The search for

100

Alberta RNs

who have made a difference

Renewed call for Centennial Award nominations

PAGE 5
CARN A Provincial Council 2014–2015

CENTRAL REGION
Elva Hammarstrand, MN, RN
Red Deer
403.357.0804
hammarstrand@nurses.ab.ca

Amie Kerber, BScN, RN
Blackfalds
403.877.6010
akerber@nurses.ab.ca

PUBLIC REPRESENTATIVES
Elaine Andrews, BA, APRM
Edmonton
780.221.1650
eandrews@nurses.ab.ca

George Epp
Taber
403.233.3170
ger@nurses.ab.ca

Marlene Pedrick, BA, BSW
Sherwood Park
780.504.7889
mpedrick@nurses.ab.ca

Doug Romaniuk, BEd
St. Albert
780.951.3142
dromaniuk@nurses.ab.ca

CARN A Staff Directory

ALL STAFF CAN BE REACHED BY CALLING:
780.451.0043 or toll-free 1.800.252.9392

Chief Executive Officer: Mary-Anne Robinson
Complaints Director/Director, Conduct: Sue Chandler
Director of Communications and Government Affairs: Margaret Ward-Jack
Director of Corporate Services: Jeanette Machtemes
Director of Policy and Practice: Carolyn Trumper
Registrar/Registrar, Registration Services: Cathy Giblin
Deputy Registrars: Barbara Haigh, Steven Leck, Loreta Suyat
Deputy Complaints Director: Betty Anderson
Conduct Counsel: Gwendolyn Parsons
Registration Consultants: Carrie Gronau, Nan Horne, Shelley MacGregor, Nancy MacPherson, Michelle Morrison
Policy and Practice Consultants: Debra Allen, Donna Harpell Hogg, Penny Davis, Pam Mangold
Program and Evaluation Consultant: Trish Paton
NEPAB Consultants: Lori Kashuba, Margaret Mauro

Regional Coordinators:
Northwest: Karen McKay 780.978.7781
Northeast: Robin Cooper 780.901.3293
Edmonton/West: Barb Perry 587.523.5498
Marilyn Walliser 780.710.3316
Betty McMorrow 780.685.5030
Central: Heather Wasylenki 403.782.2024
Calgary/West: Lisa Tran 403.919.8752
Beverly Johnson 403.625.3260
South: Pat Shackleford 403.394.0125
Valerie Mutschler 403.894.6901

C A N T E N T S
4 New provincial councilors
5 Centennial awards
6 What to do when you renew
8 Calls for members
12 Publications ordered by Hearing Tribunals
16 What makes a registered nurse unique?
18 Collaboration in caring: A new approach to health care
20 Palliation: A new beginning for end of life care
22 Do you want to become an RN in private practice?
23 Nursing Week 2015 celebrations
26 Meet our CARN A Award recipients
34 Awards Gala 2015
35 ARNET Annual Scholarship recipients
36 ARNET Nurses on the Run 2015
38 How to write a successful CARN A Awards nomination
39 NoticeBoard and In Memoriam
46 Closing Perspectives

Alberta Registered Nurses Educational Trust: Margaret Nolan

CARNA Provincial Council 2014–2015

President
Shannon Spenceley, PhD, RN
Lethbridge
780.909.7058
president@nurses.ab.ca

President-elect
Sheila McKay, MN, RN
Red Deer
403.358.6428
smckay@nurses.ab.ca

NORTHWEST REGION
Tracy Humphrey, McN, BA, RN
North Star
780.836.0191
thumphrey@nurses.ab.ca

NORTHEAST REGION
Fiona Jakielaszek, BScN, RN
Morinville
780.405.7098
fjakielaszek@nurses.ab.ca

EDMONTON/WEST REGION
Wendy Carey, MN, RN
Edmonton
780.896.1061
wcarey@nurses.ab.ca

ALISON LANDREVILLE, MN, RN
Medicine Hat
403.878.4700
alandreville@nurses.ab.ca

SOUTH REGION
Penny Kwasny, RN, RN
Lethbridge
403.894.6901
pkwasny@nurses.ab.ca

Marilyn Walliser 780.710.3316
Beverlie Johnson 403.625.3260

NoticeBoard and In Memoriam

Do you want to become an RN in private practice?
Nursing Week 2015 celebrations
Meet our CARN A Award recipients
Awards Gala 2015
ARNET Annual Scholarship recipients
ARNET Nurses on the Run 2015
How to write a successful CARN A Awards nomination
NoticeBoard and In Memoriam
Closing Perspectives

CARNA Provincial Council 2014–2015
President’s Update

A new vision for RN practice

One of my favourite quotes is this one: “Be willing to listen to the wisdom of the newbie. Remember, amateurs built the ark: professionals built the Titanic.” I think of it when I hear seasoned clinicians worry about the capability of new graduates into nursing, and recently I thought of it when I heard comments about the new NDP government from people who are worried about the magnitude of the change, and the number of “rookies” who hold the reins of power after such a long period of political stability. In both cases, I think fresh eyes can be a real strength – especially when informed by a clear vision for what needs to be achieved.

Fresh thinking and new eyes on the role and vision for registered nursing in Alberta is also underway. Thousands of you have already weighed in on the Uniquely RN work, where you have shared your perspectives on the particular value of the RN in the health-care system of today. This work had fed into the RN visioning work being led by CARNA – where interdisciplinary health-care professionals (including RNs and NPs), health-system leaders and educators, members of the public, and stakeholders from across multiple sectors have met in forums around the province to discuss the expectations and roles for registered nurses over the next 15 years, as we commence the second century of registered nursing in Alberta. Hundreds more of you have shared your own vision of the profession in our on-line consultation.

Some of the things I am hearing about include: the critical importance of the RN role in care team leadership and communication, in comprehensive assessment and care planning with patients/families, in the coordination of care processes, in providing direct care for those with complex needs and in building the capacity of team members through care mentorship, in proactive risk management and anticipatory care to avoid problems, and in direct care for those with complex needs and in building the capacity of team members through care mentorship, in proactive risk management and anticipatory care to avoid problems, and in trouble-shooting when things do not go as hoped or expected. In short, when fully enacted, I am hearing that the RN role is pivotal to care that is experienced as seamless, coordinated and well-adapted to meet the unique and changing needs of individuals and families over the longer health trajectory – i.e., I am hearing that RN care needs to focus on continuity of care, and increasing the probability of health over the longer term for those who receive our services, beyond any one health-care episode. As you contemplate these emerging elements of a vision – are these feeling “possible” from where you practise right now? I believe that first we have to be able to “see” our emerging practice with new eyes, be inspired to imagine it, be engaged in creating it, enabled to demonstrate it, and expected to measure its ability to deliver on the vision.

Taking the right steps – vision, inspire, engage, create, demonstrate, measure – and taking them in the right order – is really important to success. The vision for RN practice has to come first – and it is emerging – and exciting! I do, however, become concerned when I hear about care transformation initiatives in some parts of the system that seem to be more about budget than about a vision for optimizing care. Initiatives that miss the steps of inspiration and engagement, and that frame the RN role terms of “tasks that others can’t do,” instead of a vision about how RN knowledge can be deployed to ensure high quality, coordinated and collaborative team-based care – such initiatives will not get the system where it needs to go.

Examples of places that are getting it right do exist – I have shared many of them in this column. Recently I learned about another great example: visionary leaders in the Calgary Rural Primary Care Network “saw” a new way to improve the health of the citizens of Okotoks by providing culturally competent, coordinated and comprehensive primary care, despite a shortage of family physicians. To enact that vision, they engaged with the community to develop the Sheep River Nurse Practitioner Clinic in 2010. Now in its fifth year, this community-based primary health-care service features two nurse practitioners who practise autonomously, although they collaborate closely with each other, with other team members (pharmacists, diabetes educators, RN case managers, mental health workers, social workers, nutritionists and respiratory therapists) as well as with the physicians in the shared clinic space. They are an inspired team, embracing a clinic philosophy of holistic care based upon the social determinants of health. They are enabled to deliver on their vision with a supportive service delivery model that fosters whole person-centred care with a team approach, and emphasizes health promotion, and disease/injury prevention. They also measure specific indicators that are meaningful to their vision: adherence to guidelines, screening rates for population-relevant health risk factors, chronic disease management strategies and targets, patient experience of care, community stakeholder connections, teamwork and collaboration, and cost-effectiveness. On all fronts, this visionary service is exceeding expectations, and they have the data to prove it.

Unfortunately, even the most elegantly conceived and flawlessly enacted vision can be derailed if we aren’t vigilant to the underlying politics – especially around the funding of health care. For example, the Sheep River success story could still come to an abrupt conclusion at the end of the 2015 fiscal year – why? Because the PCN, who is the current funding source, no longer has the money for the clinic in the budget – there is no longer a physician shortage in Okotoks, and there is no provincial funding model for NPs.

Politics have been disrupted in Alberta, to be sure. I see that as an opportunity for growth and renewal, and an opportunity to put forward a compelling vision for our profession that isn’t so constrained by the way we have always done things, or by politics, or by short-term budgetary thinking. Take these out of the mix and you create the space to authentically engage with communities and health-provider teams to create and enable truly collaborative practice and better care. Sheep River is a beautiful example of what can be achieved with clear vision, the inspiration and engagement to create it, and the clinical leadership to ensure it is on the right track in meeting the needs of the population served.

So, back to fresh eyes, and a new perspective. I, for one, am looking forward to a chance to build that ark. RN

Shannon Spenceley, PhD, RN
780.909.7058
president@nurses.ab.ca

@SSpenceley expertcaringmatters.ca

nurses.ab.ca | Summer 2015 Volume 71 No2 Alberta RN
PRESIDENT-ELECT: 
Jerry Macdonald (acclaimed)

Jerry Macdonald completed a diploma at the Halifax Infirmary School of Nursing in 1985, and obtained a bachelor of science from the University of Alberta in 2010. He is currently completing a master of nursing (MN) at Athabasca University.

Overall, Jerry has a combined 30 years of experience working in nursing and education in Alberta and most recently as a cardiac nurse educator at Alberta Health Services.

Jerry served on CARNA’s Provincial Council from 2010-14 and as the President of Local #37 for United Nurses of Alberta from 2003-05. Jerry was also a provincial election candidate for Alberta’s New Democratic Party (NDP) in 2006.

NORTHEAST: 
Jeannie Hare (acclaimed)

Jeannie Hare has been a registered nurse since graduating from Mount Royal University in Calgary in 1971. Jeannie started her career working at the Colonel Belcher Hospital in Calgary and has worked as a registered nurse, head nurse, assistant head nurse and nurse manager for Alberta Health Services over the span of 30 years.

Jeannie has gained experience volunteering for many different organizations. She serves as the Vice President for the Victim Services Board; is an ongoing volunteer on the disaster management team for the Canadian Red Cross; volunteers for the international Habitat for Humanity; and is involved with the Food Bank and Ronald McDonald House.

Jeannie also held other positions over the years, some of them with CARNA, including: ARNET regional educational funding review committee (2003-2008); CARNA Awards selection committee (2011-13); President, Canadian Association for Rural & Remote Nursing (2008).

EDMONTON/WEST: 
Derrick Cleaver

Derrick Cleaver graduated with a bachelor of nursing in 2011 from a collaborative program between the University of Alberta and Red Deer College. Derrick is currently working towards a master of public health in health policy and management; he expects to graduate in spring 2015.

He has worked for both Covenant Health and Alberta Health Services in his three years since graduating, and he is an active member of both CARNA and United Nurses of Alberta.

CALGARY/WEST: 
Tyler Burley

Tyler Burley graduated from Queen’s University in Kingston, ON, with a bachelor of nursing science in 2006. Tyler went on to complete a certificate in perioperative nursing from Algonquin College in 2007 before finishing with a master of nursing in 2014 from the University of Calgary.

Tyler began his career as a registered nurse at The Ottawa Hospital. He has held a number of different educational and working roles over the course of his career, including: graduate teaching assistant, University of Calgary (2009-11); clinical quality improvement specialist, Alberta Health Services (2010-12); registered nurse, Alberta Health Services (2008-13); unit manager, Alberta Health Services (2013-present).

Aside from his practice as a registered nurse, Tyler sat on a number of committees and has also been involved with many different community activities and initiatives. He was a member of the best practice guideline committee for the Canadian Stroke Network, and worked on the Project Management Team with Alberta Health Services/Alberta Stroke Improvement from 2011-13. Furthermore, he was the evidence-based practice lead for the AHS Calgary Brain Injury Strategy from 2012-13. Most recently, Tyler served on the University of Calgary’s Research Thesis Committee from 2012-14. RN
RN Prescribing, Standards of Supervision: 
Your feedback needed.

By CARN'A's request, Alberta Health has initiated a stakeholder consultation for changes to the Registered Nurses Profession Regulation. This regulation creates a framework for scope of practice, registration requirements, continuing competence and conduct processes for RNs and NPs.

CARN'A is asking for member feedback on three companion documents to the regulations. These draft documents are based on proposed changes to the regulation and provide more information and context to the revisions to the regulation.

We are in the process of seeking feedback for the following documents:
• Standards of Supervision
• RN Prescribing and Ordering Diagnostic Tests: Requirements and Standards
• RN Competencies for Prescribing and Ordering Diagnostic Tests

We would appreciate your involvement by providing your comments and suggestions in our online survey. Please access the documents and the surveys by visiting nurses.ab.ca.

Feedback is due by 4 p.m. Friday, July 20, 2015

If you have any questions regarding the documents or surveys, please contact Debra Allen, RN, MN–Policy and Practice Consultant at dallen@nurses.ab.ca.

Thank you for your participation!

Are you MISSING the MESSAGE

You may be missing out on:
➔ Conferences
➔ Contests
➔ Member benefits
➔ Events like the CARN'A Awards Gala and nursing week celebrations
➔ RN merchandise including the RN pin and our online store, expertcarewear.ca

Due to Canadian Anti-Spam Legislation, we're no longer able to email you about these CARN'A activities without your consent.

To get back on our list and receive these updates, please opt in at www.bit.ly/CARNA-opt-in. You can opt out at any time.

In celebration of the achievements of nurses over the past 100 years, we are seeking nominations to honour 100 inspiring nurses with a Centennial Award.

We are looking for registered nurses from all aspects of nursing who deserve to be recognized for their unique contribution to the nursing community.

Recipients will be recognized throughout 2016 on our centennial website, in Alberta RN, during a travelling exhibit and other events.

Who will be the 100 nurses of 2016?
You tell us. Recognize a colleague who inspires you with this one-time award.

Learn more at carna100nurses.ca

The search for 100
Carna 1916-2016
Celebrating 100 years of expert caring

Centennial awards
How to renew your permit:

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

1. Complete your Continuing Competence Program (CCP) Continuing Professional Development for 2015 in MyCCP.
2. Begin your CCP Practice Reflection for 2016 in MyCCP.
3. Submit your application form and payment in MyCARNA.

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

When should I renew?

The renewal deadline is Sept. 1, 2015. We recommend that you renew as soon as you receive notification that renewal is open. You can avoid longer wait times if you need help. Last year, more than 50 per cent (18,856) renewed in the last two weeks before the deadline.
Are you retiring or planning to no longer practise in Alberta?
If you’re not planning to practise in Alberta after Sept. 30, 2015, please apply for non-practising membership (free!) or as an associate or retired member ($42 per year). Associate/retired members receive Alberta RN magazine, AB RN Online monthly enewsletter, Take Note regional enewsletter, and other communications that will keep you up-to-date with nursing advocacy issues, nursing events around the province, changes in regulation and more.

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:
2. Submit the application form, and payment if required.

Why should I apply for non-practising membership?
Your application for non-practising status is a confirmation that you will not practise in Alberta after Sept. 30, 2015. Keep in mind that other types of practice other than clinical practice are considered nursing practice. If you are unsure if your position requires registration, please contact CARNA and we will help you out.

Are you going on maternity leave?
If you are on maternity leave, or plan to be by Oct. 1, 2015, there are a number of different options depending on when you will be on leave:

► If you will be returning to work prior to May 1, 2016, you should renew your registration as you normally would.
► If you will be returning to work May 1, 2016 or later, you have the option to take out a non-practising membership, then applying for a practice permit when you are ready to return to work. Contact us four to eight weeks prior to your anticipated return to work date.

Keep in mind that eligibility to register or renew requires that you have practised 1,125 hours in the previous five membership years.

Call centre hours of operation and renewal resources
Due to the success we had during last year’s renewal and the positive feedback we received from you, we will continue to offer extended call centre hours and additional staff to assist you during peak times from August 14 to September 1. For call centre hours, please check nurses.ab.ca when renewal opens.

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. RN
Competence Committee

Two (2) members needed
Term begins Oct. 1, 2015

CARN A Provincial Council established the Competence Committee in 2005 to make recommendations to Council on continuing competence program requirements and the assessment of those requirements, monitor member fulfillment of continuing competence requirements on practice permit applications and provide for practice visits as part of the continuing competence program. The CARN A Competence Committee works with CARN A staff to develop, implement, and evaluate policies to guide the CARN A Continuing Competence Program (CCP). 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;
• any further action a member must take to meet CCP requirements.

The Committee may approve, suspend, or refuse an application for a practice permit and identifies conditions or restrictions that may be imposed on a practice permit.

Qualifications

• active CARN A registration in good standing
• a minimum of five years of nursing experience
• not currently serving as a member of another CARN A 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

Awards Selection Committee

Two (2) members required
Term begins Oct. 1, 2015

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

Qualifications

CARN A strives to achieve broad representation of membership by appointing members from a variety of practice settings and geographic regions. To complement the current committee composition, CARN A is seeking a member in good standing employed in any area of practice.

Expectations of members

• fulfil a two-year term
• participate in up to four meetings/teleconferences per year
• review nominations (there were a total of 65 in 2015) and objectively apply award criteria

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

How to apply

• Visit nurses.ab.ca > Learn About CARN A > Contact Us > Volunteer Opportunities.
• Click this committee under “Available Positions” and fill out the application form.
• Click “Submit” to send.

NOTE: In 2015, the orientation teleconference will be held on October 1. Nominations review will take place from October 1-23. The finalist selection teleconference will take place by October 30.
Expectations of members

• serve a four-year term
• attend up to 10 one-to-two day meetings per year, as required, at the CArNA office
• participate in teleconferences as required
• attend a one-day orientation session
• commit to preparatory time for meetings

Scheduled meetings for 2015/16 year:

Oct. 5-6, 2015
Oct. 16, 2015 (regulatory committee orientation)
Nov. 26-27, 2015
Dec. 21-22, 2015
Jan. 28-29, 2016
Feb. 25-26, 2016
March 18, 2016
May 2-3, 2016
June 23-24, 2016
Aug. 18-19, 2016
Sept. 15-16, 2016
Oct. 13-14, 2016

Questions?

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

Barb Haigh, MN, NP
Deputy Registrar
780.732.9517 / 1.800.252.9392, ext. 517
bhaigh@nurses.ab.ca

How to apply

• Visit nurses.ab.ca > Learn About CArNA > Contact Us > Volunteer Opportunities.
• Click this committee under “Available Positions” and fill out the application form.
• Click “Submit” to send.

Complaint Review Committee

Two (2) members required
Term begins Oct. 1, 2015

The mandate of the Complaint Review Committee is to conduct reviews of complaint dismissals by the CArNA Complaints Director. This means reviewing the information and supporting documentation in the investigation report and determining whether to uphold the original dismissal decision, to request further investigation or to refer the matter to a hearing. Committee members also review proposed settlements reached through the alternative complaint resolution (ACR) process to determine whether the settlement should be ratified, amended by agreement with the parties or refused.

Qualifications

• past experience as a member of the Hearing Tribunal or a member of any adjudicative panel or committee is preferred
• not currently serving as a member of another CArNA regulatory committee
• minimum of 10 years of current, active registered nurse practice
• active CArNA registration as a regulated member in good standing
• active listening and critical thinking skills
• ability to interpret legislation and standards and apply to review of dismissals and ratification of proposed ACR settlements
• ability to consider evidence and information objectively and fairly by suspending personal bias in making decisions
• ability to effectively articulate a position with supporting rationale

Expectations of members

• serve a four-year term
• participate in teleconference meetings and/or face-to-face meetings; the number of meetings per year will depend on the number of requests for review of dismissals by the CArNA complaints director and ACR settlements
• commit to preparatory time for meetings
• as a new member, attend a one-day orientation at the CArNA office
• assume the role of Chair (which includes the writing of decisions) after one year

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

Questions?

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

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

How to apply

• Visit nurses.ab.ca > Learn About CArNA > Contact Us > Volunteer Opportunities.
• Click this committee under “Available Positions” and fill out the application form.
• Click “Submit” to send.

APPLY BY: FRIDAY, JULY 31, 2015
**Hearing Tribunal**

Six (6) regulated members required  
Term begins Oct. 1, 2015  

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 at each hearing in determining whether the alleged 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 will decide what measures are necessary to protect the public, how to remediate the nurse’s skill, knowledge deficits or behaviours, and determine compliance with its discipline orders.

Qualifications

- 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

- serve a four-year term  
- attend an average of 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  

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

Questions?

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

How to apply

- Visit nurses.ab.ca > Learn About CARNA > Contact Us > Volunteer Opportunities.  
- Click this committee under “Available Positions” and fill out the application form.  
- Click “Submit” to send.

**Registration Committee**

One (1) member required  
Term begins Oct. 1, 2015  

The Registration Committee reviews complex and challenging applications for registration and practice permits. Committee members are responsible for determining if an applicant/member has met legislated requirements and whether engaging in, or continuing to engage in practice, may pose a risk to public safety. The Committee may approve, defer, or refuse eligibility for registration and/or practice permits, and impose conditions or restrictions on a permit that support public safety.

The Registration Committee works with CARNA staff under the direction of Provincial Council to draft/enact policies to guide registration-related decision making.

Qualifications

- active CARNA registration in good standing  
- minimum five years current nursing experience in direct care, administration, research or education  
- not currently serving as a member of another CARNA regulatory committee  
- active listener and critical thinker  
- able to make difficult decisions that may negatively impact an applicant or member  
- able to interpret policy, standards, and legislation and apply these to applicant or member registration decisions  
- able to consider evidence and information objectively and fairly, putting aside personal beliefs when making decisions  
- able to effectively articulate a position with supporting rationale

Expectations of members

- serve for a term of four years (with an option for reappointment)  
- attend two-day meetings at CARNA every five to seven weeks (approximately 10 meetings per year)  
- attend a one-day orientation session

**APPLY BY: FRIDAY, JULY 31, 2015**
Registration Review Committee

Two (2) members required
Term begins Oct. 1, 2015

The Registration Review Committee is delegated by CARNA Provincial Council to hear reviews of decisions made by the Registrar, Registration Committee or Competence Committee. The committee hears and evaluates the reason(s) 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 vary the original decision
• refer the matter back to the registrar, Registration Committee or Competence Committee for further assessment and decision
• make any further order necessary to carry out the committee’s decision

Qualifications

• a minimum of 10 years 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 decisions
• able to effectively articulate a position with supporting rationale

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
780.453.0513 / 1.800.252.9392, ext. 513
cbarry@nurses.ab.ca

How to apply

• Visit nurses.ab.ca > Learn About CARNA > Contact Us > Volunteer Opportunities.
• Click this committee under “Available Positions” and fill out the application form.
• Click “Submit” to send.

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)

Questions?

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

Barb Haigh, MN, NP
Deputy Registrar
780.732.9517 / 1.800.252.9392, ext. 223
bhaigh@nurses.ab.ca

How to apply

• Visit nurses.ab.ca > Learn About CARNA > Contact Us > Volunteer Opportunities.
• Click this committee under “Available Positions” and fill out the application form.
• Click “Submit” to send.

scheduled meetings for 2015/16:

Oct. 16, 2015 (regulatory committee orientation)
Nov. 2-3, 2015
Feb. 4-5, 2016
March 15-16, 2016
April 21-22, 2016
May 30-31, 2016
July 11-12, 2016
Aug. 25-26, 2016
Sept. 29-30, 2016
Oct. 27-28, 2016
Nov. 28-29, 2016

Questions?

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

Barb Haigh, MN, NP
Deputy Registrar
780.732.9517 / 1.800.252.9392, ext. 223
bhaigh@nurses.ab.ca

How to apply

• Visit nurses.ab.ca > Learn About CARNA > Contact Us > Volunteer Opportunities.
• Click this committee under “Available Positions” and fill out the application form.
• Click “Submit” to send.
A Hearing Tribunal made a finding of unprofessional conduct against CArNA Member #38,174, who contravened the Health Professions Act when, in three separate years, she failed to take adequate steps to ensure her practice permit with CArNA was renewed for October 1, when she knew or ought to have known that she would be working in a registered nurse role after October 1, and when she did in fact work without a valid practice permit and misrepresented herself as a registered nurse. The Tribunal issued a reprimand and ordered the member to create and submit to the Hearing tribunal a Communication Improvement plan and also pass two courses: Interpersonal Aspects of Nursing and mental Health Disorders. In addition, the member must notify the Hearing Tribunal prior to next working as an RN, and be restricted to working in that employment 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 CArNA Member #49,915, who behaved inappropriately toward two patients on separate occasions when she made inappropriate remarks to the patients and yelled or raised her voice when talking to the patients. The Tribunal issued a reprimand and directed the member to create and submit to a Hearing Tribunal a Communication Improvement Plan and also pass two courses: Interpersonal Aspects of Nursing and Mental Health Disorders. In addition, the member must notify the Hearing Tribunal prior to next working as an RN, and be restricted to working in that employment 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.

The Hearing Tribunal made a finding of unprofessional conduct against CArNA Member #53,013 who, while working in palliative home care, breached client confidentiality and disclosed confidential CArNA disciplinary information of the complaint, findings of an investigation or information presented at the hearing. The member also caused a client to feel that the member did not believe the medication requirements for a client. In addition, the member failed to notify the physician of that fact; and failed to adequately assess the medication requirements for a client. Incorrectly transcribed an order for blood glucose monitoring for a client; incorrectly transcribed a standing order for a medication for a client; caused a client to feel that he was coerced into taking the medication he intended to refuse; caused a client to feel like he was ‘being treated like a child,’ resulting in the client discharging himself. The member also caused a client to feel that he was coerced into taking the medication he intended to refuse; caused a client to feel chastised when the member administered her medications; caused a client to feel that the member did not believe the medication requirements for a client. 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 CArNA Member #56,173 who, on several occasions over the course of two months, pilfered 15 mg Morphine vials from her employer, self-injected the pilfered Morphine while on duty; and falsified the narcotic records by changing the number of vials signed out by the physician to be more than what was taken by the physician, and on one occasion, used the name of a physician to sign out a 15 mg vial of Morphine. The Tribunal gave the member a reprimand and accepted an undertaking to not practise as a registered nurse pending proof from a physician and counselor that 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.

A Hearing Tribunal made a finding of unprofessional conduct against CArNA Member #56,439 who, while working in a rural emergency setting in June 2013, failed to establish a therapeutic relationship with a patient. For this finding of unprofessional conduct, the Hearing Tribunal delivered a reprimand and ordered that the member complete course work on interpersonal aspects of nursing and write a reflective paper. 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 CArNA Member #65,125 because the member: failed to administer Gravol to a client who was experiencing nausea and vomiting; administered medication to a client despite the physician’s order to hold the medication; incorrectly transcribed a standing order for a medication for a client; incorrectly transcribed an order for blood glucose monitoring for a client; failed to chart that a client was refusing to take her medication and failed to notify the physician of that fact; and failed to adequately assess the medication requirements for a client. In addition, the member failed to communicate with clients in an appropriate manner when the member caused a client to feel like he was ‘being treated like a child,’ resulting in the client discharging himself. The member also caused a client to feel that he was coerced into taking the medication he intended to refuse; caused a client to feel chastised when the member administered her medications; caused a client to feel that the member did not believe the
client when he complained about pain; and caused distress to a client when the member questioned the client’s request for pain medication. On one shift, the member failed to adequately document or communicate effectively with co-workers regarding a client’s diabetic care and status. In addition, the member failed to take appropriate or effective action when a client expressed suicidal ideation to the member; and the member failed to do adequate documentation in a timely manner or communicate effectively with colleagues regarding the member’s conversation with that client, the client’s status and state of mind, and the member’s interventions. The Tribunal issued a reprimand and ordered the member to pass courses in both interpersonal aspects of nursing and documentation, write a paper on effective communication and be restricted to working in her current 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.

CARNA Member Registration number:  65,767
The Hearing Tribunal made a finding of unprofessional conduct against member #65,767 who, on several occasions, failed to document adequately or accurately; failed to respond promptly to a patient; failed to follow a medication administration policy; and, on several occasions, failed to demonstrate adequate knowledge and skill. For this finding of unprofessional conduct, the Hearing Tribunal issued a reprimand; an Order requiring the member to successfully complete and pass the Nursing Refresher Program and execute an undertaking not to practise until such a time as successful completion of same; an Order to submit three satisfactory performance evaluations; and an Order restricting her practice setting until proof of such evaluations. 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:  71,094
The Hearing Tribunal made a finding of unprofessional conduct against member #71,094 who, for a period of approximately nine months, pilfered Imovane (sleeping pill) from the stock medications of her employer; and who, for a period of approximately four months, pilfered narcotics including oral and IV Morphine and Dilaudid from her employer; falsified narcotic records and forged the signatures of colleagues to cover her pilfering of narcotics. The Tribunal gave the member a reprimand and accepted an undertaking to not practise as a registered nurse pending proof from a physician and counselor that 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 a practice setting where there is access to narcotics but she 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:  71,376
A Hearing Tribunal made a finding of unprofessional conduct against member #71,376 who, on one night shift, failed to adequately assess and assist a patient after the patient’s roommate called the member for assistance, as the patient was having difficulty breathing; failed to call the respiratory therapist until the patient’s roommate threatened to call the therapist if the member would not; failed to keep adequate and accurate documentation on the patient; and failed to provide compassionate care to the patient, to the extent where in the morning, the patient was convinced that it was only because of his roommate’s intervention that he lived through the night. On that same night shift, the member failed to do the required assessments on a patient before and after administering Ativan to the patient on two occasions; failed to provide compassionate care to that patient, and likely added to his anxiety when she failed to take prompt effective action to address the respiratory distress of his roommate that this patient had called to the member’s attention twice; failed to document adequately or accurately regarding this patient; and failed to ensure that this patient had his CPAP on while asleep after she had administered 4 mg of Ativan to him in the previous hours. Further, during discussions with management about the events of that night shift, the member displayed a lack of respect for a patient when the member referred to the patient as “the alcoholic.” The Tribunal issued a reprimand and directed the member to pass four courses: Clinical Nursing Skills Refresher, Respiratory System Nursing Care, Basic Medication Administration and Interpersonal Aspects of Nursing. In addition, the member is restricted to working at her current employment site, 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.
CARNa Member  
Registration number:  78,468

A Hearing Tribunal made a finding of unprofessional conduct against member #78,468, who failed to administer morning medications to a patient, although the member signed for them in the Medication Administration Record as administered. The Tribunal issued a reprimand, ordered the member to write a paper on safe medication administration and provide one performance evaluation. Conditions shall appear on the member’s practice permit. Failure to comply with the Order may result in suspension of CArNA practice permit.

CARNa Member  
Registration number:  85,316

The Hearing Tribunal made a finding of unprofessional conduct against member #85,316 who, while working on a cardiovascular intensive care unit, failed to conduct an adequate assessment of his patient, process verbal orders, and document medications administered; failed to implement adequate nursing interventions; failed to administer a medication; failed to follow unit policies; failed to adequately care for an arterial line; failed to document his assessment and rationale for implementing certain interventions; and failed to provide an adequate report. For this finding of unprofessional conduct, the Hearing Tribunal issued a reprimand, an Order requiring the member to pass courses on health assessment, medication administration and documentation, two performance evaluations and a restricted practice setting pending the performance evaluations being satisfactory. 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:  86,342

A Hearing Tribunal made a finding of unprofessional conduct against member #86,342, who attempted two unnecessary peripheral IV starts on a patient, thereby causing the patient unnecessary discomfort; and who failed to comply with the employer’s policy when the member attempted to initiate an intravenous site distal to that patient’s current PICC insertion site. The member also failed to do an adequate assessment or keep adequate documentation regarding another patient who reported having chest pain. The Tribunal issued a reprimand and directed the member to pass a clinical skills refresher course, and be restricted to working for one current employer pending a satisfactory performance evaluation. Conditions shall appear on the member’s practice permit. Failure to comply with the Order may result in suspension of CArNA practice permit.

CARNa Member  
Registration number:  88,032

A Hearing Tribunal made a finding of unprofessional conduct against member #88,032, who had made an admission of unprofessional conduct under section 70 of the Health Professions Act. The member admitted that on numerous occasions over many months she pilfered oral and injectable Dilaudid and Oxycodone from her employer; she falsified the Medication Administration Records of patients regarding administration of Dilaudid and Oxycodone to cover her pilfering, including signing that she had administered medication which in fact was not administered to the patient; she falsified the Narcotic Records to cover her pilfering; she wrongfully substituted other medications for Dilaudid ‘wastage’ to deceive co-workers into signing that they had observed the member waste Dilaudid, when the member had actually pilfered it; and she was on duty while her ability to practise safely was impaired, as she was under the influence of Dilaudid and Oxycodone. The Tribunal issued a reprimand and accepted an undertaking to not practise as a registered nurse pending proof from a physician and counselor 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 provide further medical reports to a Hearing Tribunal and continue drug screening during the supervised practice and for two years after successful completion of the 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:  91,794

A Hearing Tribunal made a finding of unprofessional conduct against member #91,794, who posted on Facebook inappropriate comments which suggested an attitude of hostility toward patients. The Tribunal issued a reprimand and acknowledged that the member had completed the CNA course – Bringing the Code of Ethics to Life.

CARNa Member  
Registration number:  95,620

A Hearing Tribunal made a finding of unprofessional conduct against member #95,620, who removed and retained confidential patient information from two employers; wrongfully took, retained and used vials of Maxeran; lied to the employer and co-workers about the death of her father and sister in order to take time off work; and lied about being abducted at gunpoint from her employer’s parking lot. The Tribunal issued a reprimand, ordered the member to complete the e-modules on the Code of Ethics and also write a paper titled “Honesty and Integrity of a Registered Nurse.” In addition, the member is required to provide ongoing medical reports on her fitness to work, and also pay a fine. The member is restricted to working for her current employer pending five satisfactory performance evaluations from her employer. Conditions shall appear on the member’s practice permit. Failure to comply with the Order may result in suspension of CArNA practice permit.
Have you read
CARNAs AB RN Online
electronic newsletter?

If not, you can read it online at nurses.ab.ca.
The AB RN Online enewsletter notifies members about information that impacts practice and other important updates.

Didn’t get your copy?
AB RN Online is distributed monthly to CARNAs members with a valid email address listed in their member profile. Update your email address anytime by logging into the member’s section at www.nurses.ab.ca/MyCARNA. Also, make sure you aren’t opted-out of our emails by visiting http://bit.ly/carnaemails and entering your email address.
Health care in Alberta is in a state of change, and now more than ever, we need to work together to move the RN profession forward. We have the opportunity to maximize the contributions of RNs to build an efficient and effective health-care system – one that puts the patient first. In order to do so, we need to understand what aspects of the RN role and practice are unique and what value-add RNs bring where there is overlap in scopes of practice.

The Uniquely RN consultation was created to meaningfully engage CARNA members and seek their insights, perspectives and ideas about how to describe the RN’s scope of practice in practical terms that are clear and easy to illustrate and explain, and to greatly improve RNs’ knowledge of, and pride in, their role and value in a range of health-care settings.

Between November 2014 and January 2015, CARNA engaged nearly 2,700 members in a discussion about what makes the RN unique among the broadening range of health-care providers. The outcomes of our conversations will help us understand the role of nurses within the health-care system.

Here is what you told us.

**RNs are leaders in health care**

RNs agree they are in a unique position to be a leader of care, both as practicing clinicians and as team members. They have intimate knowledge of the health-care system and of the patient and family’s goals of care. RNs are leaders of multidisciplinary teams through utilization of their decision-making, problem-solving and change management skills. Participants told us RNs identify and address needs and gaps; seek and advocate for solutions using conflict resolution and crisis intervention; develop policy and procedures; and educate team members.

**RNs are key decision makers, collaborators, client advocates.**

**The RN role and practice is best positioned to lead the health care team.**

**RNs possess critical thinking, management and leadership skills.**

**RNs have a strong, collective voice and we can direct that to play a fundamental role in the directing optimal health for our citizens.**
RNs’ knowledge base contributes to improvements in patient and system outcomes

RNs said their broad knowledge base was one attribute that made RN practice unique and how it is applied is valuable for patient outcomes. This knowledge was described by participants as “theoretical, practical and procedural.” RNs think critically, assess the big picture, and coordinate care holistically. You told us RNs understand, consider and integrate multiple factors and conditions in complex and fast-paced environments. They lead and coordinate the care and well-being of individuals, groups of individuals and populations. RNs apply knowledge in multiple ways through assessment, care planning, treatment and ongoing evaluation; prevention of illness and injury and health promotion; and undertake multiple tasks and interventions to improve patient outcomes. RNs feel that their depth and breadth of knowledge is often not fully understood or valued since their role is often defined by the tasks performed. You also told us RNs need to make the intangible tangible, as knowledge impacts outcomes, and RNs are not encouraged to be distinguishable in the workplace.

What’s next?

CARNA is in the process of developing a plan to respond to these findings. We will need your continued partnership in developing, implementing and evaluating this as we move forward. Please watch for opportunities to help shape Uniquely RN in the upcoming months. RN
Traditional views on administering health care are beginning to be challenged by a more collaborative approach. Health-care professionals are traditionally perceived as having the knowledge and power to assess, treat and cure various ailments. Patients are expected to comply with the health-care professional’s plan for their health because they are considered the experts; however, public opinion on this relationship is evolving.

Primary health care is the first point of contact people have with the health-care system. When someone requires a diagnosis, treatment, follow-up appointments or routine screenings for their health problems, they rely on primary care provided by the primary health-care system. An integral component of that care is holism (the ability to provide complete care beyond just traditional elements). Administering health care this way involves taking into account all things which contribute to a patient’s health. Income, education, housing and environmental factors all play equally vital roles in sustaining a person’s well-being. Family is starting to receive more recognition as part of this holistic approach to care. People are relying more on family for their support and input when making important health-care decisions, and it is this collaboration that can be essential towards maintaining and enhancing a patient’s health.

A gradual shift has occurred over the last several decades towards a more collaborative style of health care, one that incorporates family involvement and values into a patient’s treatment process. Even the term “patient” is being scrutinized within the scope of collaborative health care. Patients are starting to be recognized as clients or persons and not simply just as patients of a nurse or a doctor; a reflection of the progressive mentality concerning the relationship between health-care providers and the people they care for. People are now assuming greater responsibility for their health-care decisions instead of leaving that judgement solely to the discretion of a “prescribed expert,” and families are sharing in that responsibility as well. Family is receiving more recognition as being a crucial part of a patient’s health, as well as a contributing factor in the decision-making process for ill persons within the family. Health-care professionals must recognize that with collaborative care, they are also dealing with people that the client regards subjectively as family; immediate family, relatives, animals, teammates, coaches and so forth.
FAMILY INVOLVEMENT

Family participation in the health-care process should not be overlooked, as this close involvement can have positive effects on a person’s treatment. One of the supporting ideologies behind collaborative health care is the systems theory. This theory proposes that family is composed of interacting parts which constitute a whole; when any part of the “system” is affected, the whole system suffers as a result. In terms of collaborative health care, family is considered an integral facet of both the treatment and recovery process. As health-care costs continue to rise and more hospitals are unable to accommodate large influxes of new patients, part of the load is being diverted to at-home health care for patients, and that care involves family. Many clients view this transition as beneficial to their well-being because it allows feelings of empowerment and freedom to become integrated with decisions pertaining to his or her health care.

As the primary location of administering health care is shifting from hospital to home, responsibility is shifting alongside it. Families are now taking on roles traditionally filled by health-care providers, and the success of this transition depends on family being involved in the development of a care plan. Since not all families are structured and function identically, that means that not any one policy, procedure or methodology for providing health care will be applicable to all collaborative care scenarios. Family, however, is ideally situated to work with health-care providers in identifying the needs and goals for the family member’s care. The provider, under the family’s guidance, is able to ensure that the proper resources are available for the client while also better managing the client’s desired goals with his or her treatment. Health promotion, for example, demonstrates how health-care providers are working with families in an ongoing collaborative effort.

TREATMENT VERSUS PREVENTION

Health promotion puts prevention before treatment, and this includes various types of education that promote good health such as encouraging healthy eating habits, routine exercise and avoiding potentially harmful substances like cigarettes, drugs and alcohol. For example, health-care workers are becoming more concerned about the rising rate of obesity in youth and young adults. People are starting to wonder if instead of looking for cures or treatments for obesity, we should focus on prevention instead. A collaborative approach between family and health-care providers in tackling issues such as obesity could provide a more beneficial solution in the long-term. Recent studies have shown that there are numerous benefits to having family involved with health problems like obesity, which can potentially help offset a potential epidemic in the future.

Parents should encourage dialogue with their children at a young age about topics related to their health. For example, by discussing the long-term negative effects of poor eating habits, it is possible that prevention will be seen as the “cure” or solution for obesity rather than surgery, unproven dietary supplements or drastic weight loss programs. Collaboration between health-care workers and families will be a vital part of this education and prevention process moving forward. Children at risk and those already suffering from obesity can benefit from the support and encouragement of family members in tackling related health problems, while health-care providers can facilitate the process with their medical knowledge and expertise. This approach can be applied to other similar but common health problems in today’s society. Perhaps most importantly, people suffering from health issues will know that they are not alone in their struggle through treatment and recovery; collaboration means that family and medical professionals support them throughout any assessment, treatment or rehabilitation process. Parents can then work with their children to set attainable goals for their health, and then communicate that information to their health-care provider to help make those goals become a reality.

THE POTENTIAL FOR INTEGRATED COLLABORATIVE CARE

People undergoing health treatments are not just cases assigned a number and a hospital bed; they are people with needs, goals and families. Changing philosophies in administering health care suggest that family should be considered a resource to make the health-care process more efficient and effective. An ill person is part of a larger familial system, and when that person suffers, the whole family suffers as a single unit. A focus on family-centred models of health care could potentially translate into benefits for both health-care providers and clients alike. Transitioning health care from hospitals to homes could help alleviate some of the burden placed on hospitals that are at or near capacity, making room for people with serious conditions who require more complex prognosis and care. Increased family involvement throughout a patient’s treatment could translate into reduced operating costs for hospitals and put less strain on health-care professionals if families share responsibility for providing health-care to loved ones. Collaboration with family can promote the autonomy that ill persons have for making health-care decisions, as well as promote personal health and that of their family as a whole.

The collaborative approach to health care is unquestionably starting to gain traction, and as families and health-care providers continue to work more closely together, this method of administering health care will earn a serious look as effective practice. RN
PALLIATION

A new beginning for end of life care

BY GREGG TRUEMAN, PHD, NP, CHPCN(C) AND TERRI WOYTKIW, MN, RN, CHPCN(C)

AN APPROACH TO CARE

For many licensed practical nurses (LPN), registered psychiatric nurses (RPN), registered nurses (RN) and nurse practitioners (NP), palliative care is congruent with end of life care. Indeed, for many Albertans, palliative care and end of life care mean the same thing. While palliative care is routinely provided at the end of life, palliation is just as important when treating acute injuries as it is with chronic disease management and life-limiting illness. Why? Because palliative care is not just about end of life care; palliative care is an approach to caring.

Palliative care is not setting-specific (e.g., primary, acute or continuing care), nor is it defined by condition, body system or age, so the benefits of this care translate to patients and families in all settings where this care is provided. True palliative care is ultimately achieved when the intention of the provider is to assess and treat patients and family members in a way that brings them comfort, quality of life and dignity according to their expressed wishes.

INTEGRATING CORE VALUES

One of the static and prevailing characteristics of palliative care is that no matter the age of the patient or what their health problems may be, the core values of kindness, respect and dignity are indispensable in this approach.
Palliative care focuses on family-centred goals of care, assessing and treating uncomfortable symptoms to promote a quality of life that aligns with the patient’s and their family’s wishes. When a person requires palliation, whether it’s for a fractured long bone, metastatic disease or other ailments, their quality of life can be improved when symptoms associated with injury or illness are respectfully assessed and managed.

Patient-centred symptom assessment and management can improve quality of life, and focusing on patients’ goals for care and wellness helps support their autonomy. With this in mind, it is important to acknowledge that some patient and family circumstances can generate complexity which may require the expertise and input of specialty palliative care teams. Consulting and collaborating with specialty palliative care providers aims to enhance the quality of patient care, but also builds capacity and confidence in primary care teams of nurses, physicians, pharmacists and community care workers.

Palliative approach to care supports achieving patient-centred care, especially for families with people affected by acute injuries, chronic diseases or life-limiting illnesses. Palliative care offers individuals planning options that emphasize issues important to the person rather than the provider.

In recent times, palliative and end of life care have garnered a good deal of media and public attention over issues such as physician-assisted suicide. Contentious issues such as these remind us of the fact that dying is a personal, family and community experience well before it can be described as a medical event.

Albertans are fortunate to have several strong community-based organizations focused on direct palliative care, caregiver issues and the programming around specific conditions (e.g., ALS, COPD). These intersectoral providers offer community education and development, and advocate for strong bereavement services and policy changes around community engagement. In Alberta, significant gaps still remain around the deployment of nurse practitioners in palliative care.

Palliative practice is becoming stronger, more coordinated and collaborative at the community level of engagement. The Alberta Hospice Palliative Care Association has been working diligently to provide cases of community-based collaboration for interest groups to work together in the province. The provincial Palliative End of Life Conceptual Framework (PEOLC) was just developed in 2014 and will guide growth in palliative care in the coming years.

THE FUTURE OF CARING

Ultimately, excellence in palliative and end of life care depends on each individual provider. This approach is driven by nurses who recognize the benefits of palliative care regardless of the stage or nature of illness, or the setting in which the care is being provided. A palliative approach to care involves making an active choice to focus on patient and family autonomy, and dignity as one’s underlying intention for caring.

A palliative approach to care brings the best of nursing practice to persons living with pain or other distressing symptoms, and to people who need to make their own decisions about their care. Nurses across the licensure spectrum (LPN, RPN, RN and NP) are being called upon to consider palliation within the context of their daily assessment and care planning. RNs and NPs will be expected to lead patients and families, communities and allied providers to integrate palliative care into their daily practice, particularly at the end of life, as social demography shifts and the age of persons in care increases.

Nurses are exceptionally well-positioned to provide the necessary leadership for system reform, which makes integrating palliative care as a core component of nursing practice a possibility in the future.

VALUES OF PALLIATIVE CARE

There is a set of intrinsic values that defines palliation and guides the caring process, making it more than simply just end of life care:

1. **Autonomy**: Each person is an autonomous and unique individual. Care is guided by quality of life as defined by the individual. Care is only provided when the person and family are prepared to accept it.

2. **Self-Actualization**: Dying is part of living, and both living and dying provide opportunities for personal growth and self-actualization.

3. **Dignity**: Caregivers enter into a therapeutic relationship with patients and families based on dignity and integrity.

4. **Community**: A unified response to suffering strengthens communities.

Canadian Hospice Palliative Care Association (CHPCA) national Norms of Practice (6;7;12;20)
Help for registered nurses in private practice and those interested in starting a private practice is available from the Alberta Association of Registered Nurses in Private Practice (AARNIPP), a CARNA specialty practice group. It has been supporting registered nurses in Alberta for decades; this past June, AARNIPP hosted its 24th annual general meeting and education day.

We often hear from registered nurses who are interested in private practice and not sure where to start, or, they are already practising privately as RNs and are seeking guidance to meet CARNA standards by connecting with the private practice community.

AARNIPP helps registered nurses by:
- providing networking and collegial support
- acting as a resource to nurses interested in establishing a private practice
- providing educational opportunities
- increasing public awareness regarding the role of nurses in private practice
- acting as an advocate to raise the profile of private nursing practice within our communities and profession
- helping promote your nursing services by offering the option to list your business and your contact information on their website

One RN wanted to retire from her full-time job but didn’t want to leave nursing. She decided to offer her expertise as a consultant but didn’t really know how to start. After contacting CARNA and applying to be an RN in private practice she heard about AARNIPP. She attended their annual conference and was heard to say: “I felt so relieved to know I wasn’t alone and that I had colleagues who were involved in a similar business venture. It was great to be able to learn and listen from their experience.”

**How do you find out more?** Visit the website at privatepracticenurses.ca or contact AARNIPP by email at info@privatepracticenurses.ca.
Here’s how you celebrated Nursing Week 2015

South Regional Coordinators Pat Shackleford and Val Mutschler stopped by several facilities to celebrate RNs on their Tour de South.

RNs in Calgary got together to celebrate the theme “Closing in on a century, 99 years of nursing in Alberta.”

RNs celebrate RN fashion from the past in the photo booth at the Edmonton dinner.

RNs in the Northeast region celebrate with an evening of collegiality and fun.

CARNa president Shannon Spenceley and past-president Dianne Dyer recreate their graduation photos at the Calgary/West dinner.
A night to remember

Seven Alberta registered nurses and three support outreach workers received Awards of Nursing Excellence at the 16th annual CARN A Awards Gala on May 21, 2015. The night honoured the recipients and nominees of the CARN A Awards and gave nurses an opportunity to celebrate their profession.

PHOTOS BY EPIC PHOTOGRAPHY INC.

1 Award nominees and recipients received a flower corsage in recognition of their excellence.
2 CARN A President Shannon Spenceley mixes and mingles with Gala attendees.
3 Lifetime Achievement award recipient Maureen Leahey networking at the champagne reception.
4 RCMP Constable Matt Allen and Constable Landon King escorting Committee’s Choice recipient Charissa Elton-Lacasse to the stage.
AWARD recipients

ADMINISTRATION
Charlene Knudsen

CLINICAL PRACTICE
Alexis Mageau

EDUCATION
Nancy Moules

LIFETIME ACHIEVEMENT
Dr. Maureen Leahey

RESEARCH
Nicole Letourneau

AWARD nominees

ADMINISTRATION
Jacqueline Bartkiewicz
Gail Cameron
Mollie Cole
Gerald Hrychuk
Max Jajszzok
Agnes Liabres
Valerie Potts
Dianne Tapp

CLINICAL PRACTICE
Lani Babin
Gillian Brown
Barbara Butler
Angela Curran
Rita Duren
Lorna Estabrooks

Lori Fairservice
Sheila M. Gallagher
Michelle Gardecki
Isabelle Giroux
Ruby Anne Gorospe
Stuart Grant
Sherri Gussman
Barbara Harbers
Joan Heatherington
Anita Kalia
Alexandra Reczka
Chris Savard
Fay Schneider
Myra Schueler
Linda Tee
Mary Toronchuk
Beth Woytas

EDUCATION
Cathy Berry
Deb Bowers Armstrong
Brad Curtola
Colette Foisy-Doll
Janet Haworth
Wendy Motley
Cyndee Seneviratne
Hayley Shepherd
Claudette Westerbeek
Ashley Young

LIFETIME ACHIEVEMENT
Arvelle Balon-Lyon
Lesley-Ann Bellefeuille
Libuska Cernohorsky
Caroline Garratt
Ann Lemieux
Diana Mansell
Pushpa Ramji

RESEARCH
Theresa Green
Susan Slaughter

PARTNER IN HEALTH
Gordon Ward

RISING STAR
Emilee Belyea
Courtney Campbell
Kimberly McRae
Taylor Mueller
Sharon Walia

All nominees for the 2015 CARNA Awards of Excellence have been invited to submit their nominations for a CARNA Centennial Nurse Award.
The diverse population, unique and challenging acuity, and the unpredictable nature of the environment was attractive. All these drew me into my specialization in emergency services."

Alexis plays a unique role as a Clinical Nurse Specialist (CNS) – Emergency. She is deeply involved in clinical protocols that guide all emergency room (ER) nurses in providing excellent direct patient care for critically ill/injured patients and their families. In addition to providing exemplary care for patients in the busy emergency department at Foothills Medical Centre, Alexis also works as a flight nurse for the STARS air ambulance.

“My favourite part of nursing is when I am taking care of a critically ill or injured patient, either in the ER or in the back of the helicopter.”

Over the past 10 years, Alexis has participated in many overseas medical missions on a volunteer basis teaching health-care staff in developing nations including Yemen, Oman, India and Haiti.

“It sounds hokey but I want to continue to be the best nurse I can be. Learn every day. Continue teaching and caring for patients in the ER and with STARS. I have always said that being a flight nurse has kept me grounded. It provides balance with my CNS role.”

That balance has resulted in Alexis and teammates winning skills-based competitions in Alberta as well as an international competition held in the United States.

Alexis is an active advocate for quality of patient and family care. She was part of a Calgary Zone team effort to increase the presence of family members in the ER as an essential practice to calm and relieve the anxiety of the patients as well as their family members. This inclusive approach aids ER staff in carrying out their duties and ultimately improves patient outcomes.
“I thought it would be fun to hang out with other women in residence. Then I discovered I loved what nursing embodies. It is not just about caring, compassion and all the noble ideals...it is about the willingness to be present in moments where compassion requires something of you!”

Dr. Nancy Moules teaches in undergraduate and graduate nursing programs at the University of Calgary. Her primary focus is family systems nursing, hermeneutics and philosophy. Student evaluations consistently mention Nancy’s use of creativity and sense of humour in developing student assignments that focus thought and enable the students to be better practitioners.

“This teaching/learning happens in relationships. One must invite students into the relationship in such a way that content begins to matter to them and there is applicability and utility to it. I believe people learn more effectively through direct, gentle and well-intended invitations rather than through criticism.”

Nancy’s significant clinical experience in pediatric cancer and children’s mental health led her to become the founding editor of the Journal of Applied Hermeneutics and to write the book called Conducting Hermeneutic Research: From Philosophy to Practice.

“My love of talking with people drew me to psychiatry. My specializing in childhood cancer brought me into the lives of families in a most intimate way. I have had the honour to be with 55 families as one of their children passed away. I realized I needed to understand more.”

Nancy began to intensely research the effects of childhood illness on family members and systems. Nancy’s achievements in this area gained her the CARNA Award of Nursing Excellence in Research in 2011.
Charlene Knudsen
BScN, MEd, RN | Home Living, Edmonton Zone, Alberta Health Services, Edmonton

“I enjoyed nursing in the community and was interested in studying human behaviour and learning—so I chose to do a master’s degree in the faculty of educational psychology soon after graduating from nursing.”

As a program manager in Home Living, Alberta Health Services (AHS), Charlene is accountable for guiding clinical and case management practice. Charlene has managed many teams such as education, practice and advanced practice teams. She has been a key contributor in advancing standardized AHS case management education in the Edmonton Zone that focuses on systems integration and building case management competency.

“Applying for a management role was a natural progression that aligned with my interests and background. In administration, I am able to influence change both at the client and system levels, and I find that very rewarding.”

Charlene has created a vibrant professional work environment. Staff feel empowered, valued and respected. Staff members are encouraged to identify program gaps or opportunities for improvement related to clinical practice and quality client care. Charlene effectively challenges staff to recognize their influence as change agents within the health-care system.

“My greatest time of learning about excellence in care and the impact of the art and science of nursing came while being a person in the system. My son was born at 26 weeks and spent many months in the hospital. I very quickly learned and understood what served us well and what didn’t.”

Charlene’s passion for improving education and mentorship has led to an emphasis in case management education for front-line staff and her influence reaches far beyond the team she manages. Charlene has recognized the importance of collaborating with community partners and has formed strong alliances with many non-profit community organizations.

People in this province and in the nursing profession view Charlene as an advocate for common sense, clarity and compassion.
This award recognizes an outstanding RN who demonstrates excellence in conducting nursing research.

Nicole Letourneau
PhD, FCAHS, RN | Faculty of Nursing, University of Calgary, Calgary

“I wanted to get an education that would enable me to make a difference in the world right after graduation. I always liked working with children and families and nursing was just right for me.”

Dr. Nicole Letourneau has certainly made her mark in research with an outstanding list of successful projects funded at regional, national and international levels. Much of Nicole’s research includes interventions directed at improving the health outcomes of different vulnerable populations, often focusing on the physical and emotional development of children with high-risk parents.

“I think I was always curious. I mean all my life. But I didn’t know that prepared you for a passion for research until much later.”

In 2007, Nicole was appointed Canada Research Chair in Healthy Child Development at the University of New Brunswick. In 2012, she accepted a chair position at the University of Calgary in parent-infant mental health (the faculty of nursing’s first research chair).

“You get to be curious all the time! You get to ask questions that haven’t been answered before. You get to focus on what interests you every day. What a cool career! We need more young, energetic nurse researchers to join in!”

Nicole is the academic research coordinator of Research and Educations for Solutions to Violence Alberta.

“One of my passions is to understand how to help families and especially little children recover from being affected by violence. So it’s no surprise that I would be drawn to the opportunity to direct this research centre.”

In 2014, Nicole became the first member of the faculty of nursing to be named to the Canadian Academy of Health Sciences.
This award recognizes an outstanding RN who recently graduated from a nursing education program.

**Tyler Hume**

BN, RN | Clinical Neurosciences, Foothills Medical Centre, Calgary

“I love that when I go into work I’m not on my own. The unit is a team and I know I have their support. And they have mine. The unit is a family as well. We really care about each other.”

Even while studying to be a nurse at University of Calgary, Tyler Hume appreciated the benefits of teamwork and engaged in leadership opportunities. With support from the faculty of nursing, he assisted in the formation of the “Nursing Guys Club” and served as president.

Last May, Tyler was deeply involved in the organization and development of the Workplace Integration of New Nurses Conference. He also actively participated at the conference as a presenter.

“I wanted to be a surgeon but found that nursing gave me the immediate and ongoing bedside interaction with patients and their families that had attracted me to medicine in the first place.”

Tyler is a member of the clinical neurosciences team on unit 112 at the Foothills Medical Centre. He served on a unit committee with the clinical nurse educator and helped develop a set of documentation standardization guidelines for daily charting. He has also agreed to become a clinical practicum placement preceptor and serve as a critical part of a nursing student’s orientation to the “real world” in the unit.

As a member of the stroke team, Tyler is keen to tackle the challenges that arise in creating the best possible outcome for patients in those acute emergency situations.

“I love seeing a relatively quick recovery in a patient because of something we did within a very narrow window of opportunity.”

Tyler champions a family-centred approach to treatment that involves comforting and educating family members on becoming actively involved in a patient’s successful recovery.
The Committee’s Choice Award recipient is chosen based on the Award Selection Committee’s recommendation. This Award recognizes an RN who:

- has achievements across several categories, or
- has met or exceeded the criteria in another category, or
- doesn’t fit in any category but has outstanding achievements and are worthy of note

Charissa Elton-Lacasse
MSN, NP, FNP-C | Critical Care, South Health Campus, Calgary

“I fell into nursing as I was always fascinated by the physical world. Biology, chemistry, pathophysiology were always fascinating subjects for me. I fell in love with nursing within the first few months of my education and that love affair continues to this day.”

Charissa’s educational preparation and experience as an RN and NP in the United States and Canada sharpened her expertise in the delivery of holistic and culturally-sensitive care to patients and their families.

“My last clinical rotation before graduation was in the emergency department at the Foothills Hospital and my calling became crystal clear to me after my first shift. I was at once inexplicably drawn to the organized chaos, diagnostic challenges and variable patient load. I knew instinctively that this is where I was meant to be.”

Charissa progressed to trauma team leader, educator and director of a large and busy emergency department in Texas. She wanted more responsibility at the bedside and more interaction with patient families; this desire led her to become a nurse practitioner.

Charissa has had many memorable positions and patient interactions shape her as a person and shape her practice as an NP. One of her most transformative career experiences was serving as a women’s and pediatric nurse practitioner at a First Nations women’s shelter.

“You can only imagine the stories I was privy to. My natural response was to ‘rescue and fix,’ but often it was more important to just sit and listen.”

Charissa attributes much of her success to continued inspiration from colleagues who continue to amaze her with their strength, humour and intelligence.
Peer Support Outreach Workers
Amy Willans, Jennevieve O’Hare and Sheri Schmidt
Assertive Community Treatment Team, Schizophrenia Society of Alberta, Edmonton

The integration of peer support outreach workers into the assertive community treatment team is a joint initiative between the Schizophrenia Society of Alberta and Alberta Health Services (AHS).

“I’m not a failure in life because I have a mental illness. In fact, having an illness has opened up a whole new life for me. Sometimes you have to bump up against the darkness in order to experience the light.” ~ AMY WILLANS

These three remarkable women have used their own personal experiences with mental health challenges to work successfully with other clients in a way that has generated tremendous results for patients and their families.

“I was living at a temporary group home and after attending programs for years, the manager of the home gave me the job advertisement for peer support work.” ~ JENNEVIEVE O’HARE

AHS clinicians agree the relationship between the client and the peer support outreach worker differs from the usual relationship between a client and a professional care provider. Client perspectives now factor more directly into case conference discussions.

“Clients start to feel better and develop a better sense of who they are and they begin to feel hope where there was none before. These special moments make you feel like you have made a difference in someone’s life.” ~ SHERI SCHMIDT

Peer support outreach workers serve as role models and motivate clients to broaden their life experiences, increase their own strengths and reduce the sense of isolation and misunderstanding experienced by many with mental health issues.
This award recognizes an RN who has made an outstanding contribution to the nursing profession throughout their nursing career.

Maureen Leahey
PhD | Consultant, Author, Educator

As a young teen, Dr. Leahey volunteered with the Dominican Sisters of the Sick Poor, a home nursing group in New York City. She joined the convent and continued nursing in Harlem and Manhattan’s Lower East Side for almost a decade.

“We made home visits and cared for the sick. The focus on the patient in their home instilled a healthy holistic perspective.”

After leaving the convent, Maureen moved to Calgary in 1972 where she gained experience in mental health situations that would become the basis for her masters’ and PhD studies.

“The focus on intervention came from participating in too many case conferences where the conversation centred on talking about the patient/client/family but not enough on what the nurse was trying to do to help the family.”

Maureen is the co-founder and former director of the Alberta Health Services (AHS) Family Therapy Institute and managed several outpatient mental health programs for AHS in Calgary. She also served as an adjunct associate professor at the University of Calgary in the faculty of nursing as well as the faculty of medicine’s department of psychiatry.

“For many years I advocated doing things differently in our clinical practice. Some might say ‘being a rebel.’ And now I am being honoured as an achiever. Amazing!”

In addition to a long list of publications and international conference presentations, Maureen co-produced eight video programs demonstrating family interviewing, assessment and intervention skills.

“A lovely reward has been seeing the people I mentored grow in their careers and do extraordinary work helping families in so many different countries, universities and health-care facilities.”

Maureen co-authored a best-selling textbook on family nursing, *Nurses and Families: A Guide to Family Assessment and Intervention* is now in its sixth edition and has been translated into eight languages.

Maureen actively serves on the editorial board for the *Journal of Family Nursing*, writes journal reviews, and contributes to the International Family Nursing Association and Conference as well as sits on a community health board. She has recently relocated to Pugwash, N.S., which gives her a lovely base for globetrotting.
DO YOU KNOW A NURSE WHO IS A LEADER? A ROLE MODEL? A SHINING EXAMPLE OF PROFESSIONAL EXCELLENCE?

Recognize amazing RN colleagues or a Partner in Health with a nomination for a CARNA Award of Nursing Excellence at carnaawards.ca

Nomination deadline: Sept. 30, 2015

All nominations are eligible for submission to the Centennial Nurse Award program (see p. 5).

Questions? Email Communications Coordinator Crystal Komanchuk at carnaawards@nurses.ab.ca or call 1.800.252.9392 ext. 428

ATTEND THE GALA

March 17, 2016
Delta Edmonton South
4404 Gateway Boulevard NW, Edmonton

WHAT DO YOU NEED?

› Examples of how the nominee meets the criteria
› Nominee’s résumé
› Sponsors: a group of colleagues who support the nomination
› Permission from the nominee
For 30 years, the Alberta Registered Nurses Educational Trust has recognized the outstanding academic and professional achievements of CARNa members through the awarding of the ARNET Annual Scholarships. The ARNET Annual Scholarships are the most prestigious honours that our charity awards and are made possible through the generous support of our donors.

Please join us in congratulating our 2015 ARNET honour roll!

Front row, left to right: Ashley Hyde, Sara Cooper
Back row, left to right: Dr. Jeanne Besner/board chair, Denise Pasieka, Mandy Archibald, Allison Norris, Alison Landreville/board member

ARNET also provides educational support for CARNa members pursuing other self-paid educational activities including specialty nursing certification studies; conference and workshop registration fees and supports for degree level studies. Information and application forms are available on the charity’s website at arnet.ca
You ran, walked and pledged!

On a drizzly night in May, Bower Ponds in Red Deer was the site of the very first Alberta Registered Nurses Educational Trust fund run. Hearty souls enjoyed the fun and festivities and raised $28,050 to support nursing education for Albertan RNs and NPs.

See you all in 2016!

Thank you to our sponsors and supporters.
We would like to express our sincere appreciation for helping to create a successful event!

We encourage RNs to support businesses that so generously support nursing.
Dayna and Kyle Wolle (all the way from Edson, Alberta!)

Event co-chairs and CARNA past-presidents, Dr. Jeanne Besner and Betty Gourlay
The nominee demonstrates professional excellence in direct patient care.

a) Demonstrates outstanding abilities in the delivery of holistic care

Charissa’s advanced educational preparation in nursing and experience as an RN and NP in the United States and Canada have made her an expert in the delivery of holistic and culturally-sensitive care to patients and families at the South Health Campus (SHC). Charissa is highly aware of the impact of physical, mental, and psychosocial influences on health and incorporates the social determinants of health (SDOH) in her treatment plan and follow-up of patients.

Charissa was caring for a critically ill patient who has been negatively impacted by the SDOH of poverty and social exclusion affecting the wellness of the Aboriginal community. She advocated for the patient by addressing these determinants, which had not been acknowledged by the biomedical model, through sensitive and empowering care delivered to the family. Charissa engaged the family as equal partners in care, encouraging them to draw on cultural resources for healing, and inviting them to rounds to allow for transparency in patient care. By incorporating the latest research in critical care and social sciences into her care plan, she reoriented the health-care team towards a holistic treatment plan for the patient (CNA, 2005).

Charissa’s expertise in health ethics have emphasized the contributions of advanced practice nursing to improved patient outcomes. She preserved the dignity of a vulnerable patient with an end-stage disease receiving futile interventions. By counselling the family, acknowledging their fears, and reflecting on the patient’s personal story, Charissa enabled the family to arrive at full understanding of the course of illness. She liaised with social work and palliative specialists to optimize symptom control and strengthen family involvement during end of life, a valuable aspect of holistic care that is often overlooked in acute care settings despite its crucial role in facilitating the grief process (Halm, 2005).

The nominee contributes to their specific area of clinical practice.

a) Demonstrates initiative in influencing positive changes in care delivery using evidence-based practice

Charissa’s dedication to life-long learning and commitment to patient safety has granted her a position as the lead NP for advanced practice nursing at the SHC. She strives to improve patient care on a daily basis through advocating for an NP-led care model at the SHC and the development of NP-led policies and guidelines, reflective of the latest evidence on the care of critically ill patients. Charissa’s positive influence on evidence-based care delivery is evident in her role as a facilitator of the ICU NP-PA professional development committee, where she guides the development of the latest critical care benchmarks such as the ventilator acquired pneumonia (VAP) bundle, delirium prevention, policies on prone positioning in adult respiratory distress syndrome (ARDS), and the promotion of family-centred care. In addition, she inspires NPs and RNs to further promote evidence-based practice through her enthusiasm for undertaking provincial quality assurance initiatives, most recently her role as the lead champion for medication reconciliation at the SHC ICU.

Other evidence-based practices that have been positively influenced by Charissa’s advanced judgement in research appraisal and patient triaging is early, dose-based fluid resuscitation of septic patients and the early use of continuous renal replacement therapy to optimize the outcomes of our patient population. Charissa is a natural teacher whose approach to these topics has been instrumental in the acceptance and timely implementation of these practices by physicians, NPs, PAs and RNs.

Charissa’s contributions to the ongoing improvement of best practice at the SHC ICU is evident in her collaboration with the ICU team in the creation of monthly meeting agendas to identify and address areas for continued improvement in the unit.
NOTICEBOARD

EDMONTON/WEST

UROLOGICAL EXCELLENCE CONFERENCE
BRANCH OUT: DISCOVER AND
EMBRACE CHANGE
unc.org

PROVINCIAL COUNCIL MEETING.
nurses.ab.ca

CALGARY/WEST

W21C INNOVATION ACADEMY
w21cinnovationacademy.com

ONLINE EDUCATION SESSIONS

CARNAA’S CONTINUING COMPETENCE
PROGRAM
To register for an online education
session, visit nurses.ab.ca/events.

REUNIONS

Bachelor of Nursing
Class of 1985 reunion
lhapp@shaw.ca.

University of Alberta Hospital
School of Nursing
Class of Sept’1975 40th reunion
nurses.ab.ca for details.

RAH Class of 1980
35 year reunion
friestad2@shaw.ca

Holy Cross Class of 1975
40th reunion
dianna_snell@yahoo.com

The submission deadline for events
and reunions in the Fall 2015 issue
of Alberta RN is Aug. 7, 2015.
Go to nurses.ab.ca for a complete and
up-to-date listing of events and reunions
or to submit an event for publication.

IN MEMORIAM

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

Baxter, Margaret, a 1938 graduate of the University of Alberta Hospital school of nursing, who passed away on May 8, 2015 in Edmonton.

Haley, Rick, a 1991 graduate of Mount Royal College, who passed away on April 9, 2015 in Cranbrook.

Markiw, Rose (née Stefanyk), a 1957 graduate of the Misericordia Hospital school of nursing, who passed away on May 5, 2015 in Mundare, AB.

Mislan, Dawna, a 1974 graduate of the Misericordia Hospital school of nursing, who passed away on March 7, 2015 in Red Deer.

Paran, Helen, a 1943 graduate of the Royal Alexandra Hospital school of nursing, who passed away on April 1, 2015 in Edmonton.

Prokopow, Allan, a 2002 graduate from Mount Royal College/University of Calgary, who passed away on April 15, 2015 in Cochrane.

Spelling correction from previous issue:

Hissett, Gayle (née Olsen), a 2002 graduate of Grant MacEwan/University of Alberta Collaborative Baccalaureate Program, who passed away on Feb. 3, 2015 in Vegreville.

Sincere apologies to the family and friends of Gayle for our error.

Is there anyone at your place of work who
you think deserves recognition for their
outstanding achievements in clinical practice,
research, education, or administration?
Or do you have a recent grad who is making
waves, or a non-RN partner who supports
your nursing practice?

Recognize your amazing RN colleagues
or a Partner in Health with a nomination
for a CARNA Award of Nursing Excellence
at carnaawards.ca.

Members can now make changes to their address, telephone number and employer information by logging on to the MyCARNA section at nurses.ab.ca/MyCARNA.

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

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

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

The future of expert care

In 2016, we celebrate a centennial of professional nursing and it is fitting to reflect on the journey that has brought us to where we are today. It’s an incredible exercise to look at how far we’ve come and how much we—and the world we live in—have changed in that time. It has also inspired us to examine who we are today and look ahead to what the future might hold.

As part of that examination, we undertook Uniquely RN, a series of stakeholder consultations focused on understanding the unique role of RNs in the current health-care environment. From November 2014 to January 2015, we conducted 13 meetings in seven locations across the province and utilized online consultative software to connect with those who couldn’t attend an in-person consultation.

In total, nearly 2,700 RNs participated to lay a foundation to help us create a vision for how our profession can continue to lead and deliver expert care. (see page 16)

Uniquely RN confirmed that RNs are confident in our knowledge and skills to provide collaborative leadership, create a cohesive patient experience, provide continuity of care across the entire health-care system and deliver effective, expert care while ensuring the best use of resources. Respondents spoke of our ability to predict the need for interventions and anticipate outcomes, and empower people to take care of their health. Although these insights were not new to us, knowing that participants recognized these same skills and attributes confirmed what makes our profession unique and valuable.

In May, we hosted a series of stakeholder forums to explore a vision for the future of expert care. With the role of RNs within it. In mid-June, we invited all RNs to join in this consultation process and share your thoughts via ThoughtExchange, the same online platform used for Uniquely RN. We’ll use this insight to create a future vision of our profession. This vision will help guide our goals, priorities and activities as we look to planning for how our profession can evolve to meet the needs of Albertans.

Here in Alberta, changing demographics will see one in five Albertans become a senior by 2031. At the same time, Alberta is struggling to provide an integrated care experience that supports the patient’s needs and expectations, while ensuring they receive timely, appropriate, coordinated care. Alberta has also introduced a Primary Health Care strategy that has the potential to transform our entire health-care system. All of these factors will create opportunities to better utilize RN knowledge and expertise to support a more patient-centred, efficient and effective health-care system.

Global trends will also influence and impact the future of the nursing profession. The phenomenon of “individual empowerment” is seeing patients become actively involved in shaping their health literacy through technology, including social media, portable devices such as Fitbit and a myriad of health apps. RNs have the opportunity to be involved in using technology to collaborate with consumers and other health-care providers.

Shifts in the international balance of power will see other nations and their health-care needs take centre stage. Countries with emerging middle classes such as China and India will be better able to retain their workforces, which could result in shortages of skilled internationally educated nurses and increasing demand for our domestically educated nurses. Sustainability and the need to manage rising health-care costs and increasingly finite natural resources will influence how and where we work.

So what does this mean for our profession? Honestly, we’re not sure yet. There is still much work that remains to be done to create a vision of what we will become and the next steps and actions that will get us there. I hope you’ll take the time to be a part of this process.

If you haven’t yet responded to emails inviting you to be part of this online dialogue, I encourage you to do so now or check the announcements on our website at nurses.ab.ca for more information. Share your thoughts about how being Uniquely RN means for the future. After we’ve heard from you, we’ll be presenting findings and recommendations to council in September.

Demographic changes, economic challenges and geo-political shifts all impact the demands on our profession and the realities of how we work.

RNs must help build systems that are responsive to changing needs and sustainable in the midst of competing factors. You have a voice in designing the future of nursing and now is the time to be heard.

Mary-Anne Robinson, MSA, BN, RN
Chief Executive Officer
780.453.0509 or 1.800.252.9392, ext. 509
mrobinson@nurses.ab.ca
The College and Association of Registered Nurses of Alberta celebrates 100 years! Join us in recognizing the contributions of registered nurses in the past century, and to learn about and share what registered nurses and nurse practitioners are doing now to influence the health system of the future.

The Program Committee is seeking proposals for poster and oral presentations. Deadline for oral and poster abstract submissions: Oct. 5, 2015

The Centennial Conference includes plenary and concurrent sessions, panel discussions, workshops, poster and oral abstract presentations, all of which will focus on three themes:

- Making a Difference: Partners in Care
- Making a Difference: Improving Quality Care through Nursing Practice
- Making a Difference: Roles of RNs/NPs in the Health System of the Future

Join us on March 17, 2016 for the CARNA Awards Gala to celebrate outstanding registered nurses and nurse practitioners who inspire others and contribute positively to their workplace, their communities, and their professions.

For more information, please visit www.CARNA100Conference.ca
One of Alberta’s top employers is looking for you!

Covenant Health is Canada’s largest Catholic health care organization serving 12 communities across Alberta. Join our team and experience why Covenant Health is one of Canada’s 10 Most Admired Corporate Cultures.

CovenantHealth.ca/careers