Celebrating a **century of registered nursing practice** in Alberta
Find out how we are celebrating this milestone on page 24

**CARNA is changing** to increase services of value to members

PAGE 6

Announcing the nominees and recipients of the **2016 CARNA Awards of Nursing Excellence**

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CARN A Provincial Council 2015–2016

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

PRESIDENT-ELECT
Jerry Macdonald, BScN, RN, CCN(C)
Grande Prairie
780.978.1348
jmacdonald@nurses.ab.ca

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

NORTHEAST REGION
Jeannie Hare, RN
Redwater
780.942.2963
j hare@nurses.ab.ca

EDMONTON/WEST REGION
Wendy Carey, MCN, MN, RN
Edmonton
780.886.1661
w carey@nurses.ab.ca

Derrick Cleaver, BScN, RN, MPH(c)
Edmonton
587.879.2152
dcleaver@nurses.ab.ca

Alison Landreville, MN, RN
Medicine Hat
403.878.4700
alandreville@nurses.ab.ca

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

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

CALGARY/WEST REGION
Tyler Burley, MN, BScN, RN
Calgary
403.860.1491
tburley@nurses.ab.ca

Christine Davies, RN, BA, RN
Cochrane
403.650.0864
cdavies@nurses.ab.ca

Andria Marin, MN, RN
Calgary
403.561.1867
amarin@nurses.ab.ca

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

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

George Epp
Taber
403.232.3170
g epp@nurses.ab.ca

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

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

CARN A Staff Directory

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

Chief Executive Officer: Mary-Anne Robinson
Senior Advisor, Public Affairs: Margaret Ward-Jack
Director of Corporate Services: Jeanette Machtemes
Director of Professional Practice Support: Carolyn Trumper
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Policy and Practice Consultants: Debra Allen, Donna Harpell Hogg, Penny Davis, Pam Mangold
Program and Evaluation Consultant: Trish Paton
NEPAB Consultants: Lori Kashuba, Margarethe Mauro

Regional Coordinators:

- Northwest: Karen McKay 780.978.7781
- Northeast: Robin Cooper 780.901.3293
- Edmonton/West: Barb Perry 587523.5498
- Central: Heather Wasylenki 403.848.0873
- Calgary/West: Lisa Tran 403.919.8752
- South: Pat Slackleford 403.394.0125

Alberta Registered Nurses Educational Trust: Margaret Nolan

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11620-168 Street
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Fax: 780.452.3276
nurses.ab.ca

Editor-in-chief: Rachel Champagne
Editor: Kyla Gaelick
Designer: Julie Wons

Advertising Representative:
Jan Henry, McCrone Publications
Phone: 800.727.0782 Fax: 866.413.9328
mccrone@interbaun.com

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Comfortable to wear. Classic yet contemporary, the CARNA nurse’s uniform is a perfect fit.

A perfect fit: How RNs are well-suited for care coordination roles

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Comfortable to wear. Classic yet contemporary, the CARNA nurse’s uniform is a perfect fit.
Our Centennial is here! One hundred years ago, seven committed nursing leaders met to discuss the concerns of an emerging profession, at the first council meeting of the Alberta Association of Graduate Nurses. They had convinced a reluctant government that the public was best served when nurses were educated and regulated to meet consistent standards of care. Since 1916, the people of Alberta have relied upon and trusted our profession to put their health needs first. Today, registered nurses form the largest group of health professionals in the province. This will be a year of unprecedented celebration, and visibility, for our profession. This spotlight on registered nursing is an opportunity to highlight the contributions of RN knowledge to Alberta health care, increase public visibility, and emphasize the roles of the most trusted health profession. I am looking forward to seeing you at major events such as the research conference but I also hope that you will seize upon opportunities to leverage the Centennial to bring public visibility to the contributions of registered nurses in your communities, at smaller local events, such as when the travelling exhibit visits your community.

Being one of the most trusted professions is gratifying and it comes with an obligation. The public honours us with their trust and in turn expects nurses to show leadership on matters related to the health of all Albertans. The Centennial gives us a platform to talk about the influence and contribution of our profession to matters of healthy public policy. As RNs, we bring our knowledge and expertise to a wide range of health-related topics and issues. We have the skills to assess and clearly communicate the health needs of individuals, families and communities; we engage in health research that contributes evidence to policy development; and the expertise to interpret and use the results of research to improve the health of Albertans and develop more effective ways of providing care. We are the professionals best qualified to look at the whole health journey and ask: what brought the patient to this point in their trajectory? How can this episode of care, or this interaction, serve as an opportunity to get the patient on a better path to health in the future? This is the essence of primary health care, a public policy domain where we have a great deal to contribute – and an area that is pivotal to sustaining our health system in the years ahead.

The Centennial is about celebrating our past and the remarkable nurses who have moved our profession forward. But it is also about looking forward and creating a vision of how we want our profession to evolve, and how it needs to evolve to meet the health needs of the future. The public benefits when RNs are enabled, empowered and expected to practise in a way that stretches them to their full scope of knowledge. We need staffing models and care delivery systems that give RNs the time needed to step back and take the bigger, primary health care-oriented view, regardless of setting. We know that registered nurses will be pivotal to the necessary (and long-awaited) shift in emphasis in our system to more community-based care, and we also know that RNs will continue to play a critical role in hospital-based care, particularly for patients with highly complex and shifting needs. RNs must lead the work around planning care, ensuring the continuity of care, enabling and supporting patients to take on a greater role in managing their own health and health information, and connecting patients back to community-based resources, including the primary care team. Technology will continue to provide tools to expedite care, but technology cannot replace the therapeutic relationship between a nurse and a patient.

So yes, the Centennial is going to give much deserved visibility to our profession as a whole. That is a good thing, but we also know that RN visibility in the processes of care is always and ultimately in the best interests of the public. Each one of us defines the RN contribution in our everyday actions – as we care for patients and their families, advocate with health-care decision-makers, interact with colleagues, teach students, lead research teams, collaborate with other members of the care team...well, you get the idea. Ask yourself: how are you making your knowledge visible today? I am very pleased to tell you that CARNa is collaborating with UNA on a joint campaign during 2016 to heighten RN visibility and actively raise awareness of the essential and everyday contributions of RNs and NPs to the health of Albertans.

I am so very proud to be a registered nurse. Let our Centennial ignite your pride in our profession as we look at the progress and achievements of the last century; stop for a moment and consider the shoulders upon which our profession stands – those amazing nursing leaders who have helped shape our profession over the past 100 years. I am so looking forward to celebrating with you as we reflect on our history, share our knowledge, recognize our colleagues for their excellence in practice, and together, chart a vibrant path forward into the next century.

Shannon Spenceley, PhD, RN
780.909.7058
president@nurses.ab.ca
Be part of Provincial Council!

What does it mean to be on council?

Being on council provides a great opportunity to gain greater knowledge of trends affecting nursing and health care and build your leadership skills and confidence. As a provincial councillor, you will...

- set C ARNA’s strategic direction
- make decisions in the interest of the public
- advocate to increase awareness of the RN role
- bring the voice of the profession to health policy discussions

You will also make decisions regarding standards and guidelines for nursing practice and standards for approval for nursing education programs.

For full details and to apply, visit: nurses.ab.ca/elections

For details about the roles, contact:
Tyler Burley, Chair, Nominations Committee
403.860.1491 | tburley@nurses.ab.ca

<table>
<thead>
<tr>
<th>REGION</th>
<th>AVAILABLE POSITIONS</th>
<th>TERM</th>
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<tbody>
<tr>
<td>All</td>
<td>President-elect</td>
<td>Four-year term (two as President): Oct. 1, 2016 – Sept. 30, 2020</td>
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You must be a current member and resident of the C ARNA region in which you are running (except if you are running for president-elect).
I read Mary-Anne Robinson’s Closing Perspectives: A Catalyst for Change and I have a number of concerns.

I agree with her concerns that new graduate nurses (NGNs) are expected to almost immediately assume a full patient load composed of acutely ill people and, within a few short months, expected to be charge nurses in stressful environments, which is exacerbated by having the nursing staff composed of a higher percentage of NGNs along with a general shortage of RNs. However, to state that she was not surprised by the over 30 per cent failure rate among the Alberta NGNs because she has heard employers and experienced nurses complain that NGNs are not able to “hit the ground running” is of grave concern to me. To further suggest that adopting the NCLEX-RN for the entry-to-practice exam is part of the solution for an effective transition of NGN and that the “exam results signal an urgent need for change in Alberta” is extremely alarming! I have not discovered any evidence in published research to support that there is a relationship between the achievements on the NCLEX-RN and successful transition of NGN to RN professional practice. As evidenced by the number of publications and topics at nursing education conferences, the issue of NGN preparedness for practice is a world-wide phenomenon in nursing and in particular in the United States which has had the NCLEX licensing exam for a number of years.

Mary-Anne Robinson seems to be assigning the blame of the failure rate to the quality of the nursing education programs in Alberta. Nursing education programs are charged with the responsibility of preparing generalists with the following: possessing a foundational knowledge and basic skills which can be built upon depending on where the NGN begins practice; a readiness to practise safe care such as following agency policies and procedures; being aware of their own limitations and then appropriately asking for assistance and guidance; using strategies to prevent harm or injury to patients; knowing the underlying principles of nursing actions; having strong ethical values; and possessing critical thinking, clinical reasoning and self-directed learning skills. These are clearly articulated in CARNA’s Entry-to-Practice Competencies against which all Alberta nursing education programs are approved. There needs to be an openness to the possibility that perhaps the NCLEX-RN entry-to-practice exam is the wrong exam for Canadian graduates.

Rather than always emphasizing the divide between the sectors of education, practice, administration and regulation, we need to develop a shared understanding of the meaning of practice readiness so that there can be greater collaboration in the preparation, transition and integration of new graduates.

Lorraine Way, MN, RN

CARNÁ’S RESPONSE:
Dear Lorraine,

Thank you for your feedback on my column in Alberta RN.

Although we have 100 years of nursing experience in leading development of standards and excellence here in Alberta, our profession is, and always should be, driven to improve. The issue of practice readiness for entry-level graduates continues to evolve around the world, and I agree with you that we need greater collaboration in the preparation, transition and integration of new graduates.

The NCLEX-RN is just one of several mechanisms we can use to assess an applicant’s ability to practise safely and provide yet another opportunity to reflect on potential solutions. The introduction of the NCLEX-RN in Canada with an accompanying practice analysis (2014) has illuminated the increasing intensity of the work environment for RNs in their first six months of practice. For example, the survey indicated that on their last day of work, RNs cared for an average of 12 patients.

However, the source or the solution to this issue does not lie in simply just an exam. The profession must carefully weigh what is the reasonable balance between what the education programs can assure in terms of readiness, what employers can support upon entry into practice, and how regulatory tools can help support safe practice. All of us together need to find ways to ensure that new graduates are supported in making the transition to practice.

Thank you again Lorraine for your valuable insight on this issue.

Mary-Anne Robinson
CEO, CARNA
FOCUS ON IMPROVEMENT

CARNA is changing to increase services of value to members

Just as registered nurses ensure the currency of their practice by completing an annual continuing competence requirement, CARNA is assessing its organizational design to make sure we are staying current with what members expect from us and how we can best serve the public interest.

Members have said they want to see us advocating for and influencing the health system and want access to relevant education and professional development supports. As such, CARNA has an important role to play on patient safety and in bringing the voice of the profession forward in this regard.

MEMBER IMPACT

Education and practice support

RNAs have made it clear that they value opportunities for continued professional development and education. We are constructing a new program to provide more educational and development opportunities to members while improving our practice support services. We are excited to support members by taking these services to a whole new level.

Registration services

No major changes are planned to our registration renewal or continuing competence program. Members will currently complete their registration and continuing competence as they do now; they can continue to contact us for practice support; and we will continue to process complaints the same way under the Health Professions Act.

DISCONTINUATION OF THE REGIONAL COORDINATOR PROGRAM

The regional coordinator program in its current form will close on April 30, 2016 in order to refocus resources on different member services. Members have told us that they highly value the opportunities for continued education including webinars and online or in-person education sessions, so we are building a new program in order to provide more of these services.

We are very appreciative and grateful for the amazing work of our regional coordinators, and want to express our gratitude publicly.

OVERVIEW OF DEPARTMENTS

Quality Assurance

Responsible for setting and maintaining the minimum standards for the profession.

DIRECTOR: Cathy Giblin, MS, RN

Professional Practice Support

Responsible for helping members grow and move towards excellence in all domains of practice.

DIRECTOR: Carolyn Trumper, MACT, BScN, RN

Business Intelligence

Responsible for organizing and helping us understand our data so that we can make better decisions for the organization and for members, and use evidence to influence policy, regulation and practice.

DIRECTOR: Duane Wysynski, MBA

Corporate Services

Responsible for the essential functions that keep CARNA going on a daily basis.

DIRECTOR: Jeanette Machtemes, MBA, CPA, CMA

Senior Advisor, Public Affairs

Responsible for establishing and nurturing our relationships with government and external organizations.

Margaret Ward-Jack, BA, BEd, PRDip

NEXT STEPS

We are excited to implement these changes and expect to complete this project by summer 2016.

If you have any questions, please do not hesitate to contact us at 1.800.252.9392 or email carna@nurses.ab.ca.

We welcome any feedback and will keep you posted.

Letters to the Editor (cont’d)

Thank you, volunteers!

On behalf of RESOLVE Alberta, I would like to sincerely thank Linda McCracken and Linda Duffett-Leger for their extraordinary voluntary contributions to the RESOLVE network as steering committee members. Their efforts have been, and continue to be, highly valuable to this committee. Without their commitment we could not have achieved our goals of coordinating and supporting research aimed at ending violence. Specifically, our goals are to create and evaluate strategies to address violence and abuse; communicate our research results to the public and policy makers; and promote education, awareness and social change. The steering committee members meet four times a year to identify areas where additional research on violence needs to be done, develop action-oriented research projects with other community groups and universities across Canada, and train students and community members in research methods. I look forward to continuing to work with these individuals on upcoming RESOLVE projects.

Nicole Letourneau, PhD, FCAHS, RN
Changes to the Registered Nurses Profession Regulation

We are moving forward on a number of proposed changes to the Registered Nurses Profession Regulation. This Regulation governs all RN and NP practice in Alberta under the Health Professions Act and creates a framework for scope of practice, registration requirements, continuing competence and conduct processes for RNs and NPs. No date has been set for proclamation as we are dependent on Alberta Health and other stakeholder’s timelines; however we are moving forward with a target of late 2016.

Here is a look at the progress we have made on some of the proposed changes.

RN prescribing and ordering of diagnostic tests

Colleagues respond to our request for advice on RN prescribing

We have formed a multidisciplinary advisory committee to provide advice, expertise and feedback on the implementation of RN prescribing and ordering of diagnostic tests.

The committee will allow a broad range of representatives to identify issues in our proposed revisions to the Registered Nurse Profession Regulation that may impact RN prescribing, and identify approaches to address these issues. Committee members will also help ensure our requirements, standards of practice and competencies for RN prescribing and ordering of diagnostic tests are easily understood and practical.

The committee includes a pharmacist, physician, dental hygienist, nurse practitioner and representatives from Alberta Health Services, Covenant Health, Health Canada: First Nations and Inuit Health Branch, education institutions and the Canadian Patient Safety Institute.

RN prescribing education program development underway!

Athabasca University is in the process of developing an education program for RN prescribing and ordering of diagnostic tests.

Thanks for your feedback on updated documents

We have received feedback from CARNA members and stakeholders on three revised documents:

- RN Prescribing and Ordering Diagnostic Tests: Requirements and Standards
- RN Competencies for Prescribing and Ordering Diagnostic Tests
- Standards of Supervision

We are currently seeking feedback on two draft documents, Restricted Activities: Standards for Regulated Members and Standards for the Use of Title. Feedback can be submitted through the use of a survey posted at nurses.ab.ca/documents-in-review until Jan. 13, 2016. On Dec. 15, 2015 Alberta Health sent these standards documents out for stakeholder feedback.

Changes to the registration process

Jurisprudence requirement

With a lot of help from you, we have been developing a module to demonstrate nursing jurisprudence (understanding in the laws that govern and privilege our practice as registered nurses in Alberta). This module will become a requirement for all new members and eventually part of our ongoing continuing competence program.

The principles of online gaming are applied to traditional (open-book) testing techniques to create an experience that is both engaging and educational. This summer, 73 members got the chance to play the game as part of a pilot project. We are now in the process of incorporating their feedback and finalizing the module.

Changes to provisional registration

We conducted a stakeholder consultation in November to discuss the following proposed changes:

- provisional registration can be granted for a maximum of two years
- supervision will be required for those on provisional registrar

We will be presenting some of the questions and concerns brought up during the consultation in a webinar. Stay tuned for more information coming soon.

Questions?

Learn more about the proposed changes at: nurses.ab.ca/rn-regulation

If you have questions about the proposed revisions, please contact 1.800.252.9392 and ask to speak to one of our Policy and Practice Consultants or email practice@nurses.ab.ca.
**Excellence in professional development**

The annual random review of continuing competence information submitted by members continues to show your strong commitment to achieving excellence through professional development.

Thank you to the nurses who consented to share their learning plans to help others develop theirs. The following plans represent a broad range of nursing roles and practice settings. Each plan is unique and focused on addressing a learning need relevant to the nurse’s own practice. You may find they inspire your own professional development goals.

<table>
<thead>
<tr>
<th>L.O.</th>
<th>49 years’ experience</th>
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<tbody>
<tr>
<td><strong>LEARNING OBJECTIVE</strong></td>
<td>To be able to identify changes in practice related to case management of the elderly in a comprehensive community program</td>
</tr>
<tr>
<td><strong>RELEVANCE</strong></td>
<td>To be aware of best practices in case management</td>
</tr>
</tbody>
</table>
| **ACTIVITIES** | 1. **Self-Study Modules**  
Case Management Program level one  
McMaster Centre for Continuing Education  
(05/13/2015) |
| **EVALUATION** | I am more aware of the way we can achieve and maintain a high level of functioning, independence and quality of life for our clients, all the while keeping them in their homes by using all resources available. |

| M.G. | Community Health Agency | 25 years’ experience |
|------|-------------------------|
| **LEARNING OBJECTIVE** | To stay updated and current on new immunizations and immunization protocols |
| **RELEVANCE** | A large part of my practice is communicable disease control through child health clinic. It is important to stay current on the newest standards and protocol changes to be able to provide the best service to clients and their families.  
Staying current and updated assists me in providing the most accurate information to clients so they can make informed decisions around immunizations for themselves or their families. |
| **ACTIVITIES** | 1. **Review of Standards/Guidelines/Policies**  
a) Update regarding the eligibility requirements for pertussis containing vaccine (11/07/2014)  
b) Communicable Disease Control manual updates and changes (12/11/2014)  
c) CDC zone operational process.  
   New guidelines for immunizing at-risk populations (04/01/2015)  
d) New charting updates (04/08/2015)  
2. **In-service/Workplace Presentation**  
a) Measles outbreak in-service (01/13/2015)  
b) Rota virus (12/02/2014)  
c) New Guidelines for Rotavirus, Men B and Fit to Immunize (05/19/2015)  
3. **Conference/Seminar/Workshop Presentation**  
   Professional Development Day  
   CDC Vaccines are Safe History and Epidemiology of Tuberculosis (04/15/2015) |
| **EVALUATION** | A large portion of my practice as a public health nurse is communicable disease control through the administration of immunizations.  
Immunizations are updated and changed on an ongoing basis and it is important to stay up-to-date on the current practice so I am able to maintain competency in the administration and teaching around new immunization practices and standards.  
The in-services, updates and continuous review of the CDC manual help to achieve this competency and improve the service I can provide to clients and their families by educating them on best practice.  
Having the CDC manual online has helped to access new updates and current practices in a more timely fashion, and assisted with the teaching I do with clients and their families so they are able to make informed decisions on immunizations. |
### K.M. | Air Transport/ICU | 10 years’ experience

**LEARNING OBJECTIVE**
To successfully complete new job training through simulation, self-study/online modules, class time and partnered on-the-job orientation in a new prehospital HEMS nursing role

**RELEVANCE**
This learning objective is relevant to my nursing practice as I have taken an employment opportunity with a Helicopter EMS company.

**ACTIVITIES**
1. **Case Studies/Simulated or Demonstrated Learning**
   To maximize my ability to manage patients in the prehospital setting through simulation (06/05/2015)
2. **Distance Education/Online Modules**
   Complete the orientation for STARS self-study with group feedback on cases and info via email (04/10/2015)
3. **Review of standards/Guidelines/Policies**
   Familiarize with the CCMCPs for Emergency Medical Services (05/30/2015)

**EVALUATION**
I have changed my entire way of looking at patient care in my new setting, from my team makeup, to my approach to my patient, and how I look at diagnostics and clinical signs. I have never been such a sponge in all my years of nursing. The amount of knowledge I have gained over the past year has also improved my competence in my ICU setting. I have more active involvement in the care plan for my patients, as well as a strengthened confidence from the immense amount of education I have received.

### L.G. | Hospital | 30 years’ experience

**LEARNING OBJECTIVE**
To be a better resource and support to the client and the families and enhance the relationships between medical personnel/client/family

**RELEVANCE**
In critical care, often the situations that bring patients to us are sudden, traumatic and life-threatening. The RN at the bedside is generally the one coordinating the client care, relaying information and, in many cases, speaking for the client.

**ACTIVITIES**
1. **Specialty Interest Group/Journal Club/Study Group**
   Patient and Family-Centred Care in GSICU a focus to discuss some barriers to patient/family focused care in ICU (11/24/2014)
2. **Journal Articles/Books/Manuals**
   b) Family-Centered Care Meeting the Needs of Patients’ Families and Helping Families Adapt to Critical Illness, J. Davidson. Critical Care Nurse Vol. 29, No. 3. June 2009 (01/04/2014)
3. **In-service/Workplace Presentation**
   Implementation of some family-centred measures in ICU (03/01/2015)

**EVALUATION**
These learning activities have increased my awareness of what is important to patients and families during the hospital experience. What sticks in my mind is the need for timely information and access to the patient, particularly in ICU settings. The literature and the in-service I attended support and promote a team approach.

### T.T. | Community Health Agency | 27 years’ experience

**LEARNING OBJECTIVE**
To increase knowledge of mental health illness

**RELEVANCE**
Many of the callers are dealing with mental health issues for themselves, family members and/or people they care for. [This] will allow me to improve the care I am able to provide these callers to improve their quality of life and ability to manage and/or care for the mental health issues that they face.

**ACTIVITIES**
1. **Distance Education/Online Modules**
   Stigma and Mental Health (01/24/2015)

**EVALUATION**
This module reminded me again of the barriers that people with mental health face, and the way that they are often labeled and treated when they encounter the medical world. It addressed the way a person who has a mental illness can view themselves. Knowing that the person can be struggling within themselves helped me to stop and listen more to what the person was saying and to be able to validate the struggles they have and the impact of the way others around them view mental illness.
**Learning Objective**
I want to review management of cholesterol and update on current best practice.

**Relevance**
I am often dealing with clients with concerns regarding their cholesterol levels and feel that I need to review what is current best practice.

**Activities**
1. Journal Articles/Books/Manuals
   b) 2012 Update of Canadian Cardiovascular Society Guidelines for diagnosis and Treatment of Dyslipidemia for the prevention of Cardiovascular Disease in the Adult. *Canadian Journal of Cardiology* 2013 (02/16/2015)
2. Internet Research
   Mayo Clinic-Cholesterol: Top foods to improve your numbers (12/02/2014)
3. Consultation with Experts/Peers
   Discussions with co-workers and physicians regarding the change in guidelines for cholesterol. Fasting no longer required by labs. *Dynalife DX Bulletin* (03/03/2015)
4. Internet Research
   Review of drugs to manage cholesterol levels-searched Medline Plus and searched by specific drugs (05/15/2015)
5. Internet Research
   Top Lifestyle Changes to Improve your Cholesterol. *Mayo Clinic website* (06/12/2015)

**Evaluation**
When patients/clients ask questions about cholesterol management, I am more confident that the things I am telling them are in line with the current guidelines for management of cholesterol.

The review of medications has been helpful when talking with people who are having difficulties with their meds or with their cholesterol control.

The info from the Mayo Clinic website has been useful when speaking with clients who have been told their cholesterol levels are getting close to the point of needing medications. Overall, my confidence when discussing cholesterol with my clients has increased.

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**Learning Objective**
Establish strategies on how to maintain professional relationships with chronic patients/families experiencing ongoing illness and long hospitalizations.

**Relevance**
[My unit] has many chronic patients. It can be a challenge to maintain a professional relationship with these patients and families, as we care for them from birth through many developmental stages.

**Activities**
1. Distance Education/Online
   Patient Relations (11/20/2014)
2. Committee/Advisory Group Participation
   How to handle abuse in the workplace (03/17/2015)
3. Consultation with peers
   Cultural competence (04/29/2015)
4. Review of Standards/Guidelines/Policies
   Reviewed the gift-giving section of the professional boundaries document by CARNA (06/23/2015)
5. Participation in conducting research
   “Walking alongside children with progressive life-shortening illnesses: Experiences of pediatric acute care nurses” *University of Calgary* (01/04/2015)

**Evaluation**
I feel that I have a stronger understanding about professional relationships, and how they foster overall patient care and satisfaction. I feel that I have become a strong resource for my colleagues when they are in stressful situations. I have seen how my positive professional relationships have affected families long after patient discharge. I have also discovered that difficult relationships can affect me negatively, and have developed self-care skills to help manage my stress. I am very pleased to have met my goal this year, and am proud with how my nursing practice has developed and matured.
### C.K. | Public Health Department or Agency | 32 years’ experience

**LEARNING OBJECTIVE**
To increase my expertise in insuring effective, efficient service strategies that support optimal client care

**RELEVANCE**
In my role I am responsible for delivering client-centred service delivery that meets nursing practice standards, aligns with AHS targets and is achieved within allotted resources.

**ACTIVITIES**
1. **Self-Study Modules**
   - eClinician training modules; this is a client service scheduling program (07/31/2015)
2. **In-service/Workplace Presentation**
   - “Day with Derek Peterson,” focused on developing resiliency in children and youth (02/12/2015)

**EVALUATION**
This year, I transitioned to a new portfolio of community rehabilitation services. My work requires ongoing and intentional evaluation of current client service delivery to ensure high quality, appropriate, and accessible health care that supports optimal outcomes for clients. The activities I have completed have provided information to guide my decision-making and strategy development around enhancing client care and achieving optimal outcomes for clients.

### C.K. | Psychiatry | 22 years’ experience

**LEARNING OBJECTIVE**
To be familiar with Recovery of Care model

**RELEVANCE**
Manager has indicated unit is adopting Recovery of Care model and knowledge gained from review of materials will ensure my approach, documentation and care planning is up-to-date with model.

**ACTIVITIES**
1. **Journal Articles/Books/Manuals**
   - a) Principles of Care
   - b) Making Recovery a Reality
   - c) Client-Centred Care
   - d) Recovery Care Plan for AHE
   - e) 100 ways to support recovery
   - f) Practice guidelines for Recovery Oriented Behavioral Health Care (04/30/2015)

**EVALUATION**
I feel confident that my approach with my clients is more positive and less focused on problems/illness specific concerns. I feel I am able to utilize Recovery Care Plan model when creating care plans with my clients meeting guidelines of newly adopted model.

### J.G. | Hospital | nine years’ experience

**LEARNING OBJECTIVE**
Interested in learning more about computerized technology in nursing

**RELEVANCE**
[This] will enhance my knowledge and better prepare me for the roll-out of these technologies in my hospital setting.

**ACTIVITIES**
1. **Distance Education/Online Modules**
   - Nursing Informatics. (10/14/2014)

**EVALUATION**
It prepares me for the introduction of the different computerized technology in my workplace. I was able to compare my studies and put in to action my learning experiences at my workplace setting.

### W.N. | Hospital | 18 years’ experience

**LEARNING OBJECTIVE**
To become familiar with a new discharge pathway that is being developed for the region regarding the discharge of babies from the NICU

**RELEVANCE**
I am involved in many discharges and it is important that all follow-up appointments are made and discharge instructions are followed by the parents.

**ACTIVITIES**
1. **Self-Study Modules**
   - New Discharge Pathway (10/27/2014)
2. **Review of standards/Guidelines/Policies**
   - Reviewed the guideline regarding discharge teaching (11/13/2014)
3. **Other**
   - Obtained and started filling out the discharge pathway on every baby that I cared for. Even if discharge was not imminent, I continued to do teaching and practised filling out the pathway (08/17/2015)

**EVALUATION**
I am much more comfortable using the discharge pathway and making sure that all topics are covered long before the discharge of a baby is anticipated. This helps decrease the stress on parents and helps make the discharge smoother and faster. RN
Carna Member
A Hearing Tribunal made a finding of unprofessional conduct against a member who endangered resident privacy when she packaged all the expired medications, with identifying information for residents on the medications, into one bag to be sent to a pharmacy for disposal, when some of the residents were not customers of that pharmacy; and who completed a mental health assessment that was outside the scope of the LPN (not RN) role in which she was employed in that setting. The Tribunal issued a reprimand and as the member had retired, the Tribunal accepted the member’s permanent, irrevocable undertaking to never practise as an RN again.

Carna Member
A Hearing Tribunal made a finding of unprofessional conduct against a member who started an IV and administered an IV fluid bolus to a co-worker, who was working the same shift, when the member knew or ought to have known the co-worker was not a registered patient and there was no physician’s order. The Tribunal issued a reprimand.

Carna Member
A Hearing Tribunal made a finding of unprofessional conduct against a member who, while working, allowed a co-worker to start an IV and administer an IV fluid bolus to the member, when the member knew or ought to have known he was not registered as a patient, and there was no physician’s order. The Tribunal issued a reprimand.

Carna Member
A Hearing Tribunal made a finding of unprofessional conduct against a member who posted cartoons on a friend’s Facebook timeline that could be perceived as derogatory about the member’s nursing colleagues and working environment that was accessible to a broader audience than intended. The member received a caution and completed a course on ethics.

Carna Member
A Hearing Tribunal made a finding of unprofessional conduct against a member who documented a verbal order for a nicotine patch when she had not received a verbal order to do so. For this finding of unprofessional conduct the Hearing Tribunal issued a reprimand and an Order that the member complete course work on ethics. 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: 35,085
A Hearing Tribunal made a finding of unprofessional conduct against member #35,085 who, while working in long-term care, left an inappropriate voicemail for the client’s family causing unnecessary distress and failed to consult with the client’s physician before leaving the message. For this finding of unprofessional conduct, and in consideration of the member’s contemporaneous readiness to retire from the practice of nursing, the Hearing Tribunal issued an Order that the member execute a permanent undertaking not to practise nursing or return to seek a practice permit. 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: 42,712
A Hearing Tribunal made a finding of unprofessional conduct against member #42,712 who, while under a discipline decision and Order of the Hearing Tribunal, contravened two paragraphs of the Order in the decision of the Hearing Tribunal when she provided unsatisfactory performance evaluations from her employer and was terminated by that employer. The Tribunal issued a reprimand and accepted the member’s undertaking to not practise pending satisfactory medical reports proving the member is fit to practise, at which time the member may apply for and do a period of supervised practice. The member was also directed to provide further medical reports to confirm her ongoing fitness to practise. Conditions shall appear on the member’s practice permit. Failure to comply with the Order may result in suspension of CARNa practice permit.

Carna Member
Registration number: 48,845
A Hearing Tribunal made a finding of unprofessional conduct against member #48,845 who, in one incident, failed to provide adequate care by failing to document and failed to distinguish between Gravol and Benadryl, and, in a second incident, displayed a lack of compassion. For this finding of unprofessional conduct, and in consideration of the member’s contemporaneous readiness to retire from the practice of nursing, the Hearing Tribunal issued an Order that the member execute a permanent undertaking not to practise nursing or return to seek practice permit. 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:  54,144  

A Hearing Tribunal made a finding of unprofessional conduct against member #54,144 who took a patient’s personal property (cigarettes) from a locked room for the member’s own personal use and without the knowledge or consent of the patient. The member also failed to appropriately document assessments of two patients on a regular and ongoing basis, and failed to appropriately manage the acquisition and/or purchase of ADL incontinent supplies for a patient, which resulted in unnecessary personal expense to that patient. The Tribunal issued a reprimand and ordered the member to pay a fine of $500, pass courses on responsible nursing and documentation, and complete the e-modules on the Code of Ethics. Conditions shall appear on the member’s practice permit. Failure to comply with the Order may result in suspension of CARNA practice permit.

CARNA Member  
Registration number:  60,510  

A Hearing Tribunal made a finding of unprofessional conduct against member #60,510 who was unprofessional in her interaction with a patient and the patient’s family who were present, when the member said she would put a pillow over the patient’s face, following a disagreement when trying to assess pain levels, in response to a request for pain medication. The member was untruthful and unprofessional about those as follows: when asked by the charge nurse the member denied saying that she would put a pillow over the patient’s face; a day later the member told the respiratory therapist who had witnessed the interaction with the patient that, if asked, the member planned to deny what she had said to the patient about the pillow. The Tribunal issued a reprimand and directed the member to pass courses in communications and professional ethics, and to complete the e-modules on the Code of Ethics. Conditions shall appear on the member’s practice permit. Failure to comply with the Order may result in suspension of CARNA practice permit.

CARNA Member  
Registration number:  61,005  

A Hearing Tribunal made a finding of unprofessional conduct against member #61,005 who, while working in public health, failed on numerous occasions to document care to clients and, on two occasions, failed to provide adequate care. For this finding of unprofessional conduct, the Hearing Tribunal issued a reprimand and an Order that the member complete course work, submit satisfactory performance evaluations, and restricted the member’s practice setting until the performance evaluations are approved. Conditions shall appear on the member’s practice permit. Failure to comply with the Order may result in suspension of CARNA practice permit.

CARNA Member  
Registration number:  63,542  

A Hearing Tribunal made a finding of unprofessional conduct against member #63,542 who, while working in a direct to procedure unit conducting telephone history assessments and teaching, failed to notify the appropriate health professional; failed to refer to the appropriate clinic; on two occasions failed to explore new symptoms; and on four occasions failed to enter or complete accurate documentation. For this finding of unprofessional conduct, the Hearing Tribunal issued a reprimand and an Order that the member complete courses on documentation and assessment. 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:  64,453  

A Hearing Tribunal made a finding of unprofessional conduct against member #64,453 who contravened the Order in the decision of the Hearing Tribunal when, during her ordered supervised practice, she behaved in a manner which resulted in her supervised practice being terminated by her employer as follows: she behaved inappropriately during a home visit, which caused the client concern; she refused to attend for a drug screen when told to do so by her supervisor; and she ingested ethanol or other substances prohibited under the Order. The Tribunal issued a reprimand and accepted the member’s undertaking to not practise pending medical clearance that she is fit to practise, at which time she may work in a setting with no access to drugs, or do supervised practice. In either case, the member must do ongoing alcohol and drug screening and provide further medical reports, which continue for two years after successful completion of the supervised practice. Conditions will appear on the member’s practice permit. Failure to comply with the Order may result in suspension of the member’s practice permit.

CARNA Member  
Registration number:  66,877  

A Hearing Tribunal made a finding of unprofessional conduct against member #66,877 who, for two and one-half years, failed to ensure that up-to-date client records were accurately and completely maintained on at least 60 home care clients and failed to ensure that HCA staff were available to provide care to clients. Subsequently, the member failed to document care for numerous clients in a timely manner, despite being directed to do so, over a two-week period; and later, during a one-month period, while working under direct supervision the member failed to complete timely documentation on numerous clients. The Tribunal issued a reprimand and directed the member to pass courses on documentation, assessment, responsible nursing, and nursing process. The member is also required to complete 960 hours of supervised practice. Conditions shall appear on the member’s
practice permit. Failure to comply with the Order may result in suspension of CARNA practice permit.

C ARNA Member
Registration number:  71,513

A Hearing Tribunal made a finding of unprofessional conduct against member #71,513 who, on numerous occasions, behaved unprofessionally and failed to show leadership when the member: used inappropriate language at work, including swearing, sometimes multiple times per shift; frequently had angry, hostile outbursts around co-workers, which upset the co-workers and instilled fear of retaliation; and frequently displayed an angry, hostile, impatient attitude toward patients, which showed a lack of compassion. The Tribunal issued a reprimand and ordered the member to pay a fine of $1,000. The Tribunal also ordered the member to undergo counseling/tutoring to address the member’s communication and other inappropriate behaviours toward patients and co-workers, and provide a report back from the counselor/tutor. The member was ordered to develop and submit to a Hearing Tribunal a Workplace Communication/Behaviour Improvement Plan, implement it, and provide feedback to the Hearing Tribunal. The member is restricted to working at his current employment site pending two satisfactory performance evaluations from his RN manager, focused on the member’s behaviours and communications with patients and co-workers, and also providing information regarding the member’s progress in implementing the Workplace Communication/Behaviour Improvement Plan. Once the member has provided a second satisfactory performance evaluation, the member is required to notify the Hearing Tribunal of all employment sites for the next year; provide proof the RN manager at each site has read the decision from the hearing; and provide a letter from the RN manager commenting on the member’s behaviours and communication style, which must satisfy the Tribunal that the member has consistently demonstrated a high level of respect, kindness and compassion toward all patients and their families, and his colleagues. Conditions shall appear on the member’s practice permit. Failure to comply with the Order may result in suspension of CARNA practice permit.

C ARNA Member:  Denise Scriven
Registration number:  75,877

A Hearing Tribunal made a finding of unprofessional conduct against Denise Scriven #75,877 who had been convicted of a criminal offence. The Tribunal cancelled her registration.

C ARNA Member
Registration number:  83,883

A Hearing Tribunal made findings of unprofessional conduct against member #83,883 arising from two complaints. The member failed to document an adequate or any initial assessment of a patient immediately after a fall; failed to adequately document any ongoing assessments of the patient’s condition or care provided for the remainder of the 12-hour shift; and failed to advise the patient’s family of the fall in a timely manner. The member failed to notify her employer of conditions on her CARNA practice permit, contrary to section 47 of the Health Professions Act; failed to comply with the direction of the CARNA Registrar to notify her employer that she was required to practise under supervision; and failed to ensure that she was practising under the direct supervision of a RN, as required by the conditions placed on her practice permit. The Hearing Tribunal issued a reprimand; ordered the member to pay a $2000 fine; ordered the member to pass a course on documentation and a course on interpersonal aspects of nursing; and complete the e-modules on the Code of Ethics. The member was also required to give an undertaking to not practise until she has a worksite approved, and will then be restricted to working at that site pending two satisfactory comprehensive performance evaluations. Conditions shall appear on the member’s practice permit. Failure to comply with the Order may result in suspension of CARNA practice permit.

C ARNA Member
Registration number:  87,146

A Hearing Tribunal made a finding of unprofessional conduct against member #87,146 who failed to maintain professional boundaries when, on one occasion, the member inappropriately went to former patient’s home without invitation, contrary to employer policy, and advised the former patient that the member was an RN from the hospital so that the former patient could identify the member through association; and at the end of the visit the member offered to pray with the former patient, which caused her and her husband unnecessary distress. The Tribunal issued a reprimand and directed the member to pass a course on responsible nursing, complete the e-modules on the Code of Ethics, and write a reflective paper on professional boundaries. Conditions shall appear on the member’s practice permit. Failure to comply with the Order may result in suspension of CARNA practice permit.

C ARNA Member
Registration number:  89,439

A Hearing Tribunal made a finding of unprofessional conduct against member #89,439 who, while working as the charge nurse, failed to complete a thorough and accurate assessment on a resident who was found on the floor, bleeding; inappropriately called the LPN to come to assess the resident as the member said she was going on her break; failed to document an adequate assessment after the LPN insisted the member come look at the resident who was in pain; and failed to follow the employer’s protocol re: resident falls. On a different shift and different resident, the member: failed to complete an accurate assessment when a resident who complained of leg pain and epigastric discomfort; administered Nitrospray for epigastric pain which the member incorrectly assumed was cardiac-related; failed to check
vital signs after administering the Nitrospray; failed to adequately document an assessment of the resident; and failed to identify in a timely manner that the resident’s catheter was blocked, and that the resident’s bladder was distended, causing him discomfort. On another shift, the member failed to respond appropriately to a health-care aide’s request to assess a resident who had fallen. The member failed to respond appropriately to a resident who was experiencing respiratory distress, believing that he was dying, when the member failed to do or document an adequate assessment and failed to notify the physician. In addition, the member inappropriately applied Voltaren gel to an open wound on a resident’s heel, and failed to document accurately. The Tribunal issued a reprimand. As the member stated she intended to retire, the Tribunal accepted her undertaking to not practise. If the member decides to return to nursing, she must first pass courses in Assessment, the Clinical Skills Refresher (or equivalent), and Documentation. Thereafter, she must apply to have a supervised practice approved, and provide a satisfactory performance evaluation to the Tribunal. Conditions shall appear on the member’s practice permit. Failure to comply with the Order may result in suspension of CARNA practice permit.

CARN A Member
Registration number: 94,028
A Hearing Tribunal made a finding of unprofessional conduct against member #94,028 who administered a dose of Morphine earlier than ordered; inaccurately transcribed a physician’s order; inaccurately documented an administered medication; failed to administer a dose of IV KCL; and failed to include a physician’s name when documenting a physician’s order. For this finding of unprofessional conduct, the Hearing Tribunal issued a reprimand and an Order that the member complete courses on documentation and medication administration. A condition 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: 95,639
A Hearing Tribunal made a finding of unprofessional conduct against member #95,639 who advised her employer that she was unable to work her scheduled orientation night shift due to her child’s illness and, when she was later able to arrange child care, did not call her employer to cancel her sick call and instead accepted casual work for the same shift at a different practice setting. For this finding of unprofessional conduct, the Hearing Tribunal issued a reprimand and ordered that the member complete course work as well as write a paper. Conditions shall appear on the member’s practice permit. Failure to comply with the Order may result in suspension of the member’s CARNA practice permit.

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Call for Election Teller

We are looking for an election teller and alternate teller to observe the retrieval of CARNA election results.

Qualifications

• currently practising RN or NP member of CARNA
• not a candidate seeking election to Provincial Council

Duties

• be present at the CARNA office in Edmonton on May 16, 2016 from 8:30–10 a.m.
• retrieve the results from the electronic voting system with a CARNA staff member
• complete teller reports indicating the successful candidates
• report results to the CARNA president and chair of the nominations committee

Successful members are eligible for travel expenses and a per diem.

Questions

Contact Aura Somarriba: elections@nurses.ab.ca
780.733.3363

Apply at nurses.ab.ca

Deadline to apply: Monday, Feb. 12, 2016

Submit a resolution to our annual general meeting on March 10, 2016.

What is a resolution?

A resolution is a way for you to identify a problem and share your ideas for a solution. Your resolution can relate to any area of nursing practice including direct care, education, administration and research. It can also be about the role of CARNA or the role of RNs and NPs in health care.

What happens with my resolution?

Attend the CARNA AGM on March 10, 2016 in Edmonton to move your resolution. CARNA members in attendance will vote on whether council should consider your resolution. Resolutions passed at the AGM are non-binding, but at a later meeting, council will determine what action, if any, should be taken.

Resolutions submitted before Feb. 1, 2016 will be posted on the CARNA website. Resolutions are accepted from the floor at the meeting, but advance posting gives members more time to consider the issue.

I want to share my resolution with council. What do I do next?

Go to nurses.ab.ca for full instructions and a template for writing your resolution.

FICTIONAL SAMPLE RESOLUTION:

Be it resolved, that ice-cream trucks will continue to run in the months of September and October.

Background information and references

There are hot, sunny days in September and October equal to that in the summer.
SOURCE: www.weather.com

The season of summer lasts until mid-September.
SOURCE: www.almanac.com

Children and adults eat ice-cream year round.
The ice-cream truck delivery system is efficient and convenient.
Vascular disease is the leading cause of death and disability in Alberta and in Canada. Over 90 percent of Canadians have at least one vascular risk factor.

Vascular disease includes heart disease, stroke, diabetes, kidney disease, peripheral vascular disease and vascular dementia. The causes of vascular disease are known and can be prevented: high blood pressure, high cholesterol, detrimental nutrition or alcohol use, physical inactivity, obesity or tobacco use.

**How can you help reduce vascular risk?**

**Complete cardiovascular risk assessments on appropriate individuals.**

Those with high vascular risk and known vascular disease should be treated with statin therapy.

**Assess tobacco use of every individual.**

Consider tobacco use as a vital sign in every patient visit. Support tobacco users in quitting efforts and link to available resources.

**Support healthy eating and physical activity to promote health.**

Assess, prescribe and counsel patients in healthy living behaviours such as eating well (eat more vegetables and fruit), being active and becoming tobacco-free.

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**Share your nursing practice articles with us!**

Are you proud of your contribution to the program or services your team provides? Would you like to share your clinical practice, education, research or administrative expertise with other RNs? We would like to help you spread the word! We are looking for fresh nursing content for *Alberta RN* magazine. With an audience of more than 36,000 registered nurses and nurse practitioners, your message can really make an impact in the Alberta nursing community.

Send your articles and photos to albertarn@nurses.ab.ca.

The editorial deadline for the Spring 2016 issue is Feb. 12, 2016.
While pursuing my certificate at Concordia Lutheran College in 2010, I realized that I didn’t know what a parish nurse does. I also realized that few, if any, people at my workplace and in the faith community really knew what a parish nurse does either.

The Canadian Association for Parish Nurse Ministry (CAPNM)’s definition of a parish nurse is: “a registered nurse with specialized knowledge called to ministry and affirmed by a faith community to promote health, healing and wholeness.” That specialized knowledge arises out of a nursing conceptual model of biblical shalom-wholeness as espoused by Dr. Lynda W. Miller in her book *Faith and Health: a Framework for Christian Nurses*. Parish nurses seek to help clients in their faith community integrate their faith and health during times of transition – birth and death, disease, illness and surgery.

Parish nursing operates within the belief that faith and spirituality, in its various forms and rituals, promote healing. At the core of whatever he or she does, the parish nurse is distinguished from other kinds of nursing practice by their focus on spiritual care. That care is not an add-on; it is vital. The parish nurse asks, “How is this health issue affecting my client’s spiritual life, or how is their spiritual life affecting the way they handle their health issues and concerns?” Once the role of the parish nurse is determined by the faith community or organization for which they work, their scope of practice covers a vast range of scenarios from health educator, counsellor, and advocate, to facilitating support groups and referring to community resources.

The parish nurse is ‘present’ with the person going through a health issue or transition in life. Active listening, compassionate presence and prayer are the daily tools of the parish nurse. The parish nurse takes the time to connect, to understand the difficult decisions being made, and to help parishioners walk through the process, from beginning to end.

Focusing on the emotional, mental, physical, spiritual, and social needs of clients (whole-person health) often translates into a better understanding for the client of their situation and a higher level of self-care. For example, one parishioner struggled with the complexities of organ donation following the death of his young wife.
In addition to providing a listening ear while he expressed his deep loss and grief, the parish nurse referred this client to the patient relations department where he voiced valid frustrations. Follow-up visits continued as the client explored how his faith in God carried him through hard questions and not-so-simple answers.

Another client, house-bound with multiple chronic illnesses, asked for advice on medication changes and upcoming medical appointments. She expressed deep disappointment in her inability to attend church services, so as a substitute the parish nurse facilitated time in the weekly visit for Bible reading and prayer. This spiritual care activity empowered the client to feel like a choice-maker in dealing with her physical, mental and spiritual health.

In working with older adults and their families, the parish nurse often accompanies to appointments, corrects misunderstandings, answers questions regarding care, and addresses fears so that anxieties can be laid to rest. Parish nurses combat the loneliness many people feel as they go through their situation by assisting clients and families in their own environment, to understand the process and what part they can play in it to help. Ultimately, clients feel that their issues are real, they have someone to talk to when they need, that in an emergency they have someone to call on, and that someone cares.

Parish nursing in Alberta started in 1996, when 39 RNs from five Canadian provinces and territories took the first course offered at the University of Alberta faculty of nursing. Approximately 100 registered nurses completed courses at the U of A from 1996-2001. Concordia University College also offered courses by distance learning.

CARNA gave the AAPNM, a provincial chapter of the Canadian Association, Specialty Practice Group status in 2012. Currently, a core group of eight to 10 nurses interested in practising parish nursing meets in Edmonton three or four times yearly to share information and for mutual support.

Parish nurses are committed to a set of standards of practice and core competencies recently revised in 2015. More information about parish nursing can be found on the Alberta and Canadian websites www.aapnm.ca and www.capnm.ca.

For the purposes of this article, the authors recognise the use of “faith” to refer to the Christian faith as practised by colleagues and members of AAPNM/CAPNM. RN

A perfect fit

HOW RNS ARE WELL-SUITED FOR CARE COORDINATION ROLES

BY DAVE S. CLARK

A BROAD SCOPE OF PRACTICE, THE ABILITY TO CALL ON THE RIGHT PERSON ON THEIR TEAM AT THE RIGHT TIME, TRAINING IN CRITICAL THINKING AND A VAST NETWORK OF HEALTH-CARE COLLEAGUES ARE JUST SEVERAL OF THE REASONS WHY REGISTERED NURSES ARE A TAILOR-MADE FIT FOR THE CLINICAL CARE COORDINATOR ROLE IN PRIMARY CARE SETTINGS.

“Without a word of a doubt I really feel that it is an RN role, because a person in that position is going to give the most comprehensive care when they are utilized appropriately in primary care. I think RNs have the broadest base for utilized appropriately in primary care. Most comprehensive care when they are in that position is going to give the care.”

Audrey Wiebe, clinical care coordinator at the Taber Clinic, says it is a very complex role. The coordinator leads program development and implements clinical guidelines and procedures for their clinics. They have to work with other community supports and also mentor the other team members in the clinic. They must lead a multi-disciplinary team that helps patients with prevention, screening and management of chronic diseases. She says she is passionate about the role being held by an RN as they have the training in emergency situations and the critical thinking skills required for the position. Those skills, she said, are required when patients have needs that are not well-defined.

“With the clinical care coordinator role being a perfect fit for an RN, it’s important that RNs get those jobs, so that they can continue to work to their fullest scope,” says Wiebe. “I think we need to step up to the plate to work to our scope of practice. I think that’s been a danger in some of our clinics that our RNs are not working, or are not allowed to work, to their full scope of practice. We need to advocate for ourselves and do the things that we are trained for,” she says.

Dolan agrees, saying that clinics work the best and are most efficient when every member of the team is put in a position that they are trained for and can excel at. “I feel RNs are often utilized to administrative-type duties. If you want value added, you are going to get that value through our clinical expertise. I’m fortunate in my role that there’s very little non-clinical work that’s part of my day, because there are people who can do it better. Primary care is a lot of measurement; it’s a lot of data collection, and there are people who are way better at it,” she says.

An area that primary care is trying to improve upon is having the right person looking after the right patient at the right time, according to Dolan. It’s the foundation of primary care and something that RNs are always thinking about, whether they are administering care themselves or finding a social worker, pharmacist or dietician who is better suited to treating that patient at that time. “We find out what other members of our team are good at and coordinate the care. That’s where that clinical expertise comes in,” she says.

RNs also bring a wide professional network to their positions, which is extremely valuable in primary care. According to Dolan, when RNs are hired for primary care positions, the clinic is also hiring the diverse network of health-care professionals that the nurse has worked with over the years.

It’s also about having a person in the position that has the trust of the team and the trust of the physicians they work with. “I’m extremely proud of the RNs that work here and how close they work with their physicians. The physicians trust the RNs here. It didn’t happen from day one; that’s been a thing that we’ve built. They trust our knowledge. They trust the education that we have and they trust us to provide excellent care,” says Wiebe.
coordinate care

coordinate team members

mentor caregivers

think critically
This year, the CARNNA Awards Selection Committee was faced with the task of selecting seven award recipients out of 32 exceptional nominees.

We are pleased to announce the nominees and recipients of the 17th annual CARNNA Awards of Nursing Excellence!

nominees & recipients

ADMINISTRATION
Lani Babin
Emma Fozl – RECIPIENT
Stacey Litvinchuk
Mary Lou McKenzie
Dorothy Mosher

CLINICAL PRACTICE
Gillian Buckley
Charge nurses in the Cross Cancer Institute Outpatient Department:
  Marilyn Goodman, Megan Armstrong,
  Jessica Horvath, Shannon Duhamel,
  Shannon Ramos and Kim Mcnicol
Ashley Cherniwchan
Stacey Dalgleish – RECIPIENT
Jean Fergusson
Debra Lum
Michelle McNeill
Neonatal Transition Team at Postpartum Community Services, AHS:
  Noriko Woods, Gennifer Schmidt Peddle,
  Lucy Edwards, Tara Aldred-Gundesen,
  Susan Ruzycki, Katie Wookey, Tracy Ghazar, Paula Martin, Linda Hunstad
  and Karen Lasby
Nancy Newcommon
Tami Petroski
Leanne Robertshaw

EDUCATION
Anthony Falvi
Katie Ferguson and Stephanie Rivera
Melanie Hamilton
Tammy Hnatyshn
Deirdre Jackman
Colleen Kasa
Peter Kellett – RECIPIENT
Janice Krushinsky
Karen Rowles
Hayley Shepherd

RISING STAR
Mia-Bernadine Torres – RECIPIENT

LIFETIME ACHIEVEMENT
Donna Clare – COMMITTEE’S CHOICE RECIPIENT
Brenda Lukasik
Heather Montgomerie – RECIPIENT

PARTNER IN HEALTH
John Kortbeek – RECIPIENT
Jill Norris
A night of celebrating nursing excellence and the achievements of Alberta's registered nurses

THURSDAY, MARCH 17, 2016
5:30 p.m. CHAMPAGNE RECEPTION
6:30 p.m. DINNER AND AWARDS
Delta Edmonton South

PURCHASE TICKETS AT CARNAAWARDS.CA
Celebrating a century of registered nursing practice in Alberta

On Oct. 11, 1916, the Alberta Association of Graduate Nurses (AAGN) held its first meeting with seven of its 91 members in attendance. This group, united in their goal of protecting the public from unsafe care, would grow over the next 100 years to the over 36,000 member strong CARNA we know and rely on today.

Regardless of the name, the organization’s commitment to expert caring has remained constant throughout a century of provincial change and growth thanks to the political engagement, determination and foresight of the founding members and those who followed.

To celebrate this milestone, members are encouraged to participate in a number of events and celebrations throughout the year, including:

**A centennial conference in Edmonton on March 16-18, 2016**
(www.carna100conference.ca)

**AN EXHIBIT travelling across Alberta from May to September, 2016**

**ANNOUNCING the 100 recipients of the Centennial Nurses Award**

**A SERIES ON the history of registered nursing in Alberta in Alberta RN magazine**

**TWO celebration galas – in Edmonton and Calgary – in October 2016**

**A video COMPETITION for students of nursing education programs**

Find out more at http://carna100.ca or nurses.ab.ca
Organized and regulated nursing was the result of tireless efforts of Alberta nurses to protect the public from unsafe nursing care. Serious concerns over who was educated sufficiently to provide care for the sick was the primary consideration of the time.

On October 11, 1916, AAGN held the first meeting of council. Seven nurses attended this historic, initial meeting of our association, which had 91 names on the register and just over $1,000 in the bank.

The AAGN made three important decisions that day:

- approved application for affiliation with the Canadian Association of Trained Nurses (now CNA)
- $200 was granted to Eleanor McPhedran to maintain the register for the first year
- the very first AAGN president, Victoria Winslow, was elected

Regulation takes root in Alberta

The association’s initial objectives were to create:

- a standard examination to qualify for registration
- a standard curriculum for Alberta nursing schools
- legislation to bring nursing education under the University of Alberta
- an amendment to The Hospitals Act requiring that schools of nursing not be established in hospitals with less than 50 beds

The major focus of AAGN during the early years was the establishment of standards of nursing education. The AAGN council asked the University of Alberta and the Medical Association of Alberta to appoint a nurse representative to the university’s Senate to prepare and outline a course of study which might be adopted by all training schools. In addition, this is when AAGN first proposed the notion of continuing nursing education. A summer school was proposed to be offered through the U of A, the target audience being registered nurses, and the suggested topics were urinalysis, infant feeding, and dietetics, as well as orthopedics and obstetrics.

The first RN exams were held in Calgary in October 1918. The examinations consisted of two parts, a written section and an oral and practical portion.

After the influenza epidemic of 1919, there was much interest in protecting the title of “nurse” in the early 1920s. Some individuals called themselves “practical nurses” while charging as much, or more, for their services than registered nurses.

In 1920, an application was made to change the name of AAGN to the Alberta Association of Registered Nurses (AARN). This change was made to better reflect the membership of the association. In 1921, AARN council determined that a review of the process of electing council members be undertaken. It was deemed that the process was far from satisfactory since the districts and sections were not adequately represented. At the time, ballots were sent to all registered nurses in Alberta who had paid their current year fees. Apparently, only one-third of the ballots were returned.
District nursing in action

District Nursing service developed in response to the needs of everyday people living in remote communities. These rural communities had neither medical nor hospital facilities. District nurses were stationed in isolated homesteading communities across Alberta from 1919 until the service was gradually discontinued in the 1970s after Medicare was introduced.

In 1919, the newly-formed Department of Public Health assigned the first two district nurses to serve communities in the Peace River area in northwestern Alberta. At that time, a community could apply for a nurse if it was isolated with no other medical service within 100 miles. The communities would select a committee to aid in the process of setting up a nursing district; they were responsible for housing the nurse and providing furnishings, water and fuel.

In the 1920s, the majority of the district nurses’ work centred on maternity and immunization. Many nurses had extra training in obstetrics or were encouraged to pursue this training elsewhere and then return to Alberta to work. Nursing districts were up to 325 square miles – almost as big as the size of Calgary today – and so remote that there were only rough tracks for travel. These nurses braved isolation and cold winters, and some commuted to and from patients by horse or sled.

These jobs attracted women who had a love of nursing and well-developed spirit for adventure. Only resilient, independent women were likely to thrive.

“After my arrival in Edmonton, Nov. 5, 1926, I was sent to Lesser Slave Lake. I got off the train at 3:00 a.m. in a terrible thunder storm to see only one man in a horse-drawn wagon (who refused to move my trunk), a tiny shack (the station) and lots of mud. I asked the conductor when the train went back to Edmonton and was told ‘next week.’ The man with the wagon took me over a muddy, bumpy trail to a little white shack by the Slave River, where he left me to wonder what I had signed up for. As there was no bedding and no cooking utensils, I could not even make a cup of tea for warmth. I lay on top of the bed and realized that coming of morning, I would be tackling the biggest challenge of my life.

I stayed with many lovely and hard-working people, who were very appreciative and helpful. Washing newborn babies in frying pans and then wrapping them in my petticoat, at the time seemed a natural thing to do, as did rushing to deliver a colt one night when sent for. (He turned out to be a beauty too). The life in the north was full of hardship, excitement, sorrow and happiness.”

~ ISABELLA RANCHE (NÉE THYNE)

“Accidents on the farm and in the lumber camps gave me many patients, and considerable experience. One hot summer’s day I was called to attend a boy 14 years old who had been injured badly in a runaway accident while his team was harnessed to a rake. He was torn by the rake and barbed wire from a fence through which the team had plunged, and was clearly a case for a doctor. The one practising in the town 35 miles distant was away… a kindly neighbour gave the anesthetic for me and I sutured eight wounds. One of these wounds exposed the hip joint. A kitchen table served as an operating table and chairs as repositories for my instruments and other essentials….”

~ MARY STERRITT (NÉE CONLIN)

“That summer I was kept busy getting to know the district and its inhabitants. I was fortunate in having a very good saddle horse loaned to me by a man in the district. ‘Dan’ was a light chestnut gelding, both strong and gentle. I had an army officer’s saddle and felt well equipped for the rough country riding. That first summer, several babies were born, lice on children’s heads had to be cleared up, scabies prescribed for. There were men coming out of lumber camps with an itch. There was splitting a broken leg, a few stitches in a deep laceration. Each day brought its own problems.”

~ KATE SHAW COLLEY (NÉE BRIGHTY)

First public health (district) nurses in Alberta, 1918. BACK ROW, L TO R: Maude Davidson, Christine Smith, Lillian Sargent. FRONT ROW, L TO R: Elizabeth Clark, Gladys Thurston.
Travelling clinics

IN 1924, the Department of Public Health established travelling clinics to provide the people of remote areas with access to broader health services. Each clinical team included a doctor, a surgeon, two dentists, four nurses, medical and dental students, and two truck drivers.

The district nurse conducted a preliminary inspection of all school children in the district and recommended to the department all whom she considered to be clinic cases.

Organizing and preparing clinics was the responsibility of the community. The church or community hall had to be scrubbed and disinfected thoroughly. Everyone helped; community members worked as registrars, messengers or janitors.

Parents brought their children for general checkups and immunizations. If they travelled far, they would camp on site. If surgery was required, parents camped until the evening of the second day when they could go home.

The clinic would stay in the area for three days: performing physical and dental exams the first day; surgery on the second day; and cleaning the clinic site and packing up on day three. The clinic would then travel to its next location.

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. As rural communities grew and transportation improved, they gained access to hospitals and other medical services and districts began to be phased out and replaced by health units in the 1970s.

When World War I ended in 1918, a nursing shortage caused much concern for health-care associations in Canada. In 1920, AARN endorsed a resolution passed by the Women’s Institute of Alberta which proposed training for “trained attendants,” who would go on to be “licensed... and registered.” They would receive eight months of hospital training, three months in a school of household sciences, and one month with district nurses under proper supervision.

In 1929, the AARN membership was 575 and the last registration number issued was 1434. As of the 2015 registration year, CARNA has over 36,000 members, and is issuing membership numbers in the 130,000’s. RN

Some material originally published in Our History – A Proud Heritage, a series written by Jay Sherwood and Eve Henderson, from AARN Newsletter Vol. 46 No. 8, September 1990.

In the next issue of Alberta RN, we will feature nursing in Alberta during the depression of the 1930s and World War II.
Marian Anderson
RN
Marian Anderson is a champion for evidence-based care, an advocate for person-centred care, and is passionate about enhancing patients’ quality of life. Marian has made many contributions at the Shepherd’s Care Foundation, including initiating an interdisciplinary approach to clinical rounds and arranging for allied health providers to provide dental and foot care to residents.

Under her leadership, wound teams were initiated and a study was undertaken to monitor key clinical wound indicators and rates. These continue to be monitored and used to improve quality of care.

Marian is also actively involved in many external committees related to nursing and quality person-centred care.

Lori Apostal
MBA, BScN, RN
Lori Apostal contributed to the development of the Extracorporeal Life Support (ECLS) rapid deployment system for cardiac rescue at the Stollery Children’s Hospital. She also implemented the hospital’s Berlin Heart ventricular assist device Program.

Lori currently works at the Wood Buffalo Primary Care Network where she has recently implemented the Lung Wellness Program. Patients with chronic lung diseases needed to drive over five hours to Edmonton for any pulmonary rehabilitation programs, but are now able to access these programs within their community. Lori also developed an outreach program which brought Primary Care Network programs directly into the First Nations communities surrounding Fort McMurray.

Mandy Archibald
BScN, RN
Mandy Archibald is blazing the trail for combined clinical/academic nursing roles. As a nurse who is training as a clinician scientist, Mandy advocates for more nurses in these combined roles to increase the clinical relevance of nursing research at the bedside.

Mandy’s impressive list of published articles shows she is driven, committed to the profession and a talented academic. In just four years as a doctoral student, she has published 15 peer-reviewed articles and delivered over 30 peer-reviewed presentations. Her work has increased the visibility of RNs within international and interdisciplinary academic communities.
Margaret Athaide
RN
Margaret Athaide says, “There is so much need; I have always wanted to do what I can for whoever is in need. My patients’ gratitude and appreciation touches my being, and that’s what we are here for.”

Whether it’s volunteering in her community by providing foot care to the homeless, organizing drives for shoes, socks and towels, or travelling the globe with suitcases full of clothing donations and medical supplies, Margaret truly embodies the philosophy of giving. Her extraordinary mission work has taken her to Tanzania, Afghanistan, Vietnam and India, often under her own funding and without an organized group.

Scott Baerg
MBA, BN, RN
Scott Baerg is a strong patient advocate, in both clinical practice and when planning new programs and services. As the senior operating officer for Covenant Health, Scott provides leadership in mental health and Edmonton-area seniors care. He is also the executive lead for the Institute of Reconstructive Sciences in Medicine (iRSM) at the Misericordia Community Hospital.

Scott’s work is inspired by the vulnerability patients experience within the health-care environment, where people come during the most challenging times of their lives. He believes “it is our responsibility to keep patients safe and to provide them with high-quality health care. Patient needs are always at the heart of what we do.”

Arvelle Balon Lyon
BN, RN
Arvelle Balon Lyon initiated the adoption of motivational interviewing (MI)-based health coaching to support clients with diabetes, dyslipidemia, asthma and heart disease. Today, motivational approaches are identified as central to supporting chronic disease management and client self-management. Arvelle has been involved in several other key initiatives and continues to focus her work on strengthening and diversifying the role of the registered nurse in primary care settings.

Sue Barnes
BScN, RN
Sue Barnes believes “simulation makes ‘A’ teams into ‘A+’ teams.” Her dedication to improving patient care is demonstrated through her work as one of the first provincial simulation specialists. Sue was responsible for developing, coordinating and implementing eSIM, the Provincial Simulation Program, in southern Alberta. This program helps health-care teams provide the best possible care by creating an opportunity to practise low-frequency, high-risk scenarios.

Sue is devoted to creating an atmosphere where no question is too small and no mistake is so big that positive learning cannot occur. Sue’s work has motivated others to join the simulation movement and the program has grown to cover 30 hospitals within Alberta.

Ronnie Biletsky
BScN, RN
As lead of the Central Alberta Sexual Assault Response Team, Ronnie Biletsky provides education and training for hospital staff and makes herself available to answer questions 24/7. She has created relationships in the community and provides education, resources and support for each patient who comes through.

Ronnie has furthered the program by having the Domestic Violence Question (DVQ) added to all emergency room assessment forms, an important addition as the ER is often the first time a patient reports domestic violence. Ronnie is diligent in following up with every patient that answers yes to the DVQ.

Lea Bill
BScN, RN
Lea Bill is a gifted nursing leader in the area of community health nursing and dedicated to achieving equity and excellence in First Nations, Inuit and Metis nursing education. She is highly sought after by various organizations for her compelling workshops on indigenous knowledge in nursing, cultural safety and cultural competency.

Her understanding and integration of indigenous knowledge in nursing practice is having a significant impact on how nursing services are being developed in partnership with communities. Lea served as president of the Aboriginal Nurses Association of Canada and has sat on several committees, contributing to local, provincial and national aboriginal organizations.
**CENTENNIAL AWARDS**

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**Wendy Bissett**  
BN, RN, CnCCP(C)

Wendy Bissett is committed to advancing education at Alberta Children’s Hospital (ACH). She is a basic life saver instructor and pediatric advanced life support instructor, and is part of a project to evaluate and improve how education is delivered.

She is also a believer in the value of simulations. She developed and implemented REACH, a program that allows health-care professionals to practise ‘the first five minutes’ of managing a child whose condition deteriorates. She also co-runs the mock code program.

Wendy is heavily involved and passionate about quality improvement work and is a member of the Quality Assurance Review team for critical incidents at ACH.

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**Laurene Black**  
MA, BScN, RN

Laurene Black is a pioneer in creating a children’s mental health service that is responsive to, and respectful of, family choices. Her work as an administrator has aided in the transformation of the children’s mental health system. She has also been a member of many senior management groups who aim to create family-focused care for children who experience mental health issues.

Laurene is trusted in her community and is frequently called upon to assist co-workers, neighbours and friends as they navigate difficult health issues. She has continually sought to create opportunities for parents, families and other stakeholders to have a stronger voice in health services.

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**Laurie Carmichael**  
BScN, RN

As a clinical nurse educator, Laurie Carmichael takes initiative in not only her areas, but with the Calgary South Health Campus as a whole. She was actively involved in setting up and facilitating site-wide orientation, and, in her current role, has influenced the site with new and innovative projects.

Laurie ensures RNs are taken into account when planning new projects. During the opening of medicine inpatient and outpatient areas, Laurie researched what supports the RNs needed to provide excellent patient care. Laurie also led the implementation of Baxter IV pumps where she advocated for nursing input into the drug library.

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**Ellen Coe**  
RN

Ellen Coe is a mentor to numerous occupational health nurses provincially and nationally. She has served as president of both the Alberta Occupational Health Nurses Association (AOHNA) and the Canadian Occupational Health Nurses Association (COHNA). She can be counted on to be active at nearly every occupational health nursing event.

In addition to the many hours Ellen has donated to the practice of occupational health nursing, she was a union representative at the former Charles Camsell Hospital, teaches a pulmonary function course at Grant MacEwan University, and is a consultant to the City of Edmonton Infection Control Response Team.

EDITOR’S NOTE: We have recently learned of Ellen Coe’s passing. We have sent her award to her family. Our condolences go out to Ellen’s friends, colleagues and family members.

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**Diane Colley-Urquhart**  
RN

Diane Colley-Urquhart is recognized as a dynamic community leader serving as Calgary Police Commissioner and a member of Calgary City Council. Diane is an innovative strategist who continually seeks new ways to enhance the effectiveness of her public service and volunteer roles. She currently sits on over 15 boards, commissions and committees and volunteers tirelessly within her community.

A registered nurse for more than 40 years, Diane has held senior management and teaching positions in Intensive Trauma and Cardiac Care with the Foothills Medical Centre, the University of Alberta Hospital, Beverly Care Centre, Heart and Stroke Foundation, Canadian Cancer Society and Kids Help Phone to name a few.

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**Christine Cook**  
BN, RN

Christine Cook started her nursing career on the Oncology and Bone Marrow Transplant program as a bedside nurse, charge nurse and clinical educator. She initiated and led the program’s first Calgary FACT (Foundation for the Accreditation of Cellular Therapy) accreditation.

Christine has been influential in establishing the Calgary Acute Medical Nursing Specialty Program for orienting new nurses to acute care medical units. She has also been an advocate of bridging the information technology and clinical communities in terms.

Christine was instrumental in the build and implementation of the Patient Care Information System, and works to ensure remote-care workers have access to the technology support they needed.
Debbie Elliott was instrumental in establishing the Quality Assurance Program at the Misericordia Community Hospital, which implemented changes to care delivery and procedures that improve safety and quality. Debbie was the co-chair of the Accreditation for the operating room, surgical services and medical device reprocessing areas, which included all Covenant Health’s acute care sites throughout the province. Debbie was a member of the Bone and Joint Strategic Clinical Network for Alberta Health Services and co-lead for the Alberta Health Services Provincial Trauma Working Group. This group is helping to implement a provincial care pathway and order sets for all fractured hip patients across the province.

Lorna Estabrooks has over 33 years of nursing experience and currently practises as a nurse practitioner in neurosurgery with Alberta Health Services. Lorna has gained extensive clinical expertise, as an educator, researcher, consultant, and in leadership roles through a variety of nursing positions and clinical settings. Lorna is keen to share her knowledge and experience, speaking at neuro educational conferences and being active in the preceptorship program for nurse practitioner students. She has also been an instructor for the undergraduate nursing program at Mount Royal University and nurse practitioner program at the University of Calgary.

MacNeil Cornez is always looking for ways to better his practice and the health-care system as a whole. He was president of the Student Nurses Society where he played an active role in setting up volunteer opportunities and social events for nursing students.

He has held various positions at Foothills Medical Centre, including unit clerk, registered nurse and charge nurse. MacNeil was chairperson of the unit’s council, responsible for growing leadership and empowering employees. He is now a site manager, where he is responsible for coordinating day-to-day patient flow throughout the hospital and acts as a resource to charge nurses. He is also currently working towards his masters in health policy.

Irene Coulson has over 35 years of experience in nursing, particularly in the field of aging. She has taught at universities in Australia, Canada, Hong Kong, Russia, Nepal and Indonesia. Her gerontological research has culminated into a proposed model for dementia care environments. Her work has been published in peer-reviewed journals, and in 2005 she won the Allen and Unwin Australasian Book Prize for the best publication in the field of aging. Her ongoing research continues to look at ways to improve the health and well-being of older adults.

Margaret Edwards led the review of the Nursing Practice Standards and the development of the Entry-to-Practice Competencies. She was the first nurse in Alberta to be awarded research funding from the Alberta Heart and Stroke Foundation.

Her research evaluated what the public knew about cardiovascular disease and CPR instructional processes and cast a spotlight on how nurses can make important contributions to research. She also became the founding director of the Women’s Health Resources Unit at the Grace Hospital in Calgary. This unit provides education and counselling for women. Margaret was also part of a group of nurse leaders who established the online Athabasca University nursing program in 1990.

Irene Coulson has over 35 years of experience in nursing, particularly in the field of aging. She has taught at universities in Australia, Canada, Hong Kong, Russia, Nepal and Indonesia. Her gerontological research has culminated into a proposed model for dementia care environments. Her work has been published in peer-reviewed journals, and in 2005 she won the Allen and Unwin Australasian Book Prize for the best publication in the field of aging. Her ongoing research continues to look at ways to improve the health and well-being of older adults.
Jennifer Evangelista
BN, RN, ACCN

Jennifer Evangelista works as the clinical nurse educator at the Foothills Medical Centre emergency department in Calgary. Jennifer believes in supporting all staff and developed a written and verbal plan of action to support RNs returning to work after a disciplinary issue.

She developed and now teaches the trauma orientation and participates as a facilitator in critical incident stress management events. She also co-teaches orientation for new RNs, PCAs and unit clerks, organizes the education days for all staff and organizes the street drug workshops attended by over 200 staff members.

Christene Evanchko
MN, NP

Christene Evanchko is a neonatal nurse practitioner and was instrumental in developing the neonatal NP role at the Sturgeon Community Hospital. She contributed to neonatal nursing practice by completing research on bacterial growth in human milk which informs current practice. She was formative in educating management, nursing, physicians and allied health about the importance of the NP role and working to full scope of practice.

Christene also worked with the University of Alberta to develop and teach the neonatal NP program, as well as preceptor students to foster the next generation of NPs.

Colette Foisy-Doll
MN, RN, CHSE

Colette Foisy-Doll is a world leader in health-care simulation and has actively sought to increase the profile of simulation at regional, national and international levels over the past 15 years. She is the recipient of three international nursing awards in simulation and is well-recognized as a simulation expert in the design and development of health-care simulation programs and learning spaces across Canada, the United States and the Middle East. She has also worked for the past six years as a member of the Interdisciplinary Healthcare Education Project for interprofessional nursing education development in Edmonton and Western Canada.

Lori Forand
MSC, BN, RN

Lori Forand started her career as an acute care bedside and charge nurse on the Oncology and Bone Marrow and Blood Cell Transplant program at Foothills Medical Centre. She then became a sessional instructor for many years, mentoring nursing students through Mount Royal University.

Teaching inspired her to pursue her masters in communication studies, focusing on clinical informatics. After obtaining her masters, she worked to address the information needs of health-care professionals through the use of information and communication technologies. As area manager within integrated home care, she led the program’s transformation of the care-delivery model.

Curious about the other 75 recipients?
Visit carna100.ca to read their biographies, learn about Alberta’s nursing history, and more!
Join us in celebrating the past century of advances and achievements made by Alberta nurses and see how registered nurses and nurse practitioners are shaping the future of health care. The conference will consist of 2 1/2 days of plenary presentations, panel discussions, concurrent workshops, and oral presentations.

REGISTERED NURSES: MAKING A DIFFERENCE FOR ALBERTANS

MARCH 16 – 18 // 2016

DELTAs EDMONTON SOUTH

Join us in celebrating the past century of advances and achievements made by Alberta nurses and see how registered nurses and nurse practitioners are shaping the future of health care. The conference will consist of 2 1/2 days of plenary presentations, panel discussions, concurrent workshops, and oral presentations.

FEATURED SPEAKERS

Mark Black
Founder of The Purpose Program and CEO of Adversus Consulting, a professional speaker, and author Mark Black has done a lot in 35 yrs. For most of his first 24 years, Mark faced a life-threatening heart problem. At 23, he was told he had less than two years to live. The lessons Mark learned in the year that followed, form the basis of his award-winning presentations, and the best-selling book Live Life from the Heart.

Greta Cummings
Registered nurse Greta Cummings leads the CLEAR Outcomes (Connecting Leadership Education and Research) research program in leadership science in health services. The program focuses on the leadership practices of healthcare decision-makers and managers to achieve better outcomes for providers and patients. She has published over 150 papers and in 2014 was noted by Thomson Reuters as a Highly Cited Researcher in Social Sciences.

Suzanne Gordon
Suzanne Gordon is an award winning journalist and author who writes about health-care delivery, health-care systems and patient safety. Her latest book, edited with patient safety physicians David L. Feldman and Michael Leonard is called Collaborative Caring: Stories and Reflections on Teamwork in Healthcare. She is currently working on a book about the innovations and clinical care at the Veterans Health Administration.

REGISTRATION IS OPEN!

Visit CARNA100Conference.ca/registration for more information

Early Bird rates are available until Feb. 16, 2016
Help Albertans quit smoking

New learning opportunity for registered nurses available now

Every year, more than 3,000 Albertans die as a result of tobacco use, while many more suffer from tobacco-related illnesses. The good news is that you can improve someone’s chances of successfully quitting.

Research shows that receiving support and advice from a health professional specially trained in tobacco cessation can double a tobacco user’s chances of successfully quitting. Current evidence supports the implementation of the five A’s (ask, advise, assess, assist and arrange) tobacco intervention approach for health professionals in any setting to identify and provide at least minimal support for every tobacco user.

The Alberta Quits Learning Series is designed to help provide health professionals with the awareness, knowledge and skill set they need to assess and assist their clients in reducing or stopping tobacco use.

The Learning Series includes self-study online and face-to-face training units.

Each learning unit in the series builds upon the learnings of the previous unit. The series covers topics such as tobacco basics, tobacco cessation pharmacology, providing tobacco interventions, and facilitating group cessation or workshops. Each unit is ‘stand-alone’ so health professionals can take them in order or select units based on their learning needs and competencies they want to develop.

For descriptions of the units and registration information, please visit www.albertaquits.ca/learning/index.
Introducing the uniquelyrn working group

We were very pleased with your response to our request for participation on the CARN A Uniquely RN Member Working Group. Thank you to everyone who expressed interest. We anticipate there will be opportunities over the next year for you to become involved. The working group is composed of 11 members:

- three RNs in direct clinical practice/acute care
- one RN in management/private industry
- one RN in public health
- one CARNA regional coordinator
- one RN educator
- two CARNA policy and practice consultants
- one CARNA policy and practice consultants
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The inaugural meeting was held on Dec. 7, 2015. Priorities of the working group will be identified in the New Year. We are committed to keeping you updated and will be seeking your input as this work progresses.

Do you want to learn more about the Uniquely RN initiative?

Register for the Uniquely RN Webinar: Keeping Members Informed – Looking Back, Looking Forward at 12-1 p.m. on Jan. 7, 2016. Find out more and register at nurses.ab.ca.

The CARN A Facebook page has reached 10,000 likes!

Thank you for your support.

Not following us yet? We'll keep you up-to-date on:

- educational opportunities like conferences, webinars, workshops and more
- CARNA news and initiatives
- Alberta RNs and NPs featured in the news
- news, issues and trends in nursing and health care

Find out what the fuss is about at facebook.com/AlbertaRN.
MEASURING QUALITY OF LIFE FOR PEOPLE WITH PRESSURE ULCERS

BY: SIMON Palfreyman, PhD, MSc, RN, Assistant Professor, Faculty of Nursing, University of Alberta; Brendan Mulhern, MSc, Research Fellow, University of Technology Sydney

BACKGROUND

Pressure ulcers are wounds that result when people are immobile or have reduced mobility. They tend to occur over bony prominences. Pressure ulcers can range from superficial skin damage to deep, extensive wounds that extend through to the bone. The prevention and treatment of pressure ulcers have been identified as major costs for health-care providers.

In order to compare interventions to prevent or treat pressure ulcers it is necessary to be able to examine their impact on quality of life. This can be done through the use of preference-based patient reported outcome measures (PROMs), which are questionnaires that ask about the participant’s state of health. PROMs are grouped into those that are designed for only those with a specific condition and generic ones that can be completed by a wide range of people with many different health problems. It is currently unclear which of these are best for people with pressure ulcers.

The purpose of the study was to explore the feasibility of using generic PROMs in patients with pressure ulcers or at risk of developing pressure ulcers.

APPROACH

The study took place in the UK but there are likely to be similar issues in Canada and other countries. Participants were identified in the hospital and community through a database of patients who were using pressure relieving mattresses and equipment. In the hospital area a handheld tablet computer was used to administer the survey and if requested, assistance was provided. In the community setting this was not feasible, so a postal survey was carried out. During the survey a total of 525 patients were screened for inclusion but over half (52 per cent) of the patients were unable to be approached because clinical staff thought that they were too unwell or would have problems understanding due to dementia or mental capacity. A total of 273 participants were included within the acute hospital setting. In the community, 130 questionnaires were sent and 41 replies received (32 per cent response rate). The effectiveness of the survey questionnaires are assessed based on standards that have been used in many previous studies including: completion rates, agreement and ability to distinguish between different groups.

HIGHLIGHTS OF THE FINDINGS

The results of the study suggested that generic PROMs can effectively capture the impact of pressure ulcers on quality of life. The generic PROM questionnaires showed good measurement properties based on commonly accepted criteria used to evaluate the performance of questionnaires. They displayed high completion rates and agreement in measuring the impact on quality of life.

The presence of an ulcer had a negative impact on quality of life and also led to a perceived lower level of dignity. The PROM questionnaires were able to measure the difference between those who had an ulcer and those who did not have an ulcer.

The study highlighted that collecting data from this group of patients can best be achieved when it is guided by interviewers compared to self-completion. It also underscored that a large proportion of patients with pressure ulcers may be too ill or have problems with understanding to participate in research studies.

IMPLICATIONS FOR PRACTICE

Pressure ulcers are a consequence of reduced mobility which can be due to a wide range of illness and treatments. This may mean that it can be difficult to separate the impact of the illness or treatment from the impact of the pressure ulcer so generic PROMs should be used rather than one developed for pressure ulcers. The high number of people who were unable to participate and the low response rate for the postal self-completion group suggest that interviewers to guide participants should be used with this group of patients. This has potential resource issues implications due to the greater time and costs of interviewers. The study also emphasized that any participants in research studies may not necessarily be equivalent to the wider group of people who have pressure ulcers. It also highlighted that having a pressure ulcer has a negative effect on dignity and so clinicians should try and take this into consideration when caring for this group of patients.
**MAKE A PLEDGE. START A RIPPLE.**

**CHANGE DAY ALBERTA** is an opportunity to make a pledge to change your health or the health-care system.

We are proud to support Change Day Alberta, an initiative that aims to improve the health and wellness of Albertans.

We are pledging to seek ways to regulate members with balanced, smart and evidence-based policies and processes.

We encourage you to make a pledge about your commitment to positive change. How? Think of a change you could make that would have a positive impact and share your pledge on social media using the hashtag #ChangeDayAB. Challenge your friends to participate!

**VISIT** http://ChangeDayAB.ca for pledge ideas, to order posters and pledge cards, and for details on how to submit your pledge.
Documentation late entry questions

Do late entries hold the same weight in court as multiple small timely entries?

A late entry is one which is not made as soon as possible after an event has occurred. It is required when it is not possible to document at the time of or immediately following an event, or if extensive time has elapsed.\(^1\) If a late entry is made, it must be completed in accordance with the nursing practice standards and documentation policies of a nurse’s institution or health authority.\(^2\) A court will only determine how much weight to give a nurse’s documentation after it has been admitted as evidence. In determining how much weight to give a nurse’s documentation as evidence, the court will examine the frequency of the entries and how soon a nurse documented after care was provided, with an underlying assumption that the closer the nurse documented to the care provided, the more likely that documentation is to be accurate. In one case where a nurse made a late entry a day after she provided nursing care, the court found that:

Late charted entries are permissible if identified, and an entry made the day after the event is preferable to memory years later at trial. The [judge or jury] will simply assess the delay as part of the overall evidentiary assessment.\(^3\)

This means that late entries may not be given the same weight as notes made as soon as possible after an event has occurred, but if they are clearly identified as such, they can be still be relied upon at trial. CNPS legal advisors are available to provide advice to CNPS beneficiaries with respect to late entries.

Do entries made at the end of a busy shift constitute late entries?

Whether an entry made at the end of a busy shift constitutes a late entry depends on the specific requirement for when documentation is expected to be completed in that specific practice setting. Generally, the greater the acuity and complexity of the patient population, the more likely a nurse is expected to complete minute by minute documentation. Examples of these types of practice settings include intensive care units (ICU), emergency departments and labour and delivery units. In less acute settings with stable patient populations, documenting at the end of a busy shift is an accepted practice.

Where nurses are expected to complete minute by minute documentation, entries made at the end of a busy shift may not hold the same weight as frequent entries made during the course of a nurse’s shift. A nurse must be aware of her or his professional standards, and institution or health authority policies concerning documentation.

In one case, the documentation of an ICU nurse, who reconstructing care provided over a three-hour period by approximating times, was found to be inaccurate.\(^4\) While providing care to the patient, the nurse jotted down certain events on a piece of paper or pieces of paper whenever she had a chance. When she had an opportunity to sit down, she did her best to reconstruct what had happened in the preceding three hours by approximating the times. The court did not fault the nurse for putting emergency patient care ahead of her documentation, although the court did find that approximating times resulted in inaccurate charting and impacted the expert’s opinion.\(^\text{RN}\)

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Note: Please refer to the specific practice standards or guidelines in your specific jurisdiction.


3 Skeels (Estate of) v Iwashkiw, 2006 ABQB 335 at 121.


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About CNPS
The Canadian Nurses Protective Society (CNPS®) is a not-for-profit society that offers legal advice, risk-management services, legal assistance and professional liability protection related to nursing practice to eligible registered nurses and nurse practitioners. For more information about CNPS services and benefits, contact CNPS at 1.844.4MY.CNPS (1.844.469.2677).
**NOTICEBOARD**

**C A R N A  E V E N T S**

**CARNA ANNUAL GENERAL MEETING**
March 10, 2016 | Edmonton
nurses.ab.ca

**PROVINCIAL COUNCIL MEETING**
March 11, 2016 | Edmonton
nurses.ab.ca

**CARNA CENTENNIAL CONFERENCE**
March 16 – 18, 2016 | Edmonton
carna100conference.ca

**CARNA AWARDS GALA**
March 17, 2016 | Edmonton
nurses.ab.ca

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

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

**CANADIAN ORTHOPAEDIC NURSES ASSOCIATION NATIONAL CONFERENCE**
May 29 – June 1 | Edmonton
cona-nurse.org

**EDMONTON/WEST**

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

**OUTSIDE OF ALBERTA**

**THE EARLY YEARS CONFERENCE**
Jan. 28 – 30, 2016 | Vancouver
interprofessional.ubc.ca/EarlyYears2016

**32ND INTERNATIONAL SEATING SYMPOSIUM**
March 1 – 4, 2016 | Vancouver
seatingsymposium.com

**PERINATAL SERVICES BC CONFERENCE: HEALTHY MOTHERS AND HEALTHY BABIES**
March 11 – 12, 2016 | Vancouver
interprofessional.ubc.ca/HealthyMothersHealthyBabies2016

**CONFERENCE ON ADOLESCENTS AND ADULTS WITH FETAL ALCOHOL SPECTRUM DISORDER**
April 6 – 9, 2016 | Vancouver
interprofessional.ubc.ca/AdultsWith-FASD2016

**SHARING INNOVATION IN HEALTH-CARE DELIVERY**
May 29 – June 5, 2016 | Vancouver
alaskaconference.com.au

The submission deadline for events and reunions in the Spring 2016 issue of Alberta RN is Feb. 12, 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.

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**IN MEMORIAM**

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

Coe, Ellen (née Young), a 1968 graduate of the University of Alberta Hospital school of nursing, who passed away on Aug. 2, 2015 in Edmonton.

Lougeeed, Dora (née Stidel), a 1976 graduate of the Royal Jubilee Hospital school of nursing, who passed away on July 9, 2015 in Calgary.

St. Jean, Theresa (née Lohman), a 1981 graduate of the University of Alberta school of nursing, who passed away on Aug. 23, 2015 in Edmonton.
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Learn about these professional development opportunities and more at nurses.ab.ca/PD.
It’s always tempting to try to predict the future. Whether it’s imagining a world where technology finally catches up to what we’ve seen in movies, or wishing for a time when illness and disability are a thing of the past, it’s human nature to try to anticipate what comes next. As nurses, we also want to be able to predict how our profession will grow and evolve over the coming years. But for us, that process is less about imagining what might happen and more about preparing now for what the future will demand.

Our 2016 Centennial Celebrations, detailed on the next page, have inspired us to look back at the history of our profession and the ways it, and the health-care system we work within, have changed. Yet, as remarkable as those changes are, they will pale in comparison to the changes that await us in the coming years.

Right now, we are in the midst of an unprecedented demographic, economic and social change that is having a profound impact on our health-care system. We know that by 2031, one in five Albertans will be older adults, a demographic shift that will require nurses and other health professionals to transform how we work in order to meet those changing needs. It’s a challenge that nurses are particularly well-equipped to meet, as we already work with older adults across the full spectrum of care settings and have been impassioned advocates for ensuring seniors receive the professional, compassionate care they deserve.

The impact nurses can have on aging patients has been the subject of several research studies, including a recent one from the University of Missouri. The study showed that when enhanced registered nurse coordination was used with sensor technology in senior housing and private homes, it was easier to detect health issues and intervene earlier (Rantz et al., 2015). Over the course of the almost five-year study, researchers noted that patients with sensors and the enhanced registered nurse coordination had a significantly longer length of stay in their residence than those without (4.3 years compared to 2.6 years).

This has important implications for improving the health and independence of older adults, allowing them to age in place longer in community-living facilities or their own homes. It’s an approach nurses can be, and must be, instrumental in leading.

But in order to lead our profession and our health system into the future, we need to be willing to embrace changes here and now. We have to make full use of the technology that is available to us, including mobile tools and apps that allow patients to help manage their own care. And we need to look for ways to improve or enhance it to better meet our needs and those of our patients. You don’t need to be a computer programmer to come up with ideas or innovations; you simply need to be a critical thinker with a passion for improvement. I’ve always believed the best ideas are grounded in real-world experience and common sense – two things nurses excel at.

Likewise with our existing processes and systems, if we have an idea for how to improve the way things are done now, we need to be able to envision and articulate what that change would be and how it would work. Can we make things simpler or more efficient? Can we find ways to reduce redundancy or streamline existing steps? And can we make sure that improving patient safety, upholding professionalism and delivering quality care is always the goal? Once we have an idea of how to improve things, we need to be willing to speak up and advocate for the changes we know need to happen.

Speaking up and being willing to embrace and lead change is something we can all begin to do right now. On page 4 of this issue, you’ll find information on running for CARNA Provincial Council, which is a great way to get involved. But we all have the opportunity and responsibility to share our ideas for change and to ensure that our skills, experience and knowledge are being utilized to their full capacity. We need to recognize our influence and impact, and help others understand how the work we do improves outcomes for our patients and strengthens the entire health system. It’s work that will become even more critically important in the coming years.

As nurses, we don’t need to try to predict the future or anticipate what will happen next – because we have power to determine what that future holds for both our profession and our patients. The future isn’t something that will happen to us, it is something that will be shaped by us. And that starts now. RN

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

REFERENCE

Carna centennial CALENDAR 2016

We invite you to celebrate 100 years of regulated nursing with us throughout 2016!

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<td>carna100.ca</td>
<td>Centennial LAUNCH at City Hall in Edmonton</td>
<td>WINNER of video competition to be announced</td>
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<tr>
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<td>Spring Alberta RN magazine with the second nursing history feature</td>
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<td>AIMIN NURSES ON THE RUN</td>
<td>TRAVELLING nursing EXHIBIT</td>
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<td>To see when we are coming to your town, visit carna100.ca</td>
<td>Bower Ponds, Red Deer</td>
<td>Calgary Public Library</td>
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<td>Fall Alberta RN magazine with the fourth nursing history feature</td>
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