You have questions?  
**We can help.**

Our policy and practice consultants answer your top nursing practice questions  
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Former RN knits **breast prostheses for cancer patients**  
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Meet the recipients of the **CARNA Awards of Nursing Excellence**  
PAGE 29
CARRA Provincial Council 2015–2016

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President’s Update

Rising to the Challenge of the Truth and Reconciliation Commission

“Honouring the Truth, Reconciling for the Future” is the compelling name of the report of the Truth and Reconciliation Commission (TRC) of Canada. As we pause and reflect on the next 100 years of nursing in Alberta, this report gives us a lot to think about.

There are 94 recommendations in the report, seven of them specifically about health, and many others related to determinants of health. I think that all of the recommendations point to the need for a foundational shift in how we create, honour and frame our relationships with the indigenous peoples of Canada. It has been said that the TRC’s call to action is an opportunity for many professions – lawyers, educators, health professionals and others – to question their relationships with their aboriginal colleagues, clients or neighbours. It is an opportunity to reflect on how all of us can rise to the challenges set out by the TRC in our own areas of influence or practice.

As a nursing leader, I couldn’t help but reflect on the words of Marge Mueller, co-chair of the Aboriginal Circle of Services and Native Counselling Services of Alberta. I spoke with her on a recent visit to Grande Prairie, and she shared with me her deep pride in seeing young First Nations people in her community embracing their culture and their traditions, and holding their heads high as role models for the younger kids. She described this as a great source of strength and healing for First Nations people. At the same time, she and other leaders in her community told me about spirit-crushing experiences of institutionalized racism and exclusion experienced by many people in their community – and all too often in the health-care context. I have heard this in many communities in Alberta – small and large, rural and urban. We must ask: if the drive to person-centred care is more than rhetoric, then aren’t we obliged to take action to address these painfully destructive attitudes and prejudices?

Although we have a great deal more to do, CARNA and the nursing profession are rising to these challenges in a number of ways. At the national level, the Canadian Nurses Association’s (CNA) 2016 pre-budget consultation urged the federal government to invest in all levels of education for indigenous students and in continuing professional development for health-care providers who serve Canada’s northern, rural and remote communities. We are recommending a four-year commitment of $100 million for educational infrastructure and an additional $25 million to bolster the number of indigenous and non-indigenous nursing students.

Further, on Feb. 16th, 2016 the Aboriginal Nurses Association of Canada (ANAC) and the president of CNA signed a partnership accord that reinforces the commitment of these national bodies to collaborate on advancing indigenous nursing, and to address the gap between the health of indigenous and non-indigenous Canadians.

At the governance level provincially, the CARNA Nominations Committee is calling on RNs and NPs of indigenous heritage to consider serving on CARNA Provincial Council, and exploring recruitment strategies to make this happen. To increase the knowledge of the current council, we are also arranging to engage with a TRC expert so that we may fully explore the implications of the recommendations for the nursing profession, and explore concrete actions that CARNA can take to facilitate the enactment of the recommendations in health care.

Finally, the learning I have done as a result of participating in the Rural Health Services review this past year, and by talking with First Nations service organizations and Friendship Centres in different parts of Alberta, has greatly informed CARNAs advocacy for the enactment of Alberta’s primary health-care strategy. It is clear that poor access to community resources and services to maintain health in Alberta’s rural and remote communities disproportionally disadvantages Alberta’s indigenous communities.

Recently, at the CARNA Centennial launch ceremony, centennial champion and outstanding nurse leader Madeleine Kétëskwew Dion Stout – a Cree speaker of the Keewatin First Nation in Alberta, said this: “History happens when the past is not the same as the present and the present is not the same as the future.” It is up to each of us, and all of us, to change the future for indigenous health in Alberta. That must begin with a frank assessment of our own attitudes and assumptions. It must also involve a commitment to enhanced learning for health-care professionals about indigenous health, and about the institutional barriers and inequities that must be challenged and torn down. Surely this must be our legacy as we look back on this time – as a profession that leads the way in creating positive change for indigenous Albertans.

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ANNUAL GENERAL MEETING HIGHLIGHTS
On March 10, 32 eligible voting members attended the AGM at the CARN A office in Edmonton and 43 people registered to watch the live webcast. While no resolutions were brought to the floor, the meeting included a lively open forum where observers brought forward many questions and issues for Council to answer and consider. View photos from the AGM at abrn.ca/2016agmpics.

Couldn’t make it to the AGM? Go to abrn.ca/2016agmwebcast to watch parts of or all of the recorded webcast including:
- CARN A President’s Address
- CARN A CEO Report
- Greetings from Canadian Nurses Association President Karima Velji
- Open forum

View the 2014–2015 annual report at carnaannualreport.ca for updates on major projects, member statistics, financial statements and more from the past year.

2017 RENEWAL FEES
Provincial Council voted against a proposed increase to the annual renewal fee. While the Canadian Nurses Association may still increase their fees, which we collect on their behalf, there will be no increase in the CARN A portion of the fees outside of the inflationary increase approved by council in May 2012. The inflation increase for 2017 will be $4.90 plus GST and is based on the annual Alberta Consumer Price Index (CPI) as published by Statistics Canada.

Late renewal fee
The late fee for members who renew after the September 1 deadline will be raised from $50 to $100. The increased fee is consistent with late fees charged by regulatory bodies for other Canadian health-care professionals and will help offset additional costs related to late renewals. Late renewals create a significant increase in staff hours to answer employer questions about nurses’ eligibility to work, and to process late applications and suspensions. Late renewals also interfere with the time needed to follow-up on applications before permits expire on September 30.

ELECTION TELLERS SELECTED
Council appointed Jacqueline Alston-Warnica as election teller and Camille Rudolf as alternate teller for the 2016 CARN A elections. Elections are being held for President-elect and for provincial councillors in the Calgary/West, Central, Edmonton/West and Northwest regions. Online voting will be open May 1–15, 2016.

COUNCIL APPROVES REVISED ENDS
Council approved revised Ends policies that state the results it wants CARN A to produce. The Ends will inform a multi-year strategic plan as well as the budget and operational plan for future fiscal years. Key points in the new Ends include:
- Ensuring the unique contribution of RNs and NPs to the health of the people, communities, and populations we serve, is fully realized in all aspects of the design and delivery of health-care services in Alberta.
- Harmonizing regulatory practices across Canada so Canadian nurses experience consistent registration requirements.
- Highlighting CARN A as a strong, collaborative advocate in promoting the health of indigenous peoples and addressing indigenous health issues within Alberta.

2017 COUNCIL MEETING DATES
Mark your calendar for these important dates:
- June 2–3, 2016
- Sept. 22–23, 2016
- Dec. 8–9, 2016
- March 8–10, 2017
- June 15–16, 2017
- Sept. 20–22, 2017
- Dec. 7–8, 2017

PROVINCIAL COUNCIL ELECTION

Online polls open:
May 1–15, 2016

It’s all up to you, and it’s easier than ever to vote! Members eligible to vote will receive an email starting May 1.

Visit nurses.ab.ca to check out the candidates and voting details.
CARMA practice permit: must have or nice to have?

Occasionally in discussion with registration staff, a member will comment that holding a practice permit isn’t required in their position, but that it is “nice to have.” Read on to find out why registration is never optional.

Nursing practice is much more than clinical practice

There is a common myth that if you aren’t engaged in direct client care, a practice permit isn’t necessary but “nice to have.” This just isn’t the case.

The definition of nursing practice in the Health Professions Act (see sidebar) is broad and encompasses a whole spectrum of nursing knowledge, skill and judgment. If your practice meets this definition, a current practice permit is mandatory.

What if I have the same job title/description as non-nurse colleagues?

Another misunderstanding is that if you hold a position that isn’t exclusively held by those with a nursing background, it isn’t nursing practice and registration isn’t necessary.

Although an employer may hire whomever they feel is best qualified for the position, when they hire someone whose nursing education and experience qualifies them for the position, and the position meets the definition of nursing practice outlined in the Health Professions Act, then it is nursing practice and a permit is required.

What is the benefit of maintaining current registration?

If your practice meets the Health Professions Act definition of nursing practice, your hours count as practice hours. To be eligible to renew your permit, a minimum of 1,125 practice hours in the past five years is required to maintain currency of practice. Should five years elapse without registration you will need to re-qualify through a nursing refresher program to again hold a practice permit.

If you do decide to stop practising as a nurse in Alberta, it’s important to let us know by applying for a non-practising status to former member. This is the only way for us and the public to know you are not practising without a permit.

Not sure if your practice meets the definition of nursing practice?

Ask yourself the following questions:

- Do any of the statements in Schedule 24 of the Health Professions Act (see sidebar) describe my role and responsibilities?
- Would I hold this position if I didn’t have any nursing education or experience?
- Have I been counting these hours as nursing practice hours?

The Registrar is the only person with the authority to decide if a permit is necessary or not. If you’re still not sure if your practice is nursing practice, you can request a review of your job description by contacting registration services at 1.800.252.9392 ext. 548.

Nursing practice as defined in the Health Professions Act, Schedule 24

3. In their practice, registered nurses do one or more of the following:

- based on an ethic of caring and the goals and circumstances of those receiving nursing services, registered nurses apply nursing knowledge, skill and judgment to:
  - assist individuals, families, groups and communities to achieve their optimal physical, emotional, mental and spiritual health and well-being
  - assess, diagnose and provide treatment and interventions and make referrals
  - prevent or treat injury and illness
  - teach, counsel and advocate to enhance health and well-being
  - coordinate, supervise, monitor and evaluate the provision of health services
  - teach nursing theory and practice
  - manage, administer, and allocate resources related to health services
  - engage in research related to health and the practice of nursing
  - provide restricted activities authorized by the regulations

IN MEMORIAM

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

**Bonnah**, Terrill, a 1976 graduate of the Misericordia Hospital School of Nursing, who passed away on Oct. 12, 2015 in Edmonton.

**Doucette**, Johanna (née Brand), a 2003 graduate of the Grant MacEwan/University of Alberta Collaborative Baccalaureate Program, who passed away on Dec. 21, 2015 in Montana.

**Murray**, Daniel, a 1995 graduate of the Salvation Army Grace General Hospital School of Nursing, who passed away on Nov. 15, 2015 in Calgary.

**Otke**, Selma (née Borger), a 1951 graduate of the Royal Alexandra Hospital School of Nursing, who passed away on Dec. 10, 2015 in Langley.

**Timinski**, Doreen (née Parcels), a 1956 graduate of the Edmonton General Hospital School of Nursing, who passed away on Dec. 19, 2015 in Camrose.

**Volk**, Mary (née Shморонг), a 1957 graduate of Edmonton General Hospital School of Nursing/College St. Jean, who passed away on Oct. 15, 2015 in Edmonton.

**Wolfe**, Lydia (formerly Lake, née Schroeder), a 1937 graduate of the Royal Alexandra Hospital School of Nursing, who passed away on Feb. 15, 2016 in Edmonton.
You have questions? We can help.

Do you know if you are allowed to administer a dermal filler?
Can you make a change to documentation made electronically by another RN?
If you are on pain medication for a chronic health condition, should you practise nursing?
Have you ever asked yourself one of these questions?

Not to worry, we frequently get asked questions like these. Actually, our policy and practice consultants do. Debra Allen, Pam Mangold and Penny Davis discuss practice issues and questions with registered nurses, nurse practitioners and members of the public.

Each year, our policy and practice consultants review the confidential data from the last 12 months of practice consultations and identify emerging issues. This year, we learned the top three issues concerning callers were aesthetic nursing, documentation and fitness to practise.

The rise of Botox and lip injections

Beauty trends come and go, some safer than others. While many Albertans feel healthier and fitter than their parents at their age, many feel a desire to reflect that on the outside.

Policy and practice consultant Penny Davis has received many phone calls from registered nurses inquiring about scope of practice and their accountability when administering aesthetic medication such as Botox or dermal fillers.

“We receive calls from registered nurses working in dermatology clinics or medi-spas. Some are employed by physicians, dentists, or other nurses. They ask ‘can I do this?’” says Davis. “Aesthetic nursing isn’t something that is taught in entry-to-practice nursing education. There is no clinical practicum for it. So nurses who are now, or wish to be employed in this area may have questions about whether or not it fits in their scope of practice.”

The CARNA document Standards for Registered Nurses in the Performance of Restricted Activities describes the activities that CARNA regulated members are authorized to perform under the Registered Nurses Profession Regulation. This is usually one of the first resources Davis refers to when she receives a call about scope of practice. Another document she refers them to regarding this particular question is the Medication Guidelines.

“I discuss information in this document with members when they are unsure if they can perform a certain activity, but also remind them that they have to be knowledgeable, skilled and competent in any restricted activity they perform, and it has to be relevant to their area of practice.”

But how can a registered nurse gain that knowledge and skill if they weren’t taught it in school and if they are new to a practice setting? “Although CARNA doesn’t officially endorse a specific course, there are several courses an RN could take to improve his or her knowledge,” says Davis. “It’s highly recommended that they compare all courses and choose a comprehensive and robust one. It has to provide them with the knowledge and skill to practise safely and competently.

“Taking the course is just one part of this. It may provide the theory but the practice component may not be enough; a registered nurse needs to have the skills to perform a specific activity. So, I ask them about whether they have a mentor or buddy in their clinic that they can observe and who can observe them in their practice. And I also recommend they check their employer policies just to make sure it’s within their employment scope as well.”

Another important point to make about aesthetic nursing is that while registered nurses can administer Botox to a client, they cannot prescribe it. An authorized prescriber, such as a physician, nurse practitioner or dentist, must prescribe the medication.
The challenges of electronic documentation

Times are changing, and we are all aware of the impact technology has made in our lives throughout the past decade. In healthcare and nursing specifically, one of these changes has been made to the way nurses document care, moving from paper-and-pen to electronic documentation.

“What we’ve been hearing with documentation is that a lot of places are moving to the electronic chart and are trying to transfer what they were doing with paper onto an electronic record,” says Pam Mangold. “We know that any care an RN provides must be documented, and there are different methods of documenting it. Many questions we get are about how to document the necessary information within the technological confines of an electronic record.”

Problems can arise when a registered nurse tries to input specific information and faces a technological roadblock. Some text inputs have character limits, no space for elaboration if there is just a check box, or maybe the correct fields or boxes aren’t appearing.

“What they are finding is that things aren’t quite fitting the way they used to, and it’s frustrating because they want to chart thoroughly but encounter barriers,” says Mangold. “So the main question I get about documentation is, ‘How do I document thoroughly with this electronic system?’”

Consultants point members in the right direction to solve the problem, whether it is changing the way they document the care they provide, or perhaps speaking to their manager and the practice area’s IT employees if a critical field is missing.

“No system is perfect, so we can only try to continue to improve,” she says. “I link them to resources or point members in the right direction. I also suggest ideas that they might not have thought of before, like contacting the Canadian Nurses Protective Society (CNPS) to see if there is a legal risk in the way they are documenting with a new electronic system.”

CARN’s Documentation Standards are a good place to start if registered nurses have questions about documentation.

Lately, a common question has been about making changes within an electronic record.

“In our Documentation Standards, we explain how to make a correction if it needs to be made,” says Mangold.

These types of situations are ones in which nurses and employers alike are still working through, and traditional employer policies may not include rules for dealing with some of the challenges nurses are experiencing with electronic documentation. Right now, each situation must be worked out on an individual basis. The goal is to provide the necessary supports to assist nurses and stakeholders in being able to produce clear, accurate and comprehensive documentation within any system.
The role of the consultant is to delve deeply into the question process to assess a consultation no matter what the concern is. Practice consultants use the process similar to the nursing ability to provide safe, competent care, then you shouldn’t go to work.”

But there are other considerations to make when determining whether or not a registered nurse is fit to practise. A nurse may be on pain medication, for example, but the effects don’t impair their judgment as the treatment plan has been implemented and the results of treatment are therapeutic.

“Just because you’ve taken pain medication doesn’t mean you can’t work. It must be considered in the context of having the capacity and competence to practise safely and make sound decisions,” says Allen.

There are other situations that come up too, where it’s a physical limitation as opposed to one of mental alertness or impact on decision-making. “I’ll get callers who tell me, ‘I’m fit to practise, and I’m just off because I’ve had a broken bone.’ However, you may not be able to practise when you first have a cast on your leg or arm, depending on where you practise and what the employer’s expectations are about your ability to practise,” says Allen.

In the end, registered nurses are accountable for the decision they make if they feel they are fit to practise, and CARNAs policy and practice consultants and documents are available to help anyone make a sound decision or seek out further information.

The consultation process

Practice consultants use the process similar to the nursing process to assess a consultation no matter what the concern is. The role of the consultant is to delve deeply into the question that is asked, clarify the question and identify any pertinent factors that influence the question and context.

First, they assess the situation. “We ask them about the situation and the impact of whatever issue they are having,” says Allen. “Once we get a grasp on the situation, we go on to discuss and strategize possible solutions to facilitate problem-solving and decision-making.” This includes discussing the multiple factors that can be involved with complex issues that are contributing to the issue the person is calling about.

Next, the consultants provide information, resources or links to the caller to help them in their issue. “We may direct them to speak to their manager, coworker, another health-care professional, etc. Or we may direct them towards other organizations such as CNPS, if it’s a legal issue. We often link them to our own standards and guidelines documents if they need clear direction and guidance on a specific practice issue.

“I ask them if I have answered their questions and given them some direction and guidance. Ultimately it’s up to the member to take that information and implement changes for themselves,” says Allen. “Our goal is always to build capacity of the caller asking the question. Sometimes practice consultations may simply act as a sounding board for a member so we can help them come to the conclusion they need to make a decision.”

CARNAs staff members sometimes hear that registered nurses are hesitant to contact CARNa if they are having an issue or problem for fear that this information will be included in their member record or their practice might be questioned. When someone calls into the practice consultation line, we don’t ask for any identifying information from them.

Resources and information

All of CARNAs documents, including standards, guidelines, and interpretive documents are available online at www.nurses.ab.ca. Some of these documents include:

- Practice Standards for Regulated Members with the CNA Code of Ethics
- Documentation Standards for Regulated Members
- Scope of Practice for Registered Nurses and Scope of Practice for Nurse Practitioners
- Medication Guidelines
- Working Extra Hours Guidelines for Registered Nurses on Fitness to Practice & the Provision of Safe Competent Ethical Nursing Care

Our policy and practice consultants are available to discuss any issue, problem or question you might have about your nursing practice.

Call us at 780.451.0043 or toll-free at 1.800.252.9392 or send an email to practice@nurses.ab.ca.
Nurse Practitioner Association of Alberta (NPAA) becomes independent association

A MESSAGE FROM NPAA PRESIDENT ERIC LAVOIE, MN, NP, F/AA

The Nurse Practitioner Association of Alberta (NPAA) passed a resolution at its annual general meeting in fall 2015 to transition to be an independent organization and be removed as a CARNA specialty practice group. I met with CARNA CEO Mary-Anne Robinson and we agreed that this transition would not dilute the strong working relationship between CARNA and NPAA. Beyond this, a commitment was made to support and leverage each other’s positions and policies when appropriate. As such, on Jan. 15, 2016 NPAA received an official letter from CARNA stating that it was a completely independent organization.

As an independent organization, NPAA’s ability to be the professional voice for all NPs in Alberta is strengthened and enhanced. We are now able to engage with NPs and stakeholders in a more meaningful way.

This is a pivotal time for the NP profession in Alberta and there is a real risk that NPs be overlooked as a solution to Alberta’s health-care needs, unless we work together. NPAA will continue to advocate for our profession with all key stakeholders, which includes but is not limited to: the College and Association of Registered Nurses of Alberta, the Canadian Nurses Association, Alberta Health, Alberta Health Services, Covenant Health, Primary Care Networks, Workers Compensation Board, Canadian Health and Life Insurance Association and the Canadian Association of Advanced Practice Nurses.

As the NPAA looks to redefine its role at the operational level, it is still committed to its mission of “Advocating and advancing NP practice to build a healthier Alberta” and its vision that “Nurse practitioners will be recognized as health-care leaders striving to ensure every Albertan has access to expert NP care.” It is time that NPs in Alberta band together for the benefit of our current and future patients.

NPAA encourages all NPs, regardless of area of practice, to help shape the future of our profession. We are looking to expand on the conversation about NP utilization, integration, and funding with all NPs across the province. I encourage you to visit our website to learn more about the organization’s other benefits and become a member: https://albertanps.com/about-npaa/become-a-member/.

Physician-assisted death: What RNs need to know

This year, the Supreme Court of Canada passed into law the right for Canadians to seek physician-assisted death. This law will come into effect on June 6, 2016.

How does this affect Alberta RNs and NPs right now?

Right now, RNs and NPs cannot be involved in any activities that could be seen as assisting or counselling in physician-assisted death. Legally, any member of the health-care team that is not a physician cannot be involved in these activities.

Please continue to provide the safe, competent and ethical nursing care you have been providing to your patients. As part of the therapeutic relationship, nurses have a duty to provide persons in their care with the information they need to make informed decisions, related to their health and well-being.

What about in the future?

When this law comes into effect, health-care professionals may find themselves in a situation involving physician-assisted death and as such, CARNA is working closely with the College of Licensed Practical Nurses of Alberta and the College of Registered Psychiatric Nurses of Alberta to seek input from members, develop unified guidance and provide resources to professional nurses in Alberta related to best ethical and competent care to patients at or near the end of life.

Any nurses who are asked to assist with physician-assisted death prior to June 6, 2016, or afterwards in the absence of Criminal Code amendments providing protection to the health-care team, should contact practice@nurses.ab.ca or 1.800.252.9392 for advice.

https://albertanps.com/about-npaa/become-a-member/.
### Publications ordered by Hearing Tribunals

Publications are submitted to *Alberta RN* by the Hearing Tribunal as a brief description to members and the public of members’ unprofessional behaviour and the sanctions ordered by the Hearing Tribunal. Publication is not intended to provide comprehensive information of the complaint, findings of an investigation or information presented at the hearing.

To find out more about sanctions and publication, go to [nurses.ab.ca/sanctions](http://nurses.ab.ca/sanctions).

<table>
<thead>
<tr>
<th>CARNA Member</th>
<th>Registration Number: 49,915</th>
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<tr>
<td>The Hearing Tribunal made a finding of unprofessional conduct against member #49,915 who made derogatory remarks about a co-worker to the effect that the member thought the co-worker was a ‘stupid, lazy nurse’; and who communicated inappropriately when speaking to a restless patient with suspected spinal trauma. The Tribunal issued a reprimand, and accepted the member’s undertaking to not practise pending completion of modules on the <em>Code of Ethics</em>; preparation of a Communication Improvement Plan; and approval of a new employment site. The member would then be restricted to working in that employment setting pending two satisfactory performance evaluations, and self-reflection on the implementation of the Communication Improvement Plan. The Tribunal also directed the member to pass two courses: Interpersonal Aspects of Nursing and Mental Health Disorders. Conditions shall appear on the member’s practice permit. Failure to comply with the Order may result in suspension of CARNA practice permit.</td>
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<th>CARNA Member</th>
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<td>The Hearing Tribunal made a finding of unprofessional conduct against member #53,901 who failed to adequately document on three residents; failed to follow policies when preparing and administering medications; and failed to properly transcribe a physician’s order. For this finding of unprofessional conduct, the Hearing Tribunal issued a reprimand and an Order that the member complete course work as well as submit a satisfactory paper on medication administration and transcribing orders. Conditions shall appear on the member’s practice permit. Failure to comply with the Order may result in suspension of CARNA practice permit.</td>
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<td>The Hearing Tribunal made a finding of unprofessional conduct against 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.</td>
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<table>
<thead>
<tr>
<th>CARNA Member</th>
<th>Registration Number: 40,186</th>
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<tbody>
<tr>
<td>The Hearing Tribunal made a finding of unprofessional conduct against member #40,186 who failed to follow her employer’s policies and supervisor’s reminder to change the password for her payroll account after she allowed her husband to access her account; failed to adequately document routes of medication administration and/or full pain assessments on four patients; and failed to communicate, verbally or through documentation, that a scheduled medication required administration by a colleague in the member’s absence. For this finding of unprofessional conduct, the Hearing Tribunal issued a reprimand and an Order that the member complete a nursing process course that includes study in the areas of communication and documentation. A condition shall appear on the member’s practice permit. Failure to comply with the Order may result in suspension of CARNA practice permit.</td>
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</tbody>
</table>
CARNA Member
Registration number: 67,258
The Hearing Tribunal made a finding of unprofessional conduct against member #67,258 who, in 2013 while employed as an RN and clinical educator, failed to comply with certain course requirements when teaching CPR re-certification courses; caused nursing colleagues to be required to repeat CPR re-certification courses; caused additional training resources to be provided by her employer; and, failed to obtain full permissions to use her employer’s resources to teach CPR re-certification courses. For this finding of unprofessional conduct, the Hearing Tribunal issued: a caution and an Order that the member complete certain ethics learning modules and other course work as well as obtain a letter from her current employer confirming no practice issues related to the findings. The member had fully complied with Order at the time of the Hearing and as such no conditions were placed on the member’s permit.

CARNA Member
Registration Number: 67,928
The Hearing Tribunal made a finding of unprofessional conduct against member #67,928 who failed to adequately and accurately document regarding care provided to four patients and who failed to notify a physician of a critically low sodium level. For this finding of unprofessional conduct, the Hearing Tribunal issued a reprimand and an Order that the member complete a course on nursing process. A condition 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: 70,697
The Hearing Tribunal made a finding of unprofessional conduct against member #70,697 who, while employed as an RN in an ICU and on a day when she was not working, had herself admitted for an infusion procedure in the ICU with the physician on-call named when such physician had not been notified or aware, and participated in the mixing and administration of the infusion to herself. For this finding of unprofessional conduct, the Hearing Tribunal issued a reprimand and an Order that the member complete courses on documentation, assessment and interpersonal nursing skills as well as that the member submit a satisfactory practice report from her current nursing employer. In anticipation of such Order, the member completed the course work and obtained a practice report from her current employer, all of which was satisfactory to the Tribunal. As such, no conditions were placed on the member’s practice permit.

CARNA Member
Registration Number: 77,726
The Hearing Tribunal made a finding of unprofessional conduct against member #77,726 who, as a manager, became aware of a foot wound but failed to follow up to ensure that staff had complied with appropriate wound care protocols. For this finding of unprofessional conduct, and in consideration of the member having completed extensive learning exercises on her own initiative and having participating in significant analyses conducted by her employer to prevent recurrences, the Hearing Tribunal issued a reprimand and an Order that the member complete a responsible nursing course. A condition 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: 82,291
A Hearing Tribunal made a finding of unprofessional conduct against member #82,291, who, while caring for a palliative patient, behaved inappropriately, thereby causing the patient to feel distressed and report the member. The behaviour of the member was as follows: on two occasions, the member attempted to apply therapeutic touch to the patient by touching the patient on her upper chest, shoulder and arm without her informed consent; the member touched the patient without explaining to her that the member was attempting to do ‘therapeutic touch’ for the purpose of calming her; and the member failed to document regarding his ‘touch/massage’ of the patient. On at least two occasions the member kissed the patient on the forehead. The member suggested to the patient that he would visit her at home following her discharge and the member visited the patient on his break, when the patient was not assigned to him. The member had inappropriately practised ‘therapeutic touch’ on the patient and on other patients on other occasions as he did not have the appropriate education or training to do so. The Tribunal issued a reprimand, and ordered the member to pass the course in responsible nursing, and complete modules on the Code of Ethics. The member was ordered to prepare a written plan for maintaining appropriate boundaries, write a paper on professional boundaries and be restricted to working at his current employment site pending one satisfactory performance evaluation focused on maintaining appropriate boundaries. Conditions shall appear on the member’s practice permit. Failure to comply with the Order may result in suspension of CARNA practice permit.
CARN A Member
Registration number: 84,271

A Hearing Tribunal made a finding of unprofessional conduct against member #84,271 who failed to provide appropriate care to a patient on one shift when the member: failed to adequately monitor the patient’s activities; called security to have the patient locked in her room; created unnecessary distress for the patient when the member told the patient that the police would be coming to arrest her; and failed to adequately document assessments and treatment of the patient. The Tribunal issued a reprimand and ordered the member to pass courses on documentation and on interpersonal aspects of nursing. The member is restricted to working at her current work sites 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 CARN A practice permit.

CARN A Member
Registration number: 88,826

A Hearing Tribunal made a finding of unprofessional conduct against member #88,826, who incorrectly inserted a urethral catheter, instead of the required supra-pubic catheter when she acted on an ‘assumption’ and failed to check the physician’s order. The Tribunal issued a reprimand, ordered the member to pass courses in responsible nursing and nursing process, and required one satisfactory performance evaluation from her current employer. Conditions shall appear on the member’s practice permit. Failure to comply with the Order may result in suspension of the CARN A practice permit.

Highlights from the Annual Report:
Complaints and Discipline

The number of new complaints decreased from 269 in 2014 to 252 in 2015.
The number of complaints referred to investigation decreased from 198 to 148.
The number of complaints resolved prior to investigation increased from 32 to 75.

All 92 hearings held resulted in the member consenting to the Tribunal’s decision.

Disposition of new complaints, 2015

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<tr>
<th>Category</th>
<th>0</th>
<th>50</th>
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<tr>
<td>Resolved prior to investigation or dismissed</td>
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<td>Directed to be assessed for incapacity</td>
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<tr>
<td>Referred to investigation</td>
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<tr>
<td>Complaint withdrawn by complainant</td>
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<tr>
<td>To be determined</td>
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Source of new complaints, 2015

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<tr>
<th>Category</th>
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<tbody>
<tr>
<td>Employer, mandatory reporting</td>
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<tr>
<td>Employer, filing of written complaint</td>
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<tr>
<td>Patient/family/public</td>
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<tr>
<td>Co-workers/colleagues</td>
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<td></td>
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<tr>
<td>Other (agency, self-report, CARN A Hearing Tribunal, registration services)</td>
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</tbody>
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To see more statistics from the 2014-2015 practice year, visit carnaannualreport.ca
Let’s stop the use of abbreviations in health care.
The Health Quality Council of Alberta (HQCA) launched an online toolkit for health-care providers with resources, tools and advice to prevent abbreviation-related errors.

Why are abbreviations a problem?
Does DOA mean dead on arrival or date of admission? Is CP short for chest pain, cerebral palsy or cleft palate? Could QD be confused with QID?
Some abbreviations are more often associated with errors, such as QD, U, cc and trailing zeros or lack of leading zeros.
Abbreviations are very often misinterpreted. A misread text message might be confusing, but a misread prescription or medical chart could be deadly.

Abbreviations have long been a part of the culture of health-care practice.
The benefits seem obvious in today’s fast-paced world – they are quick and easy to use, space-saving, and hard to misspell compared to the complex medical terms they often represent. Some commonly understood abbreviations are useful (e.g., ‘a.m.’ for morning or ‘AIDS’ for acquired immunodeficiency syndrome). However, others that are not understood by all health-care providers, that have multiple meanings or are easy to misread can be a problem.

Use of communication shortcuts is widespread in both handwritten and electronic medical records.
They are found in medical orders and prescriptions, patient care plans, clinical notes, and instructions to patients. Poor handwriting increases the risk associated with abbreviation use, and abbreviation errors can occur when verbal orders are recorded or orders are copied.
Abbreviation errors are more likely to result in patient harm when they are used to communicate about high-risk medications such as insulin, anticoagulants, narcotics or cancer chemotherapy.

Consider these examples:

**Insulin 6 IU or 61 U?**
A patient with diabetes was ordered 61U (6 International Units) of insulin. The caregiver misinterpreted the order and gave 61 units instead of the 6 units intended. The patient became seriously hypoglycemic and could have died had the error not been discovered and the patient treated.

**Acyclovir HD or TID?**
The drug acyclovir was ordered to treat a viral infection in a 62-year-old patient with kidney failure. It was supposed to be given once a day after dialysis but the order “acyclovir after HD” was misread as “acyclovir TID” (three times a day). The error was not caught and the patient died.

**Morphine or Hydromorphone?**
The narcotic morphine was ordered as “morph 10 mg IM” for a patient in the emergency room. The order was misinterpreted and the patient was given 10 mg IM (intramuscular) of hydromorphone, a narcotic that is five times more potent than morphine. The patient died from delayed respiratory failure after being discharged.

How do I make a change?
We can stop the use of abbreviations and ensure all medical communication is clear and concise. Get started in your organization with just four easy steps.

**STEP 1: Make the case**
The first step in the change process is making a case for why a new way of communicating without using abbreviations is needed. Create a proposal for a change initiative that relates what is known about the problem of abbreviation use in health care from the literature to what is shown to be the specific problem in your organization.

**STEP 2: Engage the right people**
Getting the right people involved in your abbreviation initiative is essential for success. You will need senior leadership support, champions in different disciplines and departments, and frontline providers who will be asked to change their habits of communicating.

**STEP 3: Plan for change**
Time spent planning will pay off during the implementation phase. Use a structured approach, such as the model for improvement, to plan your change strategy. Establish a desired outcome for the initiative, choose measures to determine if change represents an improvement, and design strategies that will influence how abbreviations are used.

**STEP 4: Make it happen**
A combination of intervention strategies is typically needed to reduce abbreviation use. If the response is inadequate, try a higher leverage strategy from the hierarchy of effectiveness.

Visit [http://abbreviations.hqca.ca/](http://abbreviations.hqca.ca/) to explore these four steps and more resources you can use to design an abbreviation initiative that will meet the needs of your care setting.

Text is unaltered from the Health Quality Council of Alberta’s (HQCA) website, Abbreviations.HQCA.ca, and has been re-printed with permission from the HQCA. For more information contact the HQCA at info@hqca.ca.
More is not always better
Choosing Wisely Low Back Pain campaign focuses on reducing amount of low-value procedures performed

BACK PAIN IS

a condition that affects members of the public and nurses alike. The causes and treatment options for back pain, however, vary greatly from person to person.

Between 2011 and 2013, an average of 30,000 L-spine MRI and CT scans were done annually in Alberta. National research from this time suggests as many as 28.5 percent of these scans were ordered inappropriately—e.g., without the presence of red-flag symptoms.

In an effort to educate patients, the Choosing Wisely campaign is disseminating educational handouts and posters to promote healthy patient/health-care provider conversations about tests, treatments and procedures. Patients are encouraged to discuss care options, risks and potential exposure to harm as part of routine decision-making.

Registered nurses and nurse practitioners can encourage patients to become more informed and have these conversations regarding appropriate tests and treatments, to ensure they receive the right care at the right time.

GET THE RESOURCES AND TOOLS

Visit www.albertadoctors.org/leaders-partners/choosing-wisely-alberta to access Choosing Wisely Low Back Pain resources and tools like the patient educational pamphlet and more.

Contact june.cooper@topalbertadoctors.org for more information.

Tips for health-care providers:
- Provide clear recommendations, stating relevant clinical considerations.
- Elicit patient beliefs/questions.
- Provide empathy and partnership.
- Confirm agreement on plan of action, overcome barriers.
- Plan for follow-up.
STUDENTS SHINE BRIGHT IN VIDEO CONTEST

Alberta nursing students were challenged to create a video about what RN practice will look like in 20 years for a chance to win a cash prize.

“Congratulations to the recipients, their videos celebrate the deep roots of nursing history and inspire a vision of the future for registered nursing!”

~ Mary-Anne Robinson, CARNA CEO

View the winning videos at carna100.ca

Cash prizes were sponsored by TD Insurance Meloche Monnex.

1st Place: $2,500
RECIPIENTS: Naomi Kwong; Kristeen Thai – University of Alberta

2nd Place: $1,500
RECIPIENTS: Brendan Woytowich; Danielle Kody; Jintana Hamaluk – MacEwan University

Honourable mention: $500
RECIPIENTS: Krina Rey; Rebecca Miller; Punit Dhaliwal; Jane Cuecaco – University of Alberta

Honourable mention: $500
RECIPIENTS: Lucas Horvath; Brandon Te; Brannon Rammel – University of Alberta
A former RN from Calgary is behind a group of volunteers knitting breast prostheses for Alberta women who’ve undergone a mastectomy or lumpectomy.

“Knitted Knockers” is a cheeky name that makes you laugh. But the knockers have a practical purpose and offer a valuable human connection.

Kim Tomlin was in Arizona last year when she visited a local yarn shop. There she found a group knitting soft, lightweight alternatives to the standard gel-filled prosthesis. The knitters made up one of many independent Knitted Knocker groups that exist around the world.

“A couple of ladies in the yarn shop were using the knockers,” Tomlin says. “They said the gel-filled prosthesis is heavy and hot.”

Tomlin realized that giving the soft cotton knockers to Alberta women with breast cancer was a perfect retirement project.

“I am not one who can just sit by the pool. I’m no good at being an old lady. I hate golf and I hate bridge,” she says.

Tomlin brought the idea back home to Alberta and started calling yarn shops.

Yarn shops across the province recruit the knitters, who pay for their own materials and knit according to a pattern on the Knitted Knockers Alberta website. When the knitters are finished, they bring the empty knocker back to the shop.

Volunteers then fill the knocker with stuffing. Women who request a knocker – or two – via the website and specify their cup size will receive a prosthesis free of charge. The knockers can be popped directly into a regular bra.

The knockers are delivered over-stuffed, with a small hole for making adjustments. Women who have had a lumpectomy can put the knocker in

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**BY ALLISON CROSS**

**“…they’re doing this for women they’ve never met. The women who receive them just love them…”**

**KIM TOMLIN**

---
I know women who waited 10 years before they had their implants put in.”

The knockers also open up a necessary conversation with patients about life after breast cancer, Theriault says. “As a nurse, it’s such a great thing to be able to advise your patients on, young or old. I’ve heard of lots of people who have a permanent prosthetic who’ve opted to get knitted knockers because they’re more comfortable and they’re free,” she says.

Tomlin is determined to spread the word about knitted knockers – with other nurses, doctors and anyone who knows a breast cancer survivor. “This old nurse has just learned a bunch of new tricks and we now receive grateful thank you notes almost daily,” she says. RN

For more information on receiving a knocker or knitting them, visit knittedknockersab.com.

danielle
is an Alberta RN and knitted knocker user.
Remaining faithful:
one family’s dedication to nursing spans generations

Peggy Gibson’s family tradition of working in health care was inspired by her mother and grandmother.

Peggy’s nursing influence began with her grandma, Margaret Tarleton, who entered nursing school in Manitoba, along with twin sister Eva. Both sisters graduated from Brandon General Hospital Nursing School in 1927.

“Grandma Margaret’s first nursing job was in the area of obstetrics,” says Peggy. “She would move into a family’s home for a week or two to help care for their newborn until mom and family were back on their feet.”

Margaret later went on to work at Deloraine General Hospital, a small rural hospital. While caring for her father in the hospital, Margaret met Willard Kirkwood, and they were married soon after in 1929. After raising two children, Margaret eagerly returned to nursing, working between surgery, medicine and pediatric wards.

“Grandma was considered kind, an active staff member and counted on for her abilities as a nurse,” says Peggy. “She would often be requested by people who knew her.”

Inspired by Margaret’s “working mom” role, Dorothy Anne, her daughter and Peggy’s mother, followed in her career footsteps. She trained as a nurse at St. Boniface Hospital in Winnipeg, MB.

Dorothy’s school motto “Remain Faithful” guided her nursing practice as she graduated and moved to Edmonton. She promptly got a job on the surgical floors at the General Hospital on Jasper Ave.

She took a break from her career to have a family and stay home with her kids, as her mother did before her. As the kids grew, Dorothy felt the pull of her calling as an RN and decided to take the nursing refresher course and return to practice.

“I remember many a drive was spent quizzing one another before an exam,” recalls Peggy. “Mom would later say how hard she studied and it was worth it to recapture her passion to “Remain Faithful.”

Dorothy was soon hired on as an RN at the Lamont Auxiliary Hospital and later transferred to the attached nursing home.

“Mom loved her job and the interaction with her patients at the nursing home,” says Peggy. “I remember one story she told of when a patient was complaining of severe arm pain. She assessed the arm and knew he needed immediate medical attention. Mom got him to the clinic by wheeling him across the parking lot. Thankfully it was a warm day! It turned out that the patient had a blood clot and had to be taken by ambulance to the city for surgery.”

Seeing the fire and commitment in her mother’s eyes as a dedicated nurse, Peggy enrolled at the University of Alberta school of nursing at the age of 17.

Upon receiving her registered nursing diploma, Peggy was offered a full-time job at the University of Alberta Hospital on the medical cardiology unit, then subsequently the coronary care unit where she worked for several years.

Peggy also got involved with the United Nurses of Alberta and was president of her local #49 during the strike of 1988. They built picket signs and walked the streets in the freezing cold January weather.

She transitioned to working part-time to raise her children, ultimately taking a break from practice as there were very few part-time positions to choose from.

After being away from nursing for four years, Peggy returned to practice and in 2004, started in the coronary care unit at the Sturgeon Community Hospital in St. Albert. In 2007, she took the six-week ICU course at MacEwan University, and now works in the CCU/ICU.

Recently, Peggy had the rewarding yet heart-breaking opportunity to spend five days taking care of her mom while she recovered from an infection complicated by chemotherapy.

Peggy credits her mother and grandmother for passing along the passion and wisdom from their nursing experiences. “I love my job as a registered nurse and am so blessed to have had them as role models for my own nursing practice.”

Remaining faithful: one family’s dedication to nursing spans generations
CARN A Centennial Conference connects Alberta nurses, provides impactful and emotional learning

It came as a happy surprise to conference attendees when country music star Paul Brandt took the stage on March 16 and sang his classic, much-loved tune “Alberta Bound.” This introduction certainly set the stage for the next two days of exhibits, speakers, concurrent sessions and oral abstracts about registered nursing practice.

The first full day started off with a riveting lecture by Mark Black, who shared his incredible journey as a patient, and the impact made on him by health professionals. Suzanne Gordon, journalist and author, then shared some personal stories of Alberta nurses—two of whom told their own stories—eliciting laughter and tears from the audience.

In the afternoon, conference attendees split up to attend sessions of interest to them. We heard from many nursing leaders, educators, researchers and more on topics including:

◆ collaborative practice
◆ care after death
◆ nurse educators
◆ rural nursing
◆ and more

One of the most emotional sessions happened during a session on “The Impact of Mistakes on Nurses.” Speakers Diane Aubin, Ioana Pepescu and Deborah Prowse shared their remarkable personal and professional experiences with mistakes made by health-care professionals and what nurses, and patients, can learn from them.

“My mom died from a series of adverse events that led up to the ultimate event that took her life,” says Prowse in a video interview. “The partnership between patients and providers should extend throughout their care to when adverse events occur, so that we can go from harm to healing.”

And at the end of the conference, attendees left with a greater perspective, more knowledge, new connections and even had some fun!

“My mom died from a series of adverse events that led up to the ultimate event that took her life,” says Prowse in a video interview. “The partnership between patients and providers should extend throughout their care to when adverse events occur, so that we can go from harm to healing.”

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Depression and Military

When the Second World War broke out, nurses were there, providing care to the front line. Often on the move and short on supplies, Nursing Sisters embraced the challenge to apply their knowledge and think on their feet. It was a time of intense pressure and extreme conditions, yet also a time of opportunity—through their role in the war, nurses were exposed to new techniques and brought the profession great respect.

The 1930s: facing the Depression

The Depression hit in the 1930s and like many Albertans, registered nurses lost their jobs. The Alberta Association of Registered Nurses (AARN) stepped up with a number of measures to help: registration fees were lowered, scholarships provided and a Mutual Benefit and Loan Fund was established. In the absence of enough full-time positions, the association encouraged the public to hire nurses on an hourly or part-time basis. In 1932, the government released the “Survey of Nursing Education in Canada,” also known as the Weir Report, which triggered significant changes in the profession. Among other things, it led to the closing of small hospital schools, the raising of entrance requirements for nursing schools and the start of a central registry for nurses.

WWII: A time of courage and growth

When Canada declared war on Germany in 1939, many nurses stepped up to serve their country. While nurses during this period are often referred to as Nursing Sisters, they were not associated with a religious order. Women eligible to serve had to graduate from nursing school, register in their home-province’s nurses’ association and be unmarried or widowed without children. All of them were commissioned officers, a position of authority in the military.

Many of the Nursing Sisters treated casualties in Canadian military hospitals set up in England. This work exposed them to progressive new techniques like burn therapy, intravenous therapy, musculoskeletal reconstruction, and blood transfusions. The skills and stamina of the nurses were constantly put to the test. One of the most rigorous and intense days occurred in 1942 when the Battle of Dieppe resulted in over 600 casualties, with as many as 95 operations performed in a single day.

Nursing Sisters also served in the Battle of the Atlantic, helping to staff the Lady Nelson and the Letitia hospital ships. Once the Allies landed in Italy, five Canadian hospitals were set up. The 1st Canadian Corps also had two Casualty Clearing Stations that followed assault troops to provide medical services. Nursing Sisters at the No. 4 Station received over 2,000 casualties and assisted in 760 surgeries in December of 1943. After the fall of Rome, the Canadian military transferred to France. In 1944, after D-Day, many Nursing Sisters were stationed near the front lines. Wounded soldiers would usually arrive after dark and be treated throughout the night. After a few days, those who were well enough would be transferred to England.
Nursing shortage

While the AARN supported the work of the Nursing Sisters overseas by waiving the registration fees for those on active service, they faced a shortage of nurses at home. This was partially due to the number of nurses serving in the war, but also because the war opened up many new employment opportunities for women. The AARN addressed the shortage through a nursing recruitment campaign in 1943. Members gave presentations to high schools and arranged financial assistance for nursing education for students who required it. They also set up a committee to examine the new position of ward aid to assist with the shortage of registered nurses. The creation of the position was one of the first instances of adding a nursing assistant with a different set of qualifications, to the health-care delivery team.

In 1941, the AARN formed the Eight-Hour Day Committee to address salaries and working conditions for nurses and students. It was designed not only to improve working conditions, but also to encourage more people to take up nursing by changing the public perception of nursing as hard work with little reward. Since its beginnings, the AARN had lobbied to improve working conditions and continued to do so until the early 1970s when a Supreme Court decision prohibited professional associations to engage in collective bargaining.

Military nursing today

Now called Nursing Officers, military nurses continue to work alongside and care for members of the Canadian Forces today. More recently, Nursing Officers have served with troops in the Gulf War, Bosnia-Herzegovina, Rwanda, Somalia and Afghanistan, as well as here at home.

Post-War

After the war, government grants and the oil boom supported a rapid expansion of hospitals, and advances in technology and medical techniques helped establish the acute care health system that we know today. The polio epidemic in the mid-fifties spread a wave of fear across the province and nurses risked their health and their lives to provide patient care. Nurses were increasingly in demand and in short supply, so the AARN focused on recruitment and encouraged married nurses to return to work.

After the War

Nurses’ contribution to the war brought the profession more respect than ever before. When the war ended in 1945, there were unprecedented opportunities for service as nurses helped to rehabilitate soldiers who were returning home. However, the nation-wide nursing shortage became even more urgent and this led to an examination of barriers to entering nursing practice by both the government and the AARN. In 1948, changes to the Registered Nurses Act officially reduced the education and registration requirements, but did maintain the title of “registered nurse.” The changes also gave more specific guidelines for training and registering male nurses.

Hospitals expand

In 1948, Canada passed the Federal National Health Grants Act. It was the first of three pieces of legislation that would establish the Canadian Medicare System and provide funding for health care and the building of new hospitals. The funding from the grant and the economic prosperity created by the recent discovery of oil supported Alberta’s rapid expansion of the hospital-focused health care approach that shaped the system we know today.

As breakthroughs were made in surgical techniques and procedures, hospitals began to have operating room suites, recovery rooms and intensive care units. These changes contributed to the nursing shortage, as the specialized units required more nurses with specific skills. Hospitals also started to move from open wards to private rooms. Instead of being able to see and monitor all their patients at once, nurses had to check in on each patient in their room.
In the spring and fall, a nursing director would visit each district nurse and then advise the department of health on the needs of the community and whether to open new stations or close existing ones. Recruitment began to get more difficult and as areas developed, they began to gain access to hospitals and other medical services. The prevalence of district nursing began to fade; however, the practice continued until the passing of the Registered Nurses Act in 1951, and health units replaced the districts.

Throughout the 1950s, the AARN undertook a number of measures to address the ongoing nursing shortage. There was a focus on recruitment and with Francis Ferguson as the first director of recruitment, most classes filled to capacity. Married nurses were encouraged to return to work and refresher programs were offered for re-entry of nurses who hadn't been working. The AARN also guided the process of establishing the first formal training program for nurse aides, a new permanent position that was adapted from the wartime ward aid.

Registration examined

During this era, the Alberta government began to question the need for nursing registration and the possibility of allowing graduate or non-registered nurses to fill in the gaps caused by the nursing shortage. The AARN disagreed and cautioned that the absence of registration could put patients at risk. These discussions led to another revision of the Registered Nurses Act that maintained the title of “registered nurse” and established the AARN’s mandate to register and discipline nurses in legislation. By preserving the registration of nurses in Alberta, AARN laid the foundation for achieving mandatory registration in legislation many years later.

Facing polio

When the polio epidemic hit in the 1950s, fear spread across the province and country. Every day, nurses risked their own health and lives to provide the complex, expert care that polio patients required. The use of the Iron Lung required nurses to ensure the machine was working properly while also offering nursing care to patients confined in a rigid, sealed metal cylinder. During the epidemic, the AARN held two emergency council meetings to address these issues and push for measures to protect the nurses caring for polio patients. Even after the epidemic passed, many survivors required lifelong care, which continued to put a strain on the province’s limited nursing resources.

Medical advances

The discovery and increased availability of antibiotics to treat infection and vaccines to prevent the spread of infectious diseases reduced the need for related hospitalizations. Combined with developments in surgical techniques, these breakthroughs resulted in a shift in patient populations with a much larger proportion of surgical patients than ever before. This change impacted the role of nurses as they now assisted with patient care through complex procedures. With a growing awareness and understanding of the need for a germ-free environment before, during and after surgery, nurses became skilled in providing proper wound care and changing dressings.

“A few patients were able to breathe enough to sustain life for a few minutes. Most were completely paralyzed.”

IDA JOHNSON FROM BELOW THE FLIGHT PATH
BY CHRISTINA DOWARD AND OLIVE TOOKEY

In the next issue of Alberta RN, we will feature nursing in Alberta during the era of regulation and practice reform in the 60s, 70s and 80s.
We are pleased to publish the biographies of 25 of the 100 Centennial Awards recipients in this issue.

View all 100 recipients at carna100.ca
Irene Gasner
Retired
Irene Gasner’s contributions to direct patient service have had a positive impact on patients, families, and health-care team members at the Provost Health Centre. Irene has a vast wealth of knowledge which she is always eager to share with others through preceptorship and by providing health education to the community. Irene has seen many changes in technology and pharmacology and is a role model for continuous learning, embracing change and moving forward. Irene is always keen to implement change and lead the way for others to ensure best practice stays in the forefront of nursing service.

Dory Glaser-Watson
BScN, RN, PNC(C), CLNC
Dory Glaser-Watson is a true leader in the nursing community and eagerly steps forward to represent the interests of registered nurses. She has held many significant positions including CARNA provincial councillor, president of the PeriAnesthesia Nursing Southern Alberta Chapter, board director of the National Association of PeriAnesthesia and chairperson of clinical nurse educator meetings. Dory is a role model for excellence in practice and a mentor to students and educators. She is future-oriented and aware of future trends and impacts on health care. She has created many timely education resources which she readily shares with colleagues to ensure safe and consistent practice.

Deborah Gordon
MBA, RN, CHE
Over Deborah Gordon’s career in nursing and as a successful health-care leader, she has had an impact on many important health-care changes. In every role that Deborah takes on, she always recognizes and advocates for the importance of nursing practice on patient care. Through her current role as the vice-president and chief health operations office—Northern Alberta for Alberta Health Services, Deborah’s vision for quality patient care has empowered nursing to be an integral and leading force in health-care reform. Deborah is a strong advocate and has supported many initiatives to advance the scope of practice of registered nurses and nurse practitioners.

Nancy Guebert
MCEd, BSN, RN
Nancy Guebert is a dedicated patient and family advocate, and as co-lead of the continuing care resolution team (CCRT) spearheaded major improvements to Alberta’s continuing-care system. The CCRT completed a high-level review of home care, supportive living and long-term care; reviewed and responded to continuing-care concerns; engaged with more than 1,200 stakeholders; and proposed recommendations to build on system strengths. Nancy has worked persistently to identify areas for improvement and create practical proposals to enhance the efficiency and effectiveness of our continuing-care system while focusing on the well-being of patients, their families and other care supporters.

Sharon Gurr
BN, RN
Sharon Gurr is tireless in her efforts to ensure safety and quality of care. She frequently takes it upon herself to ensure all equipment is in working order and follows through when repairs are needed. Sharon is committed to further education, not only for herself, but is also dedicated to providing educational opportunities for her colleagues. She has been instrumental in the success of the professional responsibility committee at Coaldale Health Centre which has benefitted residents enormously through advancing the knowledge of staff.

Judy Hanson
MN, RN
Judy Hanson is committed to lifelong learning and sharing her experience and knowledge with anyone who seeks it. She actively contributed to the implementation of a revised bachelor of nursing curriculum at the University of Calgary. As a nursing administrator and leader, Judy was instrumental in the transition from stand-alone hospital-based administration to the former Calgary Health Region and brought nurses together to achieve great work amidst a changing landscape. Judy is currently teaching part-time at the University of Calgary where her knowledge has greatly benefitted undergraduate nursing students. She has also contributed as a co-investigator on funded demonstration projects.

Trudy Harbidge
MAL(H), RN
Trudy Harbidge has been in nursing leadership positions for over half of her 41-year nursing career. Her leadership in strategic planning has been instrumental in elevating RNs within the roles of case managers, interdisciplinary team leaders and advocates for meeting client needs. Her leadership in the continuing-care system has truly influenced Alberta supporting a community-based...
Sandra Hirst
PhD, RN, GNC(C)

Sandra Hirst is influencing the next generation of registered nurses as an associate professor and supervisor of masters and doctoral students. As a recognized leader in gerontological nursing, Sandra has been celebrated with numerous awards (including a CARNA Award of Nursing Excellence) and readily passes on her knowledge by conducting education sessions for RNs preparing for CNA certification. She also published a textbook on gerontological nursing so that Canadian nurses could have access to knowledge about evidence-informed practice in Canada. Sandra consistently shows initiative and volunteers for a range of university and community initiatives to assume leadership roles such as the Canadian Nurses Association certification review committee and the CARNA registration review committee.

Barbara Hosang-Grant
BN, RN, CNCC(C)

Barbara Hosang-Grant is dedicated to ensuring her colleagues have access to the tools and knowledge essential for high-quality patient care. She advocates for an open, supportive learning environment and acts as a resource for nurses by providing educational opportunities, feedback and guidance. Barbara has encouraged further education by organizing study groups with guest lecturers for critical-care registered nurses at the Foothills Medical Centre preparing for the CNA certification exams. Barbara also brings her skills and experience to the table at initiative meetings where she advocates for registered nurses to strengthen their clinical knowledge, and work to their full scope of practice.

Jean Harrowing
PhD, RN

Jean Harrowing is an inspiration for registered nurses around the world. Her research in Africa and the Caribbean brought registered nurses to the policy table by getting them involved in HIV research and expanding their capacity to provide care to HIV patients. Jean is dedicated to engaging nursing students in global health and community development. She leads a four-week trip to Malawi where students can interact with people from a variety of backgrounds. Jean continues to seek ways to incorporate caring for diverse populations into nursing curricula.

Shane Heavener
RN

Shane Heavener’s work as a nurse educator at the Royal Alexandra Hospital has made a significant impact to the quality of care in the catheterization laboratory. Shane started a best practice group which led to reduced hospital-acquired infections. He worked to set up a new recovery room and acted as a liaison with product representatives to ensure nurses were up-to-date with the new equipment. He is dedicated to ensuring the safety of colleagues and patients by monitoring and increasing radiation safety. Shane was also responsible for developing an orientation manual which has better prepared new staff coming into a specialized, technical role.

Jean has significantly contributed to registered nursing education in Alberta by serving on the Nursing Education Program Approval Board (NEPAB) for 10 consecutive years.

model. Her work at the regional and provincial levels supported the shift from institutional-based seniors’ care to a community-based model supported by the expertise of community RNs. Trudy continues to advocate for community RNs as key leaders supporting the shift to a wellness, strengths-based approach in community settings.

Dory Glaser-Watson

Jean Harrowing
PhD, RN

Jean Harrowing is an inspiration for registered nurses around the world. Her research in Africa and the Caribbean brought registered nurses to the policy table by getting them involved in HIV research and expanding their capacity to provide care to HIV patients. Jean is dedicated to engaging nursing students in global health and community development. She leads a four-week trip to Malawi where students can interact with people from a variety of backgrounds. Jean continues to seek ways to incorporate caring for diverse populations into nursing curricula.
initiative that changed the way nursing was structured on her unit. She worked tirelessly to ensure the change would maintain patient safety and that staff was involved in decision-making. Lisa is now managing a team within the primary care northeast zone. Her team facilitates collaborative relationships with community and health-care partners to ensure gaps in services are covered and that quality, safe, and effective patient care is delivered.

**Sandra Kennett**  
MN, RN

Sandra Kennett has played an active role in the development of the Edmonton West Primary Care Network and is an active member in the Alberta Association on Gerontology. She also held the executive position of member at large with the Canadian Diabetes Association, Educator Section. Sandra has been a guest lecturer and preceptor for post-RN nursing students at the University of Alberta. Sandra has co-authored a number of publications and presentations related to her research topics of interest: inter-professional teamwork in family medicine and patient preferences in diabetic care. She also advocates for patients suffering from chronic illnesses.

**Cheryl King**  
RN

Cheryl King has been involved in improving stroke care in rural Alberta. Cheryl started the Stroke Prevention Clinic at St. Mary’s Hospital in Camrose and was instrumental in implementing the hospital’s atrial fibrillation project. This program was the first 60-second pulse check to be done in a rural acute care setting. Cheryl has also worked to develop teams across Alberta who provide rehabilitation care and stroke unit equivalent care to stroke patients in their home so they can be discharged early. This initiative won an award at the 2014 Canadian Stroke Congress for IMPACT and was chosen among many submitted across Canada.

**Teresa Kish**  
RN

Teresa Kish’s expertise in acute care makes her the ‘go-to’ person for health issues in the rural Alberta seniors’ community. She is currently in the role of case manager in a brand new supportive living facility in Olds. Teresa shares her expertise with other health providers on wound care, assessments and the special care required by patients living with dementia or receiving hospice care. Teresa is also a highly sought-after preceptor for nursing students. She exudes enthusiasm for nursing and teaches ethical principles, critical thinking to problem solve, professionalism and accountability.

**Manal Kleib**  
PhD, MSN, MBA, RN

Manal Kleib has been instrumental in moving health informatics for the nursing profession forward in Alberta. Manal is the founder of the Nursing Informatics Association of Alberta and has created educational modules and peer-reviewed journals in health informatics. Her local and international experiences have also provided a rich diversity of acute care teaching and learning opportunities for her nursing students at the University of Alberta. In addition to regular teaching time, Manal is often invited to be a guest speaker to nursing students, clinicians and administrators, particularly
Karen Kuprys  
**RN**  
Karen Kuprys consistently advocates for registered nursing through her involvement as local UNA president and vice-president, and as a lead RN at her place of employment. She is passionate about the role of the registered nurse within the health-care system and firmly believes that role to be pivotal to achieving excellence of care. Karen attends provincial and national conferences to keep up-to-date on trends in treatment and shares them with her colleagues. She does not hesitate to speak up on issues and continually encourages her colleagues to become interested and active in the future of nursing in our province and country.

Janet Lapins  
**BScN, RN**  
Janet Lapins played a key role in establishing the Chinook Primary Care Network. Janet served as director of Chinook’s health information and outcomes department, one of the first health region departments in Alberta focused on evidence-based health care and decision-making. She also helped establish the Pincher Creek primary care project and the chronic disease network, which advanced progressive, integrated and interdisciplinary approaches to chronic disease management and prevention. Now, after 30 years of occupying nursing leadership roles, including CARNA provincial councillor, Janet has returned to the bedside, teaching and mentoring nursing students at Lethbridge College in the area of maternal/child health.

Karen Lasby  
**MN, RN, CNS**  
Karen Lasby has become an expert in the care of complex feeding challenges seen in premature infants. Karen, along with her colleagues, created the neonatal transition team (NTT). This team is unique in Canada and designed to meet the needs of very low birth-weight infants and their families, post discharge. Karen also developed the NTT telehealth outreach project, where parents can watch sessions on oral feeding, sleep and development, reflux and preparing for hospital discharge. A teaching handout for the care of infants with gastroesophageal reflux was also designed by Karen which has been a valuable teaching tool for public health nurses and for parents.

Tracy MacDonald  
**BScN, MHA, RN, CHE**  
Tracy MacDonald provides strategic leadership as the senior operating officer for the Stollery Children’s Hospital. Tracy advocates for children and is committed to developing and enhancing the delivery of excellent care to children and their families. This is reflected in her involvement with associations and task forces at a national and provincial level. She sits on the board of the Women and Children’s Health Research Institute and on the board of the Canadian Association of Pediatric Health Centres. In her role, she helps to shine light on important and current issues in order to inform and influence policy.

David MacLean  
**BScN, RN**  
Lieutenant Commander David Maclean is a military member who has served in numerous peacekeeping missions. In 2009, David was deployed on a hospital ship delivering humanitarian peacetime care to central/south Americans. He was then deployed to Afghanistan in 2011 as the second in command in his medical unit, while also working on the intermediate-care ward as a med-surg nurse. In April 2015, he responded to the Ebola crisis in Sierra Leone where he worked in an Ebola treatment centre, providing...
care to local and international health-care workers. Currently, David is the detachment commander of a group of high-readiness nurses posted to the Canadian Field Hospital in Edmonton.

**Karen Macmillan**  
*MN, RN, CHPCN(C)*

Karen Macmillan has been engaged in palliative care research and education for over 20 years. Karen serves on a variety of committees and task forces and has published extensively in this field. She brings a passion for mentorship, research and ongoing quality improvement to her leadership roles. She is the senior operating officer for acute services at the Grey Nuns Community Hospital and the lead on the palliative and end of life strategy. She also led the opening of the hospital's stroke/geriatric unit and expansion of the tertiary palliative care unit.

**Dan Marchand**  
*MHS, BScN, RN*

Dan Marchand is a firm believer in supporting individuals who are vulnerable to harm or discrimination. Dan was a leader and champion in the development of the Alberta Health Services domestic violence screening and intervention policy for provincial urgent care. This policy will now be spread wider to other provincial emergency departments. Dan has also been involved with Camp FyreFly, a leadership camp for LGBTQ youth to foster resiliency in a world that can often be difficult to these teens. His leadership has led the development of an orientation, a medical liaison team and protocols for the summer camps in Edmonton and Calgary.

**Colleen Maykut**  
*BScN, DNP (Case Western Reserve), RN*

Colleen Maykut is currently an assistant professor at MacEwan University, as well as president of the University's Nursing Honour Society. She has been instrumental in forming and developing the Mu Sigma chapter with the Sigma Theta Tau International Honour Society of Nursing. The chapter allows current and former MacEwan students the opportunity to contribute to world health and advance their pursuits of scholarship, leadership and excellence. Colleen has also been involved in the university's Caring Award, where students have an opportunity to attend a conference that promotes furthering both the profession of nursing as well as individual pursuits. RN

Curious about the other 75 recipients?  
Visit [carna100.ca](http://carna100.ca) to read their biographies, learn about Alberta’s nursing history, and more!
Registered nurses from across the province came together for an unforgettable night of toasting the profession. The CARNAX Awards of Nursing Excellence Gala on March 17, 2016 celebrated the award recipients and nominees for the contributions they have made to nursing. The evening also recognized several RNs for their outstanding academic achievements with ARNET’s annual scholarships.

PHOTOS BY WILLIAM AU PHOTOGRAPHY
Mia-Bernadine Torres
BN, BSc, RN | Staff Nurse, Coronary Care Unit, Peter Lougheed Centre

Mia Torres graduated with distinction from the University of Calgary nursing program. She obtained a position in the same coronary care unit (CCU) at the Peter Lougheed Centre where she had done her nursing practicum.

Mia recently added casual work on the sister unit, medical cardiology (MC), to her current work with critically-ill cardiac patients in the CCU. As the MC unit transitioned to more collaborative care and care hubs, Mia took it upon herself to develop a process flow map that supports staff and provides guidance in both procedural and cultural changes involved in that shift.

"Every person’s heart is completely unique—not one person has the same exact heart rhythm on monitor, always some variation; heart rhythm in itself is a fingerprint and helps give a person their uniqueness."

In the daily teaching rounds for residents and cardiologists to address the needs of each patient with the multidisciplinary team, Mia advocates for her patients and is accountable to the team to follow through on all of the actions discussed and decided upon.

“You get to understand people for who they are, to know their struggles and challenges behind their illness, to know their families and their connections, to know their successes prior to the illness, to know their hopes and dreams for the future..."

Her colleagues have described Mia as a staff member who puts extra effort into creating individualized patient goals.

“I love seeing how my cardiac patients heal with time, and how my own practice transitions as they transition.”

Mia looks forward to a long-lasting nursing career where she continually gets exposure to new technologies and therapies that evolve from today’s modern medicine and nursing.

"[Being a registered nurse], you get the best of modern medical science and the art of human anthropology put into one career."
As a neonatal nurse practitioner, Stacey Dalgleish has both expert nursing skills and advanced knowledge, but relies on the collective knowledge of the staff team to make effective decisions.

“I try to listen to the observations of bedside nurses about the babies and the families; many strengths and weaknesses of a clinical program are observed by nurses and innovation can be identified by actively listening.”

After 30 years in clinical practice, Stacey began to appreciate her unique blend of experience, ability to interpret evidence-based literature, and critical thinking skills that allowed her to influence the immediate care delivered and patient outcomes in the neonatal intensive care unit (NICU).

“Ideas for better practice and outcomes can really take off when leadership is empowering.”

With support from both nursing and medical administrators, Stacey led a team that developed a new type of IV line that significantly reduced infections and toxins for babies. Several years later, most NICUs in Canada use a form of that IV line.

“"I understand that hope is basic to being able to come back to the NICU every day. Parents should always have hope for their situation. I try to maintain humanity and humility.”

Colleagues remark upon Stacey’s ability to reduce the stress and anxiety and increase the trust felt by parents with her holistic approach as they adjust to parenting a preterm baby.

“To engage with each situation not as if it is your 10,000th interaction, but as a new relationship, is not easy but it does make the relationship genuine.”

Stacey Dalgleish
MN, NP | Neonatal Nurse Practitioner, NICU, Foothills Medical Centre

Award of Nursing Excellence in Clinical Practice
This award recognizes an outstanding RN who demonstrates professional excellence in direct patient care.
Award of Nursing Excellence in Education

This award recognizes an outstanding RN who demonstrates excellence in teaching nursing students, staff and/or patients.

Peter Kellett
MN, PhD(c), RN | Medical/Surgical Theory Instructor, University of Lethbridge

If anyone is building a firm foundation for success in the careers of his student nurses, it’s Peter Kellett. He views nursing education as an ongoing detective story where one tries to collect evidence and understand what has happened or will happen.

“I ultimately decided to pursue nursing because I wanted the kind of working relationship that nurses have with their clients, and it was a diverse profession with lots of potential career directions.”

In the senior year of his nursing program, Peter was already a student assistant in the nursing skills laboratory and began teaching junior nursing students.

“As soon as I entered Memorial University’s nursing program, I knew I had made the right choice because I felt at home in nursing and my passion for the profession.”

Recognizing that not all learners learn in the same way, Peter established testing styles in numerous formats, and turned students to each other in groups to help them learn from their peers.

“Obviously I have had a lot of support along the way, so I value mentorship, and pay it forward by serving as a mentor for others.”

Peter’s students consistently award him high scores on instructor evaluation surveys. This PhD candidate is as admired for his lifelong dedication to learning as for his teaching skills. Peter Kellett’s course design, implementation and use of technology in class, ensure students are kept aware of current evolution in best practices based on hard data as well as hands-on patient care.

“If you recognize you and your students are on the same educational journey, but just at different stages of that journey, it establishes a positive and encouraging approach to education.”
Emma Folz grew up on a wheat and sheep farm in a small town in Australia.

“Growing up in that environment gave me an appreciation for the cycle of, and fragility of, life and of how many different systems interplay to create health... From a young age, what I wanted to do most was simply to help people and nursing was an obvious choice to do that.”

After years in clinical care and clinical education, Emma applied for an assistant manager position at the Alberta Children’s Hospital pediatric intensive care unit (PICU) and developed an incredible passion for the role. Shortly thereafter, she became manager and later patient care manager for the PICU, the neonatal intensive care unit and the neonatal follow-up clinic.

“The moment that PICU staff reaches these patients and their families, we go from being complete strangers to becoming the most important people in their lives.”

Emma developed a PICU website with evidence-based data to help guide practice and recently added information from Alberta Children’s Hospital nuclear medicine and oncology departments as well.

Members of the nursing profession and patient families cite Emma Folz as an advocate for common sense, clarity and compassion. Staff also get involved in management team retreats, holiday parties, BBQs and the PICU tea-time ritual Emma initiated when the new Alberta Children’s Hospital site opened.

“It doesn’t matter if you are the housekeeper or the senior leader of the hospital, you have a name, a story and a specific role that you should be respected for.”

Emma has created a healthy workplace and a culture where all staff can be challenged in positive ways and participate in all aspects of the unit’s daily functions. Her skills in processes of evaluation and adaptation have kept her team wanting to come to work and stay to work.

“Doing what is right is not as easy as it sounds. So many forces can work against it. But I have learned from our patients, families and colleagues that the human spirit is stronger and more resilient than anything I have ever encountered.”

Emma Folz
BScN, MA, RN | Patient Care Manager, PICU, NICU and Neonatal Follow-up Clinic, Alberta Children’s Hospital

Award of Nursing Excellence in Administration
This award recognizes an outstanding RN who demonstrates professional excellence in administration.
As a private practice nurse practitioner (NP), Donna provides full primary care services to individuals of all ages. She has over 30 years of acute-care nursing practice.

"Dad was an orderly in Edmonton and a member of the civil defense first aid team, so our house was always full of scissors and bandages and stories from the hospital. By junior high, I knew I wanted to become a nurse."

As one of the first NPs in long-term care in Alberta, Donna helped to significantly decrease polypharmacy. She reoriented the Athabasca University NP program to centre on prevention of illness and health promotion, as well as the traditional approach to disease management.

Donna's work as a nurse in Saudi Arabia involved over two years of 13-hour shifts, but included meeting a wonderful community of international caregivers.

"We would approach each challenge from our own cultural background but often end up in complete agreement on a course of treatment."

After working in three provinces and overseas, Donna saw how a stressed health-care system and the overall health of a community's population could inadvertently impair a patient’s health. She turned to political action and advocacy for community health improvements such as support for breastfeeding in hospitals. After becoming an NP, Donna began to push for NP integration into primary care.

"I wanted more of a challenge and to work in a community setting. And to make a difference in the actual delivery of health-care services. Real one-to-one connections with patients. Being a nurse practitioner makes that possible."

Donna has been an inspiration around the province and throughout Canada due to her many presentations at nursing conferences and her steady stream of publications, briefs and other documents focused on the role of NPs in Alberta.

She currently serves as president of the Alberta Association of Nurse Practitioners in Private Practice and previously served as president of the Nurse Practitioner Association of Alberta and in a variety of board capacities.

Donna remains committed to the ongoing development of practice standards, nursing education and leadership opportunities for nurses.

Committee’s Choice Award of Nursing Excellence

This award is intended to recognize an RN who the Committee deems worthy of an award of excellence. Examples of potential recipients include the following:

- nominees who meet or exceed the criteria in another category than the one in which they were nominated
- whose achievements go across several categories and do not fit the criteria of any one category
- the nomination does not meet the criteria but the achievements are outstanding and worthy of note.

Donna Clare

MN, NP | Nurse Practitioner, Athabasca University
"The rewards are having the people you work with directly enjoy their work, recognize their value as individuals and as a group, and knowing within yourself that you have made a difference in nursing, nursing education and in individual development."

Some may consider her a humble and quiet leader. Many, however, view her as a mighty behind-the-scenes nursing advocate and educator. She is a true supporter for those nurse educators who strive to move the family-centred focus of wholistic nursing care services forward.

"I think you develop a belief in yourself that you are doing the best that you can do. I don’t think you are ever sure that you have achieved everything that could be achieved."

Heather has been a catalyst for change in the curriculum and program design for several iterations of nursing programs since the 1970s. She also led the proposal development seeking approval for a new bachelor of nursing program at MacEwan University, as a means of meeting future health-care needs while maintaining the high quality standards in Alberta nursing education.

"I believe nursing can and will advance and be recognized as the key part of health care. We do much already that is unrecognized and would greatly transform health care if nurses were allowed to work to full potential."

Heather has served as a local, national and international nursing advocate, delivering presentations at national and international conferences related to nursing education, health care and the use of simulation in nursing education.

"We need to pay more attention to what front-line staff is saying—regardless of the type or field of nursing—encourage collaborative and participative leadership and governance and ‘blow our own horn’ more often. Well-educated nurses lead to well-cared for patients and families."

"I would probably describe myself as a quiet ‘agent of change.’ I prefer to research current issues in nursing education, administration and nursing practice, listen to others’ ideas or problems, research and analyze the problems and possible solutions in light of current thinking and my own experience, and then present proposals to the relevant people."

Retired or not, Dr. Heather Montgomerie maintains her interest in the latest research on contemporary curriculum design, trends in health-care education, effective teaching strategies and government requirements for effective programs.
Dr. John Kortbeek
MD, FRCSC, FACS | Professor and Head, Department of Surgery, University of Calgary and Alberta Health Services, Calgary Zone.

Dr. Kortbeek is known for enhancing the delivery of care services by working collaboratively with various health-care professionals at local, provincial and national levels. As a general surgeon specializing in trauma and critical care, he was drawn to a career in medicine by its “blend of science and humanity.”

“Medical practice has changed. Evolved. It has become more corporate, more team-based and more data-driven. Public expectations have risen and demand more collaborative approaches from medical professionals.”

As the Calgary Zone clinical department head, he supports key nursing roles in the offices of surgical education and surgical research for surgeons and surgical teams in the zone.

“I have great respect for registered nurses. An effective critical care nurse performs at high levels, copes with stressful situations, and has a strong knowledge base, especially in the proper use of supporting technologies and interventions.”

Dr. Kortbeek includes the nursing team in rounds and encourages registered nurses to push their practice to full scope. He believes that patient outcomes and professional clinical care improve when every team member is recognized and appreciated for their special skills.

“I believe the longer you work, the less you’re sure about. But building programs and improving processes is often its own reward.”

Dr. Kortbeek’s leadership practice can be traced back several decades with continued development and teaching in trauma service through the advanced trauma life saving program. He continues to develop evidence-based critical care programs characterized by a multidisciplinary approach to care.

Dr. Kortbeek’s adoption and promotion of a Safe Surgery List has contributed to reduced preventable surgical complications, improved efficiency and better patient outcomes in the Calgary Zone and elsewhere.

“I continue to be impressed with the resiliency of front-line professionals—nurses, doctor and managers—in the face of unceasing change.”
The Alberta Registered Nurses Educational Trust is pleased to introduce the ARNET CLASS OF 2016!

The ARNET academic scholarships are awarded annually to CARNA RNs and NPs who exemplify our charity’s commitment to promoting nursing excellence.

Please join us in congratulating each of the Class of 2016 and in expressing our sincere appreciation to our donors who make this educational support possible. We are also pleased to announce that for the 11th consecutive year, the Faculty of Nursing with the University of Alberta has chosen to supplement the ARNET Scholarships awarded to their full-time, graduate level students making it possible for us to distribute a record $148,000 in scholarship supports this year.

**ARNET ACADEMIC SCHOLARSHIPS**

**Castro Arias**  
Masters, Nursing  
University of Alberta  

Sponsored by Catherine Dianne Davidson Memorial Trust  

**Sarah Dewell**  
Doctoral, Nursing Philosophy  
University of Calgary  

Sponsored by Sisters of Service  
Alberta Centennial Scholarship fund  

**Jennifer Hermann**  
Masters, Nursing  
University of Alberta  

Sponsored by Karen Polowick fund for Nursing Leadership  

**Jennifer Bell**  
Doctoral, Nursing,  
University of Alberta  

Sponsored by Karen Polowick fund for Nursing Leadership  

**Allison Norris**  
Doctoral, Nursing  
University of Alberta  

Sponsored by Karen Polowick fund for Nursing Leadership  

**Ashley Hyde**  
Doctoral, Nursing  
University of Alberta  

**ARNET CENTENNIAL SCHOLARSHIPS**

Covenant Care Villa Maria Scholarship for Innovation in Gerontology Nursing established by Ruby Gorospe Naraine

**Tan Ki Chong**  
Masters, NP Adult  
University of Alberta  

Helen Sabin Memorial Scholarship established by Dr. Peggy Anne Field  

**Lisa Trahan**  
Masters, NP Family  
University of Alberta  

**ARNET provides educational supports at all levels of RN continuing education. Visit arnet.ca for more details.**
FALL PREVENTION EXPERTS FLOCK TO CALGARY

Many older adults fear falling because the repercussions could potentially claim their independence. That’s why leaders in fall prevention are gathering in Calgary, AB at Watch Your Step 2016. This National Fall Prevention Conference is an opportunity for researchers, practitioners and policy-makers in the field of seniors’ health to learn about the latest successful programs and connect with other leading practitioners.

Co-hosted by the Injury Prevention Centre and Alberta Health Services and proudly supported by the College and Association of Registered Nurses of Alberta, this event brings together experts from across Canada and around the world to share research excellence, clinical advances and policy innovations under the theme Applying Integrated Approaches.

“Solutions need to be simple enough to actually apply in everyday lives of seniors.”

“We know that there is no silver bullet to prevent falls in seniors because there are so many risk factors and variables involved.” says Rosalie Freund-Heritage, Education Coordinator, Injury Prevention Centre. “However, solutions need to be simple enough to actually apply in everyday lives of seniors.”

In addition to topical sessions and workshops, keynote speakers at the conference demonstrate the complexity of the issue in their dynamic presentations.

Dr. Dawn Skelton, will give a talk titled: *Are We Doing Harm to Our Patients? Importance of Motivation, Support and Consistent Messages for Fall Prevention.* Skelton is Professor of Ageing and Health at the School of Health and Life Sciences, Glasgow Caledonian University. Her work highlights the importance of promoting a healthy and active lifestyle among older adults.

Tod Maffin, Digital Technology and Marketing Expert, will dive into the health effects of the digital age with his talk: *Is Technology Affecting Our Health? Making the Digital World Human Again.* Maffin is praised for his entertaining and relatable insight as a technology futurist.

*Watch Your Step 2016 takes place at the Coast Plaza Hotel in Calgary*
*May 16-17, 2016.*
*Register at [www.watchyourstepcanada.com](http://www.watchyourstepcanada.com)*
NOTICEBOARD

REUNIONS

ROYAL ALEXANDRA HOSPITAL ALUMNAE BANQUET
May 6, 2016 | Edmonton
mic@telus.net

CALGARY GENERAL HOSPITAL SCHOOL OF NURSING ALUMNAE 81ST ANNUAL HOMECOMING BANQUET
May 13, 2016 | Calgary
leblanc3@telus.net

KELSEY NURSING REUNION CLASS OF 1976
June 17–19, 2016 | Saskatoon
lueken2@gmail.com

UNIVERSITY OF ALBERTA HOSPITAL CLASS OF JUNE 1980 NURSING REUNION
June 24–26, 2016 | Canmore
cherami@hotmail.com

RED DEER COLLEGE CLASS OF 1976 REUNION
Summer 2016 | Red Deer
doughart26@hotmail.com or
marilynnreid@shaw.ca

UNIVERSITY OF ALBERTA HOSPITAL CLASS OF 1966 50 YEAR REUNION
Sept. 21, 2016 | The Village at Pigeon Lake
s.acheson01@gmail.com or
margmcfarlane@shaw.ca

EDMONTON/WEST

NP FORUM FOR NURSING AND ALLIED HEALTH
April 9, 2016 | Edmonton
npforum.ca

CARDIOLOGY UPDATE
May 7, 2016 | Edmonton
cardioupdate.ca

NORTHWEST

ALBERTA HOSPICE PALLIATIVE CARE ASSOCIATION ROAD SHOW
June 1, 2016 | Grande Prairie
ahPCA.ca

CALGARY/WEST

EMERGENCY MEDICINE RESEARCH DAY
April 7, 2016 | Calgary
ucalg.ca/ermedicine/research

MUSIC CARE CERTIFICATE PROGRAM
April 14–15, 2016 | Calgary
room217.ca/music-care-certificate-program

50TH ANNUAL MACKID SYMPOSIUM
April 14–15, 2016 | Calgary
calgaryfamilymedicine.ca/mackid

LACTATION MANAGEMENT WORKSHOP
April 14–16, 2016 | Calgary
icappa.net

TEACHING TOGETHER: MUCH ADD ABOUT SOMETHING!
April 28, 2016 | Calgary
blogs.mtroical.ca/signatureevent

PATIENT ORIENTED RESEARCH SUMMER INSTITUTE
May 2 – 4, 2016 | Calgary
sporttrainingab.com

ALBERTA HOSPICE PALLIATIVE CARE ASSOCIATION ROAD SHOW
May 4, 2016 | Banff
ahpca.ca

CENTRAL

ADVOCATING AND CARING FOR THE DEMENTIA CLIENTS
April 22, 2016 | Red Deer
agna.ca

25TH ANNIVERSARY AARNIPP ANNUAL GENERAL MEETING
June 11, 2016 | Red Deer
privatepracticiences.ca

ALBERTA HOSPICE PALLIATIVE CARE ASSOCIATION ROAD SHOW
June 14, 2016 | Red Deer
ahPCA.ca

OUTSIDE OF ALBERTA

NATIONAL BIENNIAL CONFERENCE ON ADOLESCENTS AND ADULTS WITH FETAL ALCOHOL SPECTRUM DISORDER
April 6 – 9, 2016 | Vancouver
interprofessional.ubc.ca/AdultsWithFASD2016

NCLEX 2016 CONFERENCE FOR EDUCATORS
April 18, 2016 | Toronto
ncsbn.org

INDIGENOUS HEALTH CONFERENCE
May 26 – 27, 2016 | Mississauga
cpd.utoronto.ca/indigenoushealth

SHARING INNOVATION IN HEALTHCARE DELIVERY
May 29 – June 5, 2016 | Vancouver
education@sea.com.au

The submission deadline for events and reunions in the Summer 2016 issue of Alberta RN is May 6, 2016. Go to nurses.ab.ca for a complete and up-to-date listing of events and reunions or to submit an event for publication.
Northcott Care Centre in Ponoka, is a 72-bed, long term care facility and is seeking a Best Practice Nursing Leader to assist in planning, organizing and directing nursing services.

Please refer to our website for additional information.

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One member needed for Competence Committee.

Four-year term beginning June 2016.

The Competence Committee makes recommendations to CARNa Provincial Council on continuing competence program requirements and the assessment of those requirements, and more.

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APPLY BY: APRIL 30, 2016

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Closing Perspectives
Leadership takes courage

If you look at leaders that stand out in history, they’ve taken a problem and solved it. Florence Nightingale helped improve health care by using epidemiology to better understand a population’s health conditions. Tommy Douglas, leader of the New Democratic Party in the 1960s, improved access to health care by introducing North America’s first single-payer, universal health-care system. In the early 1900s, Nellie McClung helped women gain the same rights as men by becoming a women’s rights activist, legislator and author.

Registered nurses are critical members of the health-care team because they can step back, look at the whole picture, and come up with solutions based on their advanced knowledge and skill. That’s what their patients, the public, and other health-care providers need RNs to do. We need RNs to step up and say, “I’m going to work on this. I’m going to find a solution to this problem.”

And thankfully, we see registered nurses doing this every day. This year, during CARNAs Centennial, we are fortunate enough to honour 100 of the many thousands of nurse leaders in Alberta. On page 23 of this issue, we describe 25 Centennial nurses, but you can find all 100 of their biographies including a summary of their accomplishments online at carna100.ca.

For example, we honour educators like Judy Hanson, who advanced nursing knowledge by contributing to the implementation of a revised bachelor of nursing curriculum at the University of Calgary, and Shane Heavener, who reduced hospital-acquired infections by starting a best practice group at the Royal Alexandra Hospital.

There are clinical nurses like Linda Johnston who helped screen for postpartum depression in new mothers by implementing a training program for nurses, and Cheryl King who improved stroke care in rural Alberta by starting the Stroke Prevention Clinic in Camrose.

“Courage doesn’t always roar. Sometimes courage is the little voice at the end of the day that says I’ll try again tomorrow.”

MARY ANNE RADMANCHER

We honour nurses in leadership, including Janet Lapins and Dory-Glaser Watson, who both served on CARNAs Provincial Council; Karen Kuprys, a president and vice-president of a local UNA chapter; and Deb Gordon, vice-president and chief health operations officer – Northern Alberta, Alberta Health Services.

Leadership means problem solving, but it’s also advocating. We see it in all of these leaders. Many of the nurses we heard about are “tireless in their efforts,” or “face challenges head-on,” or “consistently advocates for registered nursing.” It was clear that passion and drive were constant factors within all of our nurse leaders and honourees.

Leadership takes courage. All of these registered nurses took a risk. They chose to try and do something different, and chose to try to make a difference. They had to step outside of their comfort zone. Doing this takes courage; we have to find the courage within all of us to be a leader.

It’s also important to recognize the courage of others. When you see somebody trying to solve a problem or do something different, let’s support them so that we can all build leaders amongst us. Ask yourselves, how do we become a leader, and how can we support our colleagues when we see them demonstrating leadership?

Problem-solving doesn’t always happen on a grand scale. We often face daily challenges where we can make small, but significant, differences in people’s lives. Author Mary Anne Radmacher said, “Courage doesn’t always roar. Sometimes courage is the little voice at the end of the day that says I’ll try again tomorrow.”

So I say to you: have courage in your daily practice. Have courage to solve a problem you are facing. Have courage to speak your mind and stand up for your patient. Have courage to support your colleagues. And at the end of the day, remember the big picture, as RNs are meant to do: we are here to help people’s health and well-being. I think that remembering this will help give you the courage you need to make a difference.

MARY-ANNE ROBINSON, MSA, BN, RN
Chief Executive Officer
780.453.0509 or 1.800.252.9392, ext. 509
mrobinson@nurses.ab.ca

“Courage doesn’t always roar. Sometimes courage is the little voice at the end of the day that says I’ll try again tomorrow.”

MARY ANNE RADMANCHER
Carna centennial CALENDAR
Celebrate 100 years of regulated nursing with us throughout 2016!

**JANUARY**
carna100.ca
Centennial website launch

**JANUARY 21**
Centennial LAUNCH
at City Hall in Edmonton

**FEBRUARY**
WINNER of video competition
to be announced

**MARCH 16-18**
CARNA CENTENNIAL CONFERENCE

**MARCH 17**
The CNA AWARDS GALA

**APRIL**
Spring Alberta RN magazine with
the second nursing history feature

**MAY- OCTOBER**
TRAVELLING nursing EXHIBIT
Locations announced in May. Visit carna100.ca

**MAY 6**
NURSES ON THE RUN
Bower Ponds, Red Deer

**MAY 9-15**
NATIONAL NURSING WEEK

**JULY**
Summer Alberta RN magazine with
the third nursing history feature

**OCTOBER**
Fall Alberta RN magazine with
the fourth nursing history feature

**OCTOBER 21 + 22**
Centennial galas
Calgary - October 21
Edmonton - October 22

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May 6, 2016  Evening Start  Bower Ponds, Red Deer

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