leadership was added. It includes two subsections: “Role and Responsibilities of the Registered Nurse Assigning Care” and the “Charge Nurse Role.” The intent of adding this section is to clearly articulate the leadership role RNs have in care assignment as a member of the interprofessional team. This section also highlights the communication and organizational skills of RNs.

The guidelines were not changed but were moved to the beginning of the document to make them more visible. They are now clearly identified as guidelines, numbered and enclosed in a text box for quick recognition. The five guidelines to be considered in the process of assigning client care are:

1. assess the client and the client’s needs for care
2. assess the practice environment for supports to ensure the safe performance of care
3. assess the health-care providers to appropriately match the required client care to the health-care provider
4. set expectations for ongoing communication and appropriate supervision
5. evaluate and adjust the assignment to maintain acceptable outcomes of care

Where can I find this revised document?

Download the document at:

abrn.ca/assignment-of-client-care

The document references the joint position statement of the Canadian Nurses Association, the Canadian Council for Practical Nurse Regulators and Registered Psychiatric Nurses of Canada. Staff Mix Decision-Making Framework for Quality Nursing Care provides guidance in appropriate assignment to specific RNs, licensed practical nurses and registered psychiatric nurses.

Questions/Concerns?

Please contact one of the CARNA policy and practice consultant at practice@nurses.ab.ca regarding the revised Assignment of Client Care: Guidelines for Registered Nurses document or other CARNA standards, guidelines or position statements.
Beginning in August, internationally educated nurses (IENs) will have a single, simple point-of-entry to become assessed for any one of the three categories of professional nursing in Canada—RNs, LPNs and RPNs. CARRA CEO Mary-Anne Robinson is the board chair for the National Nursing Assessment Service (NNAS), a federally-funded, non-profit organization comprised of 22 member boards of all registered nurse, licensed practical nurse and registered psychiatric nurse regulatory bodies across Canada (excluding Quebec and the territories).

“We have created a new web-based portal that will speed up the application process for internationally educated nurses and create a common national approach among regulatory bodies,” says Robinson. “International recruitment is an important factor in maintaining the strong nursing workforce needed to meet the health needs of Canadians now and in the years ahead. The portal will ensure that the international nurses can navigate the application process more easily and contribute their training and skills in a more timely fashion.”

Features of the NNAS process include:
- One central location to send documents.
- A centralized credential assessment process.
- Ability to complete applications and pay initial assessment online.
- Access to a 1-800 customer care telephone number (with service in English or French).
- Ability to track their application online.

NNAS hopes to provide greater transparency, timeliness and predictability across Canadian jurisdictions, in addition to applying rigorous standards for qualification assessment (in the interest of the public). The service does not impact each provincial regulator’s authority to register or issue practice permits but merely streamlines the initial steps for applicants. Once an initial assessment of international credentials is completed by NNAS, applicants may then apply to CARRA to for eligibility to become an RN in Alberta.

**NEW NATIONAL ASSESSMENT SERVICE**

Over 90 percent of Canadians have at least one of the following vascular risk factors:
- high blood pressure
- high cholesterol
- detrimental nutrition
- alcohol intake
- physical inactivity
- obesity

The good news is that many vascular risk factors are preventable or controllable. The bad news is that many Canadians are either unaware of the risk factors, or the risk factors remain untreated or treated sub-optimally. In Alberta, the Vascular Risk Reduction (VRR) project was established with the long-term goal to reduce deaths from vascular disease.

A strategy adopted to achieve this goal is to promote common, consistent, evidence-based messaging to health professionals and all Albertans in the following three key areas: vascular risk assessment, tobacco use and healthy living.

**Improve Vascular Risk Assessment**
- assess vascular risk in all men 40+ and women 50+
- assess Albertans who have evidence of increased vascular risk
- optimize dyslipidemia management according to recommended guidelines
- promote statin therapy (in the absence of contraindications) at high risk

**Reduce Tobacco Use**
- assess tobacco use of every individual
- support tobacco users in quitting smoking

**Promote Healthy Living**
- support healthy eating and physical activity

VRR is led by the Alberta Health Services Cardiovascular Health and Stroke Strategic Clinical Network and includes a series of projects involving various health professionals and stakeholders. CARRA is represented on the VRR knowledge translation working group which will support the success of this initiative and improve the health of Albertans.

Registered nurses and nurse practitioners have an opportunity to take a leadership role in helping Albertans to live longer, healthier lives. In the coming months, we will identify ways how you, in your everyday practice, can keep more Albertans healthier for longer by reducing their risk for vascular disease.

* World Health Organization
Our health system is working to become more patient-centred. What are the challenges that must be overcome to create a health system focused on patients and their families in Alberta?

I would say it is moving from saying you are patient-centred to actually being patient-centred. I have been around a long time in nursing and patient-centred care was talked about even in the old days when I started out. We have to move beyond saying it is important and we, the health-care system, are going to do it to saying we are going to involve the patients, families and networks in the planning, delivery and design. That is quite a bit different in my view.

There is a saying that I like which says: “nothing about me without me.” If you take that approach and you are committed to it, it is very difficult to say why you wouldn’t have patients involved in determining when you schedule clinics, what the design of your building looks like, all kinds of things related to patients and their families. In Sweden, they actually talk about patients and families as a source of value to the health-care system. That goes beyond just being patient-focused to asking ourselves how do we work with patients and families to [have them] actually be active contributors to the care they need and deserve.

Leadership is required for any change to be effective. What type of leadership do you think our health system needs?

It needs courageous leadership. It is not unique to health care but that is the system I know best. There is a real confusion between bosses and leaders. And I do not believe they are the same thing. We have a lot of bosses and they are important. But, in my view, true leaders are people who create a vision that really attracts people. They say “that is something that really resonates for me.” Then people choose to follow that leader because they believe in what that leader stands for. It is not because they have no other choice. I go back to Tommy Douglas. He had a vision for health care in this country and what he wanted to do with it. He was a leader. It took a lot of courage to come out with something like he came out with. And then people could choose or not choose to rally around him or not based on what he wanted to do.

Leaders are individuals who convince others to follow them. What qualities and skills are required to become a leader, formally and informally?

There are some good leadership frameworks, like Studer does some good stuff and the Leeds framework, but I think, first and foremost, these are people who are courageous and they are thoughtful. Courage without thought is not necessarily a good thing. They are people who have an ability to generate a vision… they can see beyond the here and now. It is important to have followers – you can’t be a leader if there are no followers. They have a very good ability to relate to people in a way that is meaningful. They are courageous. They are willing to take some risks. I don’t think any real leadership comes without courage and risk-taking in a responsible way.

Leaders are comfortable with change. They may not be able to describe it completely but they are comfortable. Oftentimes you are leading into the unknown or you have some description or vision of what it is, but they are comfortable with a fair degree of ambiguity. In health, that is particularly the case – ambiguity and change – because those are such common characteristics of health care these days. That is not a bad thing. New information and new knowledge that is brought into health care is something that requires us to constantly be assessing and changing what we are doing.
care is all about. in nursing, I understand the clinical process and what health of cases, it is nurses who do that. Because of my background is doing that. the reality is that, in the largest percentage a family that requires care and support and somebody who is doing that. The reality is that, in the largest percentage of cases, it is nurses who do that. Because of my background in nursing, I understand the clinical process and what health care is all about.

Nursing gave me two more things. One is the ability to do critical thinking. At the time, I wouldn’t have described it that way... they didn’t call it “nursing diagnosis” when I was in training. But the ability to critically think about an individual, and reading these visible clinical signs that come from a computer or what you are seeing, to bring that all together in a cohesive way is big.

I think the other thing, and it may be the most important, is the human side of it. Nursing is a personal relationship. It is a body of knowledge applied to a personal relationship. I think nurses, and other health professionals too, understand that. Because you can’t be a nurse if you don’t. When I look back over my career, what is health care? Health care is a people business. If you don’t understand people and don’t like to work with them, how can you understand health care?

Those three things are what I would single out as the big things that have helped me significantly.

Culture can be defined as a way of thinking, behaving, or working that exists in a place or organization. How does the culture of Alberta’s health system, and of health professions including registered nursing, affect our ability to provide patient-centred care?

Certainly, to the extent that I have been out and about in the health-care system itself, there is quite a close collaboration between the various professional groups. Health care does have a tendency to “siloize”... and that can be by professional groups, by bodies of knowledge... it can be by location, it can be by sector... public health, acute care, long-term care, etc. I think the culture in this province is one that recognizes the importance of integration, coordination and collaboration and this is probably more at the forefront here than it is in other jurisdictions. Not to say it isn’t there in other places as well. My observation is that it just seems to be a way of thinking here about this culture of understanding that when you are looking at the individual citizen, you have to be able to understand how they go through their lives, how they experience health care through their lives. The culture here supports that.

There have been a lot of changes in Alberta. There is no doubt that change can be quite disruptive and problematic. Despite the amount of change, I think it is really quite positive here. When I look at other jurisdictions where I have worked or visited, there is always change going on. But I have often said that when you look at a province like Alberta, the magnitude and what they have been able to do is quite remarkable. It is an old adage that change is constant but it is constant. I think people have done an outstanding job of adapting to that. I am not a fan of change for change sake, and there shouldn’t be any more change than what is required to continue to advance.

Change needs to be carefully thought out. Even when I was in nursing, you would think you get through a bit of rough water and then it is going to be fine. Those days are gone. But I look on that as a positive because it tells us that knowledge [is being put into] practice and that health care as a system has evolved and adapted enormously to change.

Visible nursing leadership has been shown to improve patient outcomes and we appreciate your decision to introduce a senior nursing advisor role within your ministry. How can registered nurses and nurse practitioners demonstrate visible leadership and increase their ability to influence decisions affecting quality of patient care?

I think it is important for nursing as a profession to identify what some of the key issues are that they want to advance and to be consistent in that. [One issue would be] standing-up for patient-centred care. Being a group of professionals that interact with patients and citizens in all walks of life and in all sectors, nursing as a collective, a profession, brings a wealth of knowledge and experience to bear. It is essential to find opportunities to make sure that experience is heard. I also think it is important to differentiate between nursing as a labour movement and nursing as a profession. Both are critically important but they are different. And I think nurses have a great opportunity to provide leadership for the reasons I talked about earlier. They are, for the most part, the most visible of the professional and para-professional groups that individuals over their lifetimes are going to see and interact with.

Government has recognized the importance of strengthening primary health care in Alberta, including investing in more community and home care. What challenges and opportunities do you see this shift creating for registered nurses?

I think first of all there is a huge role for nurses in the community... NPs, for example, and clinical nurse specialists in areas that are non-traditional specialities. I don’t mean acute care and tertiary care but bringing an area of expertise to the community. There is a lot of opportunity in the community when you look at other jurisdictions, the U.K. being one of them. [We can look at] the role nurses play in the design and delivery of primary and
community care and the experience, knowledge and skills that nurses have. The environment might be different, the location might be different but things like critical-thinking and working with people still apply.

We are going to continue to have high-end tertiary and quaternary centres that I think will become more and more complex as we do more in a community setting, but the expansion of the nursing role in the community could be quite something. For instance, there are areas around the world where the scope of practice for nurses is quite extensive including some U.S. states, the Northwest Territories and the Yukon.

I think the culture in this province is one that recognizes the importance of integration, coordination and collaboration.

Nurses... will play a very significant role in crafting where the health-care system is going in the future.

I am quite interested in the NP role. I am watching it with a degree of interest because the expanded scope a nurse could have in that role is quite substantial. That is just a personal observation.

Don't be too limiting in what you think you can do. Leave yourself open for different things.

The system is evolving and changing. What would be helpful in terms of how you see the health system going forward?

I think it is an exciting time, quite honestly, because we have so much more evidence and knowledge on which to base our practice. And we have so many more tools and techniques. When I graduated, all we had was a pharmacopeia that we had to memorize... we were limited so much more than we are now. I find that quite exciting. We also have a much more actively participating patient and citizen population so you can get into much more dynamic relationships when you are part of an interactive team, as opposed to a giver and a recipient model. I also think the profession of nursing has evolved tremendously over the last 20 years in particular. There are all kinds of opportunities to do things that are quite exciting. I think that becoming more customer service and patient-focused is the way of the future.

We have an active and informed public and they are only going to get even more so. Being able to engage people in that process is quite exciting. Nurses, being the largest group of professionals, are able to, and will, play a very significant role in crafting where the health-care system is going in the future.

Do you have anything else you would like to mention?

When I went into nursing, it was just like I had gone into a new world. When I graduated from high school I was barely getting through and really didn't know what I wanted to do. Then, I went into nursing... it was wow!

Who is the person you identify with? It is the nurse. It is the relationship that is important. I get worried that there are a lot of things about health care that are important but sometimes we get lost in questions about policies, procedures and the building or how is the funding system working. These things are important but it is the actual care that is at the centre of all things. If there were no patients, there would be no health care. We can lose sight of what it is all about.

I don't get any sense, here in Alberta, that anybody has lost sight of this. We all have our own warts and blemishes. But when I go around the world, as I have done in my travels, the health-care system in this country is what people talk about. They say "if we could only have the system that they have in Canada." There are issues about how we fund it and there are always opportunities for improvement, but our universal system is viewed as very positive. RN

Health care is a dynamic and evolving field shaped by new knowledge and technologies. Students graduating from nursing programs today will need to anticipate, adapt and lead a variety of changes throughout their careers. What career advice made the most difference for you during your career and what advice would you offer to others?

That is interesting because my niece graduated two years ago from Western, is working in acute care in Toronto and loves it. My advice is more generic because you can't assume that the area you pick out when you graduate is where you will want to be in 10 years.

Leave yourself open to opportunities when they come up. There may be opportunities that you never contemplated or didn't exist when you graduated that you might want to explore. The thing that is most limiting to people is their own perception of their own skills and abilities. Those skills and abilities are unknown to them at a particular time. Don't underestimate your ability to be flexible and adaptive.
A Hearing Tribunal made a finding of unprofessional conduct against a member who posted inappropriate comments on social media which identified the member as an RN and the member’s worksite and which comments, although intended to be humorous, conveyed a lack of compassion for patients. The Tribunal issued a reprimand.

A Hearing Tribunal made a finding of unprofessional conduct against a member who left medication pouches on the top of the medication cart, and who failed to document in the Total Team Record on a patient, although the member had made notes in the Nursing Unit Report. The Tribunal issued a reprimand.

A Hearing Tribunal made a finding of unprofessional conduct against a member who made inappropriate remarks, and shared personal information of a physician in front of a patient and co-workers. The Tribunal issued a reprimand.

A Hearing Tribunal made a finding of unprofessional conduct against member #50,549, who in the circumstances when the member was working a full-time position with one employer, a 0.7 part-time position with a second employer, and a 0.2 part-time position with a third employer, the member provided to the third employer a sick note from her physician excusing the member from work for about six weeks, without explaining that the member worked as an RN for the other two employers on almost every date during that same period; and who collected sick benefits from the third employer on four dates during the time the member was off on the sick leave noted above, when the employer was unaware that the member continued to work shifts as an RN for another employer. The Tribunal issued a reprimand and ordered the member to complete the e-modules on the Code of Ethics and to write a comprehensive reflective paper on the responsibilities of an RN working for multiple employers. 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 #61,463, who failed to initiate CPR on a patient, whose respirations and pulse had ceased within the previous minutes, and who the member knew was a full code; and demonstrated a lack of skill and judgment in the management of the patient, in that when the LPN told the member that the LPN was unable to find vital signs on the patient, the member went to assess the patient to confirm he was dead rather than with the intention of initiating CPR if required; and who demonstrated a lack of skill and knowledge when the member failed to provide a clear explanation of CPR to the CARNA investigations officer. The Tribunal issued a reprimand and ordered the member to pass courses on assessment and responsible nursing; and prior to applying for supervised practice, prove she has completed individual instruction on CPR and has renewed her CPR certification; following which she shall apply to get a short period of supervised practice approved, and thereafter is restricted to working at that setting pending two satisfactory performance evaluations. 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 #64,453 who, under section 70 of the Health Professions Act, made an admission of unprofessional conduct. The member admitted that while she was supposed to be on duty as a home care nurse, she abandoned her home care duties one afternoon, and instead stayed at the home of a home care client, who was also a personal friend, ‘partying’ and drinking alcohol; she failed to notify her employer of her location that afternoon; and when her supervisor found her before the end of the scheduled shift by cellphone, the member was intoxicated. The Tribunal issued a reprimand and accepted the member’s undertaking to not practice pending medical clearance, at which time the member may apply to do supervised practice, with ongoing screening for alcohol and drugs, and ongoing medical reports for two years following the successful completion of supervised practice. Conditions shall appear on the member’s practice permit. Failure to comply with the Order may result in suspension of CARNA practice permit.
Carna Member
Registration number: 67,256
A hearing tribunal made a finding of unprofessional conduct against member #67,256, who collected funds from more than 20 co-workers for the purpose of purchasing a group lottery subscription, but then the member failed to purchase the subscription and for eight or nine months failed to inform her colleagues of that fact and deceived them into thinking that she had, and did not return the money until she was confronted. The tribunal issued a reprimand; directed the member to write a letter of apology and an undertaking to maintain any previous any 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.

Carna Member
Registration number: 75,433
A hearing tribunal accepted a section 70 admission of unprofessional conduct of member #75,433, who admitted that she wrongfully took narcotics from his employer, specifically, injectable Dilaudid; and admitted that she wrongfully used names of patients in the Pyxis system to gain access to and cover the wrongful taking of Dilaudid. The tribunal gave the member a reprimand and accepted an undertaking to not practice as a registered nurse pending proof from a physician and counsellor that he is safe to return to practice at which time, the member has a choice to return to either a practice setting where there is no access to narcotics or controlled substances, or do a supervised practice in a setting where the member is expected to administer medications, including narcotics and controlled substances. In either setting, the member's employer will report back to a hearing tribunal. The member is required to continue drug screening and provide further medical reports to a hearing tribunal. Conditions shall appear on the member's practice permit. Failure to comply with the order may result in suspension of CarNa practice permit.

Carna Member
Registration number: 81,179
A hearing tribunal made a finding of unprofessional conduct against member #81,179 who collected funds from more than 20 co-workers for the purpose of purchasing a group lottery subscription, but then the member failed to purchase the subscription and for eight or nine months failed to inform her colleagues of that fact and deceived them into thinking that she had, and did not return the money until she was confronted. The tribunal issued a reprimand; directed the member to write a letter of apology and an undertaking to maintain any previous any 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.

Carna Member
Registration number: 86,635
A hearing tribunal made findings of unprofessional conduct against member #86,635 from two complaints. The member had demonstrated a lack of skill and knowledge when attempting a C-spine hold; had failed to ensure a restraint was properly secured or that the bed controls were in the locked position, and had failed to chart the required assessments on that patient. The member had administered Morphine to a patient who had a documented allergy to Morphine, had failed to immediately notify the physician, charge nurse or others caring for the patient of the error; failed to document an appropriate assessment or ensure adequate monitoring for the balance of the patient’s stay by the nurse covering breaks, as the member did not pass on the information about the Morphine error. The member failed to adequately monitor or assess a heavily sedated psychiatric patient, and failed to adequately chart on that patient. The tribunal issued a reprimand and ordered the member to pass courses in basic medication administration and assessment; and prior to next commencing employment, provide confirmation that the employer will do a performance evaluation; and thereafter be restricted to working for that employer pending a satisfactory performance evaluation by a deadline. 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: 88,349
A Hearing Tribunal made a finding of unprofessional conduct against member #88,349, who failed to do an appropriate triage or assessment of a patient who had presented at the emergency department with abdominal pain; failed to document the patient’s initial presentation at the emergency department in a timely manner; misrepresented her actions regarding the patient to her employer, when the member said that the member had done vital signs and an abdominal assessment on the patient; and who subsequently created an emergency patient record for the patient’s visit to the emergency department which contained false information, including fabricated vital signs and information regarding a fabricated abdominal assessment. The Tribunal issued a reprimand and ordered the member to pay an $800 fine; pass a course in professional ethics; complete the e-modules on the Code of Ethics; and be restricted to working in Alberta at her current place of employment pending a satisfactory performance evaluation focused on ethics, documentation and assessments. The Tribunal ordered confirmation from the member’s out-of-province employer that they have received a copy of the Tribunal’s Decision. 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: 91,185
A Hearing Tribunal made a finding of unprofessional conduct against member #91,185 who made a section 70 admission that she had wrongfully taken narcotics from her employer on numerous occasions and had caused numerous irregularities in narcotic administration, wastage, assessment and documentation as a result of the wrongful taking 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 counsellor that she is safe to return to practice at which time the member has a choice to return to either a practice setting where there is no access to narcotics or controlled substances, or do a supervised practice in a setting where the member is expected to administer medications, including narcotics and controlled substances. In either setting, the member’s employer will report back to a Hearing Tribunal. The member is required to continue drug screening and provide further medical reports to a Hearing Tribunal. Conditions shall appear on the member’s practice permit. Failure to comply with the Order may result in suspension of CARNA practice permit.

CARN A Member
Registration number: 92,216
A Hearing Tribunal made a finding of unprofessional conduct against member #92,216, working in a correctional facility. The member violated professional boundaries when prior to an inmate’s release, the member made arrangements to meet with the inmate upon his release from the prison; and who on the day of the inmate’s release from prison, met the inmate for coffee, drove him around the city, took him to the member’s residence (but not inside the house), walked the member’s dogs with him, allowed him to use the member’s cell phone and thereby access the member’s cell phone number. The member also placed co-workers at risk when the member disclosed personal information about co-workers to a former inmate including where one of the co-workers resides. The Tribunal issued a reprimand and directed her to prove she has passed a course in ethics and completed modules on the code of ethics. The member must also write a paper on professional boundaries, and be restricted to working at her current place of employment pending a satisfactory performance evaluation. Conditions will appear on the member’s practice permit. Failure to comply with the Order may result in suspension of CARNA practice permit.

The COLLEGE AND ASSOCIATION OF REGISTERED NURSES OF ALBERTA presents
RN SOLUTIONS in Older Adult Care CONFERENCE

Advance your knowledge and improve older adult care in your practice.

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family of nurses share a remarkable bond

“as a family of nurses, we have the most interesting conversations that most may find unusual, to say the least,” proclaims Karen Mullaney, RN. That’s not hard to believe. Karen, her mother Donna and daughter Jenna share a remarkable bond. Each woman has been committed to learning from one another, embracing their love of the job, and following their hearts.

Donna, the matriarch of the family, initially entered the nursing profession in the early 1950s. During that time, there were not many options available for women in the working world. Donna notes “teacher, secretary or nurse” as being the three main options of work for women.

Embarking on her nursing career, Donna worked in labour and delivery, her area of choice. She also held the positions of unit supervisor and director of nursing throughout her career. Donna showed her daughter, Karen, how a single mother could have a fulfilling career and raise a family at the same time.

Karen became a nurse in 1980, following in her mother’s footsteps and leading the way for her own daughter. “I chose nursing because of who I am and how I feel,” Karen explains. “I knew that I wanted to give care and comfort.”

Nursing provided Karen with job satisfaction in a difficult field. She emphasized the satisfaction she got from teaching enthusiastic nurses and students. In doing what she loved, Karen encouraged her daughter Jenna to follow her heart.

Jenna had always shown an interest in anything related to health care, such as movies, stories and hospital shows. Jenna’s interest in the field peaked at age 16 after a terrifying experience on a family trip. Jenna’s mother, Karen, fell ill and had to be rushed to a nearby hospital. Days later, after initially recovering, Karen fell ill again when the family was on a boat in the middle of the ocean.

Back home, Karen developed an infection at the site of her initial IV. Jenna’s aspirations to become a nurse grew each time she visited Karen. “This experience made me realize that I want to have the unique opportunity to care for individuals and families when they need it the most,” says Jenna. She eventually discovered her love and passion of pediatric care and is on track to receive her bachelor of nursing degree this year.

This family is a shining example of how a positive role model can go a long way in a nurse’s life. Teaching others (and learning from others) helps foster more satisfaction, pride and love of the job. So much can be gained from sharing stories and experiences with others and by simply enjoying what you do.

All three women love what they do and are proud of it. Independence shines through each generation, as well as a passion for nursing. Donna, Karen and Jenna all share the same love of caring for others. Maybe it’s in their blood.
A special thank you to the members of the Awards Selection Committee. These RN volunteers thoughtfully evaluated the nominations submitted by their peers against the award criteria to select this year’s recipients.

Thank you to:
- Amanda Newton
- Bernice Heinrichs
- Brenda Rennie-Koch
- Candice Wheeler
- Virginia Wheeler

For information on how you can volunteer for this committee and help recognize RN excellence, see page 10.

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 8, 2014 in Edmonton.
“You never quite know what you are going to get with a neuro patient. No two days are similar and it keeps your mind sharp.”

Megan now works at the same unit where she did her practicum as a student nurse. Colleagues describe her as a “perfect fit.” She has taken on the refurbishment of the unit’s educational boards that provide hot topic material for the nursing staff as well as educational information on support programs for patients and families.

Megan is a trainer for the “It’s Your Move” initiative and accepted responsibility as a super-user for the Medication Reconciliation, new Cardiac Monitors and Nexiva intravenous trial. As such, she will be delivering in-service training, instructing and mentoring other staff members in these areas.

“I love teaching. I would love to be an educator with the focus on bedside nursing. That’s my goal.”

Megan has great rapport with her patients and their families and remains very aware of cultural beliefs. She consults with social workers and spiritual care consultants when necessary to assist her patients.

A grateful family member wrote:

“Megan took care of my aunt during her post-operative care. She was thoughtful, attentive and even indulgent of my aunt’s post-op lamentations. Having worked at Duke University Medical Centres for more than 15 years, I can state with some experience that she is one of the best ICU nurses I have seen.”

Despite her short time in the profession, Megan is comfortable and confident in her role as a registered nurse. She has great respect for her colleagues and is quick to offer help and support to others.

“The only thing I know is that this is a career I’m glad chose me.”
“What we do every day is solve puzzles.”
Sharon Kelly works in the Southern Alberta Renal Program (SARP) at the Sheldon M. Chumir Health Centre in Calgary. For more than 10 years this outstanding diabetes nurse clinician has been an integral part of the health-care team. Sharon has provided tremendous care to thousands of patients with varying stages of kidney disease from mild renal dysfunction to end-stage kidney disease. She also helps manage very difficult patients on steroid therapy for their kidney transplants.

“Our patients are our mentors. Each is unique. The answers we are looking for are often to be found in our patients’ presentation rather than books.”
Sharon has pioneered novel therapeutic approaches to diabetes management in patients with peritoneal dialysis. She has developed guidelines promoting an understanding of hypoglycemia in hemodialysis patients and for those with very low kidney function that are not yet on dialysis.

“It’s amazing what can be accomplished when people are not ‘guarding their territory.’ It allows us to work together, combine skills and knowledge and collaborate in research and writing to move forward to new levels of knowledge.”
Sharon is a leader in approaching the patient as a whole entity, medical and psychosocial. She is a leader and educator of her colleagues, mentors chronic kidney disease nurses and is an invaluable resource to nephrologists. She spends an enormous amount of her personal time developing learning material for her colleagues and patients as well as leading and participating in community educational programs.

“It is an honour to work with my patients as an ally. They are all sick, living on the edge...[they] make the most of what life they have. Little differences in treatment make those lives so much easier.”
Sharon is part of a multi-disciplinary team but is definitely the go-to person for diabetes concerns. Her advocacy raised the awareness and recognition by transplant clinicians that diabetes control was essential to long-term outcome. Her lobbying for patients led to additional insurance coverage for treatments of patients in certain circumstances. To many families and the nursing profession itself, Sharon Kelly is a champion.
“My key motivation is a deep belief that if we would just use on a daily basis what we already know, children would have better health-care outcomes.”

Shannon Scott is an Associate Professor in the Faculty of Nursing at University of Alberta and the Canada Research Chair for Knowledge Translation in Child Health. This outstanding scholar and researcher is best known for her ECHO research program. The program focuses on knowledge translation from research to pediatric health settings to improve outcomes for children, their families and the health-care system. The goal is to increase the use of relevant knowledge, based on research, among clinicians, managers, administrators and policy-makers.

“In Canada, more than 80 percent of children who require emergency care are evaluated and treated in general, not pediatric, emergency departments.”

Successful and effective knowledge translation would involve behaviour change among providers working in health-care organizations. Dr. Scott’s research explores the reasons why known research is used or not in the health-care work environment and what factors either facilitate or hinder this process.

“I was never going to be a nurse. Everybody in my family was into nursing. I was never going to be a nurse. You can see how that worked out!”

Dr. Scott’s work as a clinical nurse in pediatric oncology graphically defined for her the specific needs of children in care and spurred her post-graduate studies. Shannon wanted to identify, consolidate and distribute current research into the delivery systems and “on the ward” practices in child care. She has received funding as co-director of the National Centre of Excellence Knowledge Mobilization Centre, with the specific mandate to translate emergency knowledge for kids.

Shannon and her research staff have produced information in a children’s storybook format for parents and young patients, detailing the procedures and best practices involved with their particular treatment plans.

In November 2013, Dr. Scott was awarded a Government of Canada Canada Research Chair for knowledge translation in child health. This was the first award of its kind in Canada and evidence of her exceptional work in this area.

“In our research, there’s never a dull moment. I’m still surprised. The more I learn, the more I think that I don’t know anything for sure.”
“Mobile learning is taking the world by storm. Students can now access entire courses from their mobile devices. Social media has changed the way that education happens. Learning happens not only in formal courses but also through social media such as Facebook, Twitter and LinkedIn.”

Dr. Sharon Moore has been a nurse for 37 years and a formal nursing educator for 34 of those years. As a professor of Nursing and Health Studies for Athabasca University, Dr. Sharon Moore teaches registered nurses advanced theory and skills in mental health and gerontology as well as supervising RNs and other health professionals in graduate studies.

“As a teacher I must walk the walk. If I teach that caring is a core value in nursing, I must be willing to practise caring as a teacher... be willing to encourage and walk alongside my students at various times in their educational journeys.”

Beyond her teaching responsibilities, Sharon is involved at the university level with the General Faculties Council, Academic Policy and Planning Committee, and the Graduate Student Conference.

Outside of Athabasca University, the Canadian Coalition for Seniors’ Mental Health utilizes Sharon’s program planning abilities. She was co-lead in developing national guidelines for the Assessment and Prevention of Suicide in Older Adults and co-developed a Late Life Suicide Prevention Toolkit.

“Technology has moved education into a global endeavour.”

Sharon also teaches informally by imparting health and nutrition skills to grandmothers in Uganda and volunteering in Nepal, Africa and India. She has been a keynote speaker at conferences in various parts of Canada as well as in Kenya, Norway and Uganda.

Sharon’s success in education is largely due to her creative and innovative arts-based teaching approaches and her innate ability to reach learners wherever they are—geographically and emotionally.

“Hope can help set your sail in difficult times. You can borrow it and you can lend it.”
“I cannot say enough about the whole team I have the privilege of working within the rural portfolio of the Alberta Health Services Calgary Health Region. The strength of character, the dedication and commitment, the staying power and the ownership of their hospital and community is humbling.”

Staff use similar phrases to describe Lise. On June 20, 2013 she walked for several blocks through knee-deep water to reach the High River Hospital where 75 long-term care residents, 33 patients and 25 visitors and staff were trapped by the flood. She remained on-site for more than 40 hours until the last patient was evacuated and the last staff member was safely out of the building. Her calm leadership style and sense of humour inspired the others and made the crisis conditions seem a little less grim.

“I wanted to have some impact, some influence on changes I saw as needing to occur. I believed that for me, I could make more of a difference in the administration arena.”

Learning from leaders in the Slave Lake disaster, Lise has been instrumental in supporting post-disaster activities that encourage health-care providers to care for themselves and each other as well as the community. She and others created The Flood Forward Healing Plan, the goal being to build hope, trust and a greater sense of community. Volunteers generate activities and attitudes that strengthen the bonds among community members and organizations. The Plan is working and involving more participants who see the benefits to their own families and friends.

Lise has embraced patient welfare and family-centred care within her portfolio to ensure that all patients and families have a voice. She was one of the biggest supporters of the Low Risk Obstetrics Clinic at the High River Hospital. This highly successful program now serves clients from Calgary to Lethbridge.

“Past and current mentors have influenced me throughout my career. So many people help to form you – people that you see as positive role models.”

For people in this province and in the nursing profession, Lise is definitely one of those positive role models.
Dorothy Phillips has recently retired from a position as clinical nurse specialist in Wounds, Ostomy and Continence for Health Canada (Alberta Region) while also serving as an Academic Advisor for the Canadian Association for Enterostomal Therapists. This final federal position and profile capped an amazing career for a special nurse. Her successful efforts improving home care in various communities around Alberta found a national platform from which to improve care for ostomy patients across the country—many of them in First Nations and Inuit communities.

“I know that staff who worked with me often wondered what planet I came from because my thoughts were so different, but they were able to see the results and soon changed their thinking as well.”

Dorothy worked part-time as she studied to be a nurse—no small task for a single parent with two small children. But it was time well-spent.

“I was going to be the best two-year nursing grad in the world. I also knew a diploma was only the start. I told my children at graduation that to be a nursing teacher I would need a master’s degree.”

She got it. As a clinical nurse specialist in long-term care, Dorothy noticed that several residents had troublesome ostomies and that timely access to an enterostomal therapist was difficult. She decided to become an enterostomal therapist in order to meet those needs.

“When I thought long and hard about what else I could do, I discovered that I could do anything as long as I was able to use my nursing knowledge, but there was nothing else I wanted to be other than a nurse.”

The nursing profession and thousands of patients nationwide are grateful for Dorothy coming to that conclusion.
Dr. Ann Kirby has long been a partner and advocate for the nursing profession. Her philosophy of the effectiveness of interdisciplinary care and her respect for nurses in health-care delivery is a hallmark of her practice.

“In the ICU, team management is a natural process. The nurse is the coordinator of care and in many ways leads the team. They are the most integral component, the rest of us come and go as needed.”

Dr. Kirby thought she was headed for a research career in genetics until physiology courses exposed her to the complexity of how the human body worked and failed. Time spent in critical care work exploring aspects of preventable situations and a growing respect for ICU nurses led her to groundbreaking practices in patient safety and quality improvement.

“When I developed the nurse practitioner role in critical care—initially in Ontario and in Calgary—I focused on improving the experience for the patients and family through improving continuity of care and the holistic approach.”

She has become a champion of the nurse practitioner role in critical care and feels that the NP is a key component of quality patient care in the ICU. She founded the ICU Outreach Program in Calgary. This team’s focus on early recognition of deteriorating patients on the wards has decreased the number of in-hospital cardiac arrests and reduced ICU re-admissions. Dr. Kirby collaborates with many different services in the hospital and Calgary to ensure patients receive patient-centred and quality health care. She has presented at many local, national and international meetings and her advice to nurses and NPs is to “keep an open mind and be prepared to prove yourself over and over as your performance highlights the professionalism of nurses in a way nothing else quite does”.

“You learn something from every patient encounter and don’t trust anyone in medicine or any profession who thinks they know.”
“I knew that I wanted to work with people and both teaching and caring for the ill seemed like something I wanted to do. I thought that, perhaps, I would learn more life skills as a nurse.”

Lorraine’s many contributions to the nursing profession have been exceptional, exemplified by strong leadership abilities, continuous involvement in governance and the sincere desire to advance the profession of nursing.

Lorraine is currently serving her second term of office on the Red Deer College Board of Governors. Her leadership on many committees and boards serves her and her colleagues well.

“As a member of the Alberta Association of Registered Nurses (AARN, now CARNA) Provincial Council meeting, I was so impressed with their work. I could see nurses could accomplish collectively what would be very difficult to achieve as individuals. And I wanted to become involved with an organization that aspired to work for the good of patient care.”

As AARN President, Lorraine worked closely with government leaders to influence the development of the Health Professions Act, lobbying vigorously for AARN to gain the authority to approve schools of nursing and develop the standards, policies and processes for that approval. She was instrumental in the development of the funding framework to ensure long-term viability of the Alberta Registered Nurses Educational Trust. Nationally, she has been involved in the governance of the Canadian Nurses Protective Society and the Canadian Nurses Association.

“The many students I continue to work with help me stay grounded and in touch with the importance and joy of providing nursing care. As I work with students in clinical practice, I feel that through the hands of my students—my passion for nursing will continue to thrive.”

Lorraine has been a nursing instructor at the Red Deer College Bachelor of Science in Nursing program since 1988. As a faculty member she has chaired the Nursing Curriculum Committee, served as vice-president of the Faculty Association of RDC, and sat as a member on numerous departmental committees as well as the Academic Council, Student Awards Committee and as Co-Chair of the Collaborative Coordinating Committee. Before her position at Red Deer College she worked at Alberta Hospital Ponoka as coordinator and instructor of education services. It would be difficult to find a nurse that has contributed in as many different ways and to the success of as many different people in different walks of life as Lorraine Way.
ARNET is pleased to announce the 2014 recipients of the prestigious Alberta Registered Nurses Educational Trust Annual Scholarships.

The ARNET scholarships are academic- and merit-based and awarded annually to CARNA RNs and NPs who exemplify our charity’s commitment to promoting nursing excellence. Please join us in congratulating each of the 2014 ARNET Scholarship recipients and in expressing our sincere appreciation to our donors who make this educational support possible.

**ARNET Board of Directors Scholarship**
Sarah Cooper

**Carna Presidents Scholarship**
Stacey Jorgensen

**TD Insurance Meloche Monnex Scholarships**
Mandy Archibald
Gillian Lemermeyer
Joanne Selin

**ARNET 2014 Annual Scholarships**
Lisa Howard
Anra Lee
Michelle Morrison
Kristi Anna Steiestol

Dianne Davidson Memorial Scholarships
Christina Foran
Laina McAusland

Kathleen Cahill Memorial Scholarship
Rachel Flynn

Karen Polowick Scholarship for Nursing Leadership
Kacey Keyko

CHRIS BLUMER Memorial Scholarship for Palliative Nursing
Trina Thorne

The Sisters of Service Centennial Scholarship
Susan Labonte

PATRICIA WALKER FOUNDATION Scholarship for Studies of Childbirth Education and Maternal and Child Health Nursing
Elizabeth Keys

Liz Lemire Memorial Scholarship supported by the APLASTIC ANEMIA & MYELODYSPLASIA ASSOCIATION OF CANADA
Derek Clark

Daryl Ann Ryan Memorial Scholarship supported by Executive Links
Kelly Kean

Chris Lambert Memorial Scholarship
Colleen Cuthbert

For information on our charity and how you can show your support of nursing, please visit us at www.arnet.ca.
IN MEMORIAM

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

Carson, Eleanor (née Doris), a 1947 graduate of the Edmonton General Hospital School of Nursing/College St. Jean, who passed away on March 30, 2014 in Edmonton.

Connell, Maria (née Koebel), a 1958 graduate of the Misericordia hospital School of nursing, who passed away on March 11, 2014 in Edmonton.

Gates, Mary (née Purcell), a 1947 graduate of the Brandon Hospital for Mental Diseases, who passed away on Feb. 26, 2014 in Port Alberni, British Columbia.

Krawec, Nichole, a 2006 graduate of the University of Calgary, who passed away on Jan. 27, 2014 in Edmonton.

Macklam, Eva (née Wheeler), a 1962 graduate of University of Alberta Hospital School of Nursing, who passed away on Feb. 22, 2014 in Edmonton.

Mandrusiak, Olga (née Tkach), a 1977 graduate of the Grant MacEwan Collaborative Baccalaureate Program/University of Alberta, who passed away on Feb. 6, 2014 in Stony Plain.

NENA-AB is Alberta’s chapter of the National Emergency Nurses Association Canada (1981), a professional association of emergency nurses from across the country dedicated to quality emergency care. There are currently more than 230 members of NENA-AB.

The goals of NENA-AB are to:

- improve standards of emergency nursing practice
- promote both professional growth and clinical excellence in emergency nursing
- improve communication among emergency health-care providers

As a resource on emergency nursing and a voice on issues that affect emergency nursing, NENA-AB actively supports and participates in research pertaining to emergency care and best practice. NENA has published position statements and standards of emergency nursing, a resource used by nurses, administrators and in the legal system.

Nurses who join NENA-AB automatically become members of the national group NENA. The benefits of membership in NENA-AB include:

- a subscription to the Canadian Journal of Emergency Nursing
- a provincial newsletter three-to-four times per year
- networking opportunities with other emergency nurses, not only across Alberta but nationally through in-person meetings and online venues
- reduced costs for courses that are regulated by NENA including TNCC, ENPC and CTAS

- annual bursaries available for educational pursuit affecting emergency nursing practice, including support for Certification in Emergency Nursing (ENC(C)) through CNA
- professional recognition program with an Award of Excellence, Award for Research and Lifetime Award
- education support including experts with presentations
- reduced registration costs for NENA and NENA-AB annual conferences and annual general meetings

NENA annual conferences garner national and international speakers and presentations. The 2015 NENA Conference will be hosted in Edmonton in May 2015.

NENA-AB is open to any RN, RPN or LPN who is directly involved in emergency nursing care (practice research, administration, and education). Only registered nurses may be voting members of our organization and hold elected offices. The membership fee for NENA-AB is $45 per year.

If you are interested or want to become a member of NENA-AB, please go to nena.ca/membership or contact: Pat Mercer-Deadman RN ENC(C) President NENA-AB pat_mercerdeadman@yahoo.com

For more information, visit the NENA-AB website at http://nena.ca/provinces-ab/ or find us on Facebook at facebook.com/EnigNenaAlberta.

Emergency nurses benefit from membership in specialty practice group

NENA 2015 CONFERENCE

Prepare for the Unexpected – Working in the Emergency Department

May 1–3, 2015
Hilton Doubletree Hotel
Edmonton, Alberta

http://nena.ca/provinces-ab/

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**NOTICE Board**

**EDMONTON/WEST**

**PEDIATRIC UPDATE**
med.ualberta.ca

**COVENANT HEALTH’S 25TH ANNUAL PALLIATIVE CARE CONFERENCE**
ahtca.ca

**CALGARY/WEST**

**CARNIA'S CONTINUING COMPETENCE PROGRAM (ONLINE EDUCATION SESSION)**
July 18, 2014.
nurses.ab.ca

**NORTHWEST**

**CARNIA'S CONTINUING COMPETENCE PROGRAM (ONLINE EDUCATION SESSION)**
July 9 and Aug. 5, 2014.
nurses.ab.ca

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**THE SCOOP ON SCOPE**
nurses.ab.ca

**PAIN SOCIETY OF ALBERTA EIGHTH ANNUAL CONFERENCE**
painsocietyofalberta.org

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**OUTSIDE ALBERTA**

**CANADIAN OCCUPATIONAL HEALTH NATIONAL NURSING CONFERENCE**
wwsconference.ca

The submission deadline for events and reunions in the Fall 2014 issue of Alberta RN is Aug. 8, 2014. 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.

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**Reunions**

**RAH class of 1979 reunion**
whitey1414@yahoo.com

**Misericordia class of 1979 reunion**
tpcondon@telus.net

**UAH class of 1969 reunion**
Sept. 12, 2014. Edmonton
September1969uah@yahoo.ca

**Holy Cross Hospital class of 1974 reunion**
Linda Traquair, 403.823.8460; Isabel Nordquist, 403.382.0699

**Misericordia class of 1989 reunion**
tifrid@yahoo.com

**UAH class of 1974 reunion**
elliott3@shaw.ca

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**Advance online!**

**Clinical Nursing Instructors**

Athabasca University is seeking applications for part time and full time clinical nursing instructors in medical, surgical, mental health, and community health practice settings in their BN program starting Fall 2014. Short term (four and eight month) and one year contracts are available. Opportunities are available in both Calgary and Edmonton.

Applicants must be eligible for registration with the College and Association of Registered Nurses in Alberta, possess a Master’s degree—preferably in Nursing— and have clinical teaching experience in nursing. Applications will be received until all positions are filled.

Interested applicants can submit their CV and a letter of interest electronically to:
Professor Mariann Rich
Chair, BN Programs
Centre for Nursing and Health Studies
Athabasca University
Email: mrich@athabascau.ca
Phone: 1-866-751-2431

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After years of advocating for a nursing voice at the decision-making tables, results are signaling a resurgence of visible nursing leadership. In the past year, Alberta Health has appointed three women leaders with a background in registered nursing to senior positions as part of its reorganization. In May, Vickie Kaminski assumed the role of president and CEO of Alberta Health Services and Valerie Grdisa as senior nursing advisor, a new position created in the organization. Back in September, former RN Janet Davidson assumed the role of Deputy Minister.

I personally look forward to working with these individuals to improve patient care by strengthening connections between senior decision-makers and those of you practising in direct patient care, administration, education or research. I know that it's hard enough to keep up with the constant change and launching of new initiatives; I can barely keep up. I am not suggesting these changes guarantee the results you'd like to see. Independent studies into organizational change by the Harvard Business School, the London School of Economics and other think-tanks show that over 70 per cent of change initiatives do not deliver the desired results. Why? The most common cause is linked to insufficient focus on people. If any transformational change is to succeed in health care, an emphasis on engaging the largest group of health-care providers in the health system, registered nurses, is essential.

In her interview with Alberta RN, (p. 17) Janet Davidson indicates that nurses at the patient level should be the voice of patient-centred care, and I couldn't agree more. RNs are hearing, and seeing at close range, how patients are affected by weaknesses in our system of health care and are the ones most suited to the role of advocate for patient-centred care and defining what it looks like. My hope is that we succeed in establishing a clear line of communication between nurse leaders in formal roles and those in informal leadership roles who share a similar vision for quality, evidence-based practice, and patient-centred care. As CARNA CEO, I can advocate for mechanisms to engage nurses, but only you can seize the opportunities presented to you to participate in making change happen.

Being a leader does not mean acquiring a formal role such as CEO, senior nursing office or deputy minister. Many leadership skills and nursing skills are not so different: an enquiring mind and a willingness to ask and not tell. Imagine visible nursing leadership in formal roles as the tree, and the thousands of nurse leaders like you in your own practice setting as the root system that sustains the tree. In this issue, we highlight a healthy sample of that root system. Leadership qualities are demonstrated by award and scholarship recipients, new members of provincial council, specialty practice nurses seeking to expand their professional network and entire units adopting new strategies in the care of patients with dementia. A long-time committee volunteer is a leader, the members of a family of nurses spanning three generations who support one another are leaders, and so are the nurses courageous enough to publicly share their point of view in a letter to the editor of their association’s magazine.

Janet suggests that leaders are courageous. How about you? Are you willing to take risks by asking questions, not settling for status quo and sharing your ideas to improve patient care? It's not easy to keep at it when others don't hear or don't seem to want to hear. I implore you to not give up, for the sake of your patients, your co-workers and our profession, and to nurture your own sense of professional pride.

While these changes from the outside are welcome and help position our profession for success, the uncertainty about where all of these changes are headed is unsettling. Each of us can play a vital role in helping realize the key drivers of nursing leaders: improving the patient experience, promoting quality care and managing costs. Of course, nurses can't do it alone. CARNA has a role, as do government, employers and professional associations. We have to work together. How will you be impacted by the changes to realize these objectives? I can't say for sure, but I do encourage you to engage in the process to ensure your voice, and that of your patients are heard.

Mary-Anne Robinson, MSA, BN, RN
Chief Executive Officer
780.453.0509 or 1.800.252.9392, ext. 509
mrobinson@nurses.ab.ca
A Registered Nurse’s expertise is irreplaceable at the bedside. RNs work on the front lines of care in Alberta—saving lives, promoting health and reducing health-care costs. Inform your network of the difference RN care makes.

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