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CARNARo Provincial Council 2018–2019

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On the cover: Ashna Rawji, RN

COVER PHOTO: WILLIAM AU PHOTOGRAPHY
COURTESY CATIE (PG. 26)
OSTILL IS FRANCK CAMHI/SHUTTERSTOCK.COM (PG. 32)
Nursing leadership around the globe

The last several months have provided the opportunity to listen, learn and meet with registered nurses, nurse practitioners and the public. I have had incredible experiences meeting with nurses and discussing important nursing and health issues at the provincial, national and international level.

Provincial

I embarked on a President’s tour in May, starting in Calgary and Lethbridge. It was important to me that this tour had a focus on listening. CARNA plays an essential role in influencing health issues and public policy and I wanted to hear your perspectives on key health issues and the delivery of health services. Common themes you brought forward included Alberta’s new government, the opioid crisis, the future of nursing regulation and the newly-revised RN regulations, in particular RNs applying for prescribing authority.

I look forward to hearing more of what you have to say as I continue touring throughout the year. Watch for more dates and locations being announced soon.

National

In early June, I attended the Canadian Nurses Association’s annual general meeting in Vancouver where I had the opportunity to meet inspiring nurse leaders from across the country and learn from excellent keynote speakers. Six resolutions were presented at the meeting on issues like climate change and Indigenous rights, themes you will also see throughout the pages of this magazine.

I was privileged to be present as Canada joined the Nursing Now movement. This global movement aims to show the integral role nursing and nurses have to improve health through influencing policymakers and advocating for more nurses in leadership positions. The Canadian Nurses Association, Canadian Indigenous Nurses Association and Indigenous Services Canada developed a strong action plan with the following areas of focus.

First, the nursing leadership pillar will establish a comprehensive Canadian hub of leadership development to educate, empower and support nurses to advocate, innovate, influence public policy and create sustainable change.

Second, the Indigenous pillar will support current and future nurses to provide culturally safe care across Canada.

And finally, the chief nursing officers pillar will establish federal, provincial and territorial chief nursing officers reporting to the Deputy Minister of Health in each of their respective governments to provide strategic and technical health policy advice.

To celebrate 2020 as the Year of the Nurse and the Midwife, Nursing Now has also launched the Nightingale Challenge which asks health employers around the world to provide leadership and development training for a group of young nurses and midwives.

International

I have just returned from the International Council of Nurses Congress in Singapore, where again, encouraging nursing leadership took the spotlight.

While we face many of the same challenges globally, nurses are strategic, innovative, and we have the knowledge and power to influence significant change and create solutions.

I was so proud to see many Canadian nursing leaders sharing their knowledge on the global stage in areas such as rural recruitment and retention, safe work places, nursing’s role in food security and enhancing quality of life in continuing care.

While speaking with nurses from other countries, it is clear we have much in common. Several speakers presented about changes around the world including globalization, migration, aging, climate change, urbanization, innovation and increasing citizen’s voice. While we face many of the same challenges globally, nurses are strategic, innovative, and we have the knowledge and power to influence significant change and create solutions.

Three non-nurse world leaders, Singapore President Halimah Yacob, former Korean Prime Minister Kim Hwang-sik, and WHO Director-General Dr. Tedros Adhanom, called on the over 20 million nurses globally to lead the world beyond health care to health for all. It was clear that nursing is not only an art and science but also a human, social and political imperative. Nursing is well-placed and has a responsibility to move from discussion to impact. WHO Chief Nursing Officer Elizabeth Iro indicated that, “We need to get our voices heard. We need to roar!”

Alberta registered nurses and nurse practitioners are 38,000 strong and continue to lead in the workplace, in communities and with your families – let us move our voices to impact!

Dennie Hycha, MN, BScN, RN
President
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Streamline the renewal process by having these pieces handy:

- Your MyCARNa user ID (usually your registration number) and password.
- A record of your learning activities from the past year.
- Think about what you’d like to accomplish for your 2020 learning plan. See what makes a great learning plan on page 7.
- Your practice hours from Oct. 1, 2018 – Sept. 30, 2019. If you are unsure of your hours, contact your employer. Estimate your hours to September 30. If they end up being different than your estimate, you can contact us in October to adjust them.
- Your current employer information including supervisor’s name and phone number, and the address of your work site.
- If you have been registered in another jurisdiction in the past registration year, your registration number there.

WE’RE HERE TO HELP!

Give us a call at 1.800.252.9392, ext. 348.

July 22–August 16:
Monday – Friday: 8:30 a.m. – 4:30 p.m.

August 19 – September 1:
Monday – Friday: 8:30 a.m. – 7 p.m.

Visit nurses.ab.ca for frequently asked questions, video tutorials and other resources.

Renewal fees

Registered nurse: $656.80
Nurse practitioner: $773.87
Associate/retired member: $42.00

See fee breakdown at nurses.ab.ca/fees.

Applications will not be processed until full payment is received.
A late fee of $100 will be applied to renewal applications received after September 1. >
what to do when you **RENEW**

Whether you are planning to practise next year or not, here are the steps you need to take.

**Do you have a 2019 practice permit?**

**NO**

- **Will you practise between Oct. 1, 2019 and Sept. 30, 2020?**
  - **NO**
  - To keep receiving CARNA emails and *Alberta RN*, submit an application for retired/associate membership.
  - If you no longer wish to receive CARNA news, submit an application for former membership.

- **YES**
  - Apply to return to practice eight weeks before you start work or orientation. Learn more at nurses.ab.ca/return-to-practice.

**YES**

- **Will you practise between Oct. 1, 2019 and Sept. 30, 2020?**
  - **NO**
  - Whether you are taking a leave, retiring, or relocating to another province, it’s important to let us know you won’t be practising in Alberta. Learn more at nurses.ab.ca/return-to-practice.
  - To renew your permit:
    1. Sign in to MyCarna.
    2. Finish your 2019 MyCCP record.
    3. Begin your 2020 practice reflection in MyCCP.
    4. Submit your application form and payment.
    - We will review your application and email you when your renewal is approved or if we need more information.
  - **YES**
    - **Will you practise between Oct. 1, 2019 and Sept. 30, 2020?**
      - **NO**
      - **YES**

**Going on parental leave?**

There are a number of different options depending on when you will be on leave. View your options at: nurses.ab.ca/parental-leave.
Every year, nurses must develop, record and submit a completed learning plan, including feedback, as part of renewing their practice permit for the upcoming year.

Nurses engage in learning and professional development all year long. CARNA provides the online MyCCP record to support members in giving us a snapshot of how they have maintained their competence and enhanced their nursing practice during the year. Your learning plan should be individualized to your specific nursing role and practice setting. The more details you include in your learning plan, the easier it is to select appropriate learning activities, describe what you learned and explain how you implemented the new information.

Have you ever noticed that the five steps of the nursing process of assessing a patient are similar to the steps of meeting CCP requirements? Try applying these familiar steps when you complete your plan.

**ASSESS**

Assess your performance against CARNA’s practice standards to determine your learning needs. Ask yourself how each practice standard and indicator relates to your specific role and practice setting. Determine if there are aspects of an indicator you would like to work on.

> **TIP:** Refer to the Stand Up for Standards learning module in My Learning Space.

**FEEDBACK**

Feedback from your supervisor, colleague, mentor or another health professional who is familiar with your role and responsibilities can provide valuable insights into your actions and the way your behaviour is perceived. Feedback can help to validate or stimulate your own self-assessment and support your professional growth.

Use the feedback you received to help identify a strength or an area to work on in your practice.
Identify your learning need and develop an objective. Narrow down the focus as much as you can by asking yourself what specific knowledge, skill or understanding you hope to gain.

When you write your learning objective, ensure that it:

- Relates to your chosen standard/indicator
- Relates to your specific nursing role and practice setting
- Begins with an intention such as “I want to learn…”
- Represents a goal that is:
  - SPECIFIC: Does your learning objective clearly state what you want to learn?
  - MEASURABLE: How will you know if you achieved your objective?
  - ATTAINABLE: Is it reasonable to think that you can accomplish this objective?
  - RELEVANT: Is this objective meaningful to your specific role and practice setting?
  - TIMELY: Do the completion dates for your learning activities fall within the practice year?

Avoid:

- Restating your chosen standard/indicator as your learning objective
- Focusing on the learning of others rather than on enhancing your own knowledge (e.g., “I will teach my colleagues to…”)
- Identifying the learning activities you want to complete
- Describing how you will demonstrate your chosen standard/indicator in your practice

Use your learning objective as a guide to picking appropriate learning activities. The activity must be something that:

- Helps you meet your objective
- Is relevant to your role and practice setting but not a professional expectation of your role
- Can be completed within the practice year

Address your learning need by specifically describing what new knowledge, skill or understanding you learned after you completed your learning activities.

Evaluate your learning. Clearly describe how your practice changed or improved as a result of completing the learning activities and achieving your learning objective.

Your evaluation should clearly relate to your learning objective, learning activities and your specific nursing role and practice setting. Focus on your own professional development and avoid documenting a broad and generalized statement.

Just as with assessing a patient, what counts in a learning plan is specificity and a logical flow – from assessment to diagnosis, to intervention to evaluation. Keep your competence in good health by completing your MyCCP record early. RN

For more information or to contact CARNA Competence and Learning staff, visit nurses.ab.ca or email ccompetence@nurses.ab.ca.
Changes coming to the continuing competence program (CCP)

**MyCCP Upgrades**
You talked, we listened. For the past several years you’ve provided feedback about your renewal experience. We’re putting your feedback to work as we explore enhancements and upgrades for the online MyCCP system. CARNA is committed to creating an online platform for MyCCP that is meaningful for you.

We’ll keep you posted about the upgrades, including previews and implementation dates, through our website, social media, emails and publications.

**Requirement Changes**
Under the new RN regulations, members are required to make a few small changes when completing their CCP learning plan. When recording feedback, you must include the feedback in the planning process of your practice reflection. Feedback must connect to your learning objective and identify an area of improvement.

Additionally, the new requirements allow you to choose any practice indicator within the standards to complete and document your self-assessment. In order to monitor the effectiveness of the program, the competence committee may require a member to complete a competence assessment, which is based upon previous evidence.

We understand change can be stressful. We will provide tools to navigate this change and keep you informed of updates. RN

**These Changes Will Not Affect the Current Renewal Period, They Will Be Implemented Next Year. Connect with us at ccompetence@nurses.ab.ca and let us know what you think.**
Provincial council makes important decisions that protect the public and guide the evolution of your profession.

**HOW TO VOTE**

> Get to know the candidates running in your region at nurses.ab.ca/elections.

> Sign in to MyCARNA and click “vote now”.

> Cast your vote!

**Polls close at 11:59 p.m. on Aug. 31, 2019.**

If you have questions about the election process, please contact Barbara-Ann Sheppard at 1.800.252.9392, ext. 531 or bsheppard@nurses.ab.ca.

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**MEET THE CANDIDATES**

**CALGARY/WEST**

Justin Burkett  
BN, RN

Dory Glaser Watson  
BScN, RN, PNC(C), PANC(C), legal nurse consultant

Leona Liski  
RN

Bronwyn White  
MN, RN

Paul Wright  
BScN, RN, CNN(C)
provincial council election.

ES

CENTRAL

Amy Deagle
MScN, BN, RN (acclaimed)

Ashna Rawji
MScN, BN, RN (acclaimed)

EDMONTON/WEST

Glennie Aromin
BScN, RN

Caitlin Fenton
BSc, BScN, RN

Katelyn Lindstrand
BScN, RN, ENC(C)

EDMONTON/WEST

Derrick Cleaver
BScN, MPH, RN

Loretta Lee
BScN, MN, RN

Jessica Muller
MN, RN

NORTHWEST

Thomas Berry
BScN, BA, RN

Liz Winnicky
BScN

Ashley Woytuik
BSc, BScN, RN
On Dec. 17, 2018, the Immunization Regulation in the Public Health Act came into effect with changes to the requirements of reporting adverse events following immunization (AEFI). Under the new regulation, health-care practitioners must report an AEFI to the Alberta Health Services AEFI team within three days of becoming aware of the event. AEFI reporting is required regardless of who administered the vaccine and whether the vaccine was provincially-funded or privately-purchased.

An AEFI is an unfavourable health occurrence following an immunization that cannot be attributed to a pre-existing condition and meets one or more of the following:

- A life-threatening health occurrence that requires hospitalization or urgent medical attention
- An unusual or unexpected health occurrence that:
  - has not previously been identified
  - has been previously identified but has increased frequency
- A health occurrence that cannot be explained by the patient’s medical history, recent disease or illness, or consumption of medication

Once they receive a report, the AEFI team will communicate with the client, the reporter and the immunizer to investigate the event. The AEFI team confirms the client is seeking appropriate care as needed and, in consultation with the Medical Officer of Health, provides immunization recommendations according to the Alberta Health Immunization Policy. AEFI investigations that meet reporting criteria are submitted to Alberta Health and subsequently to Health Canada.

The AEFI team is contributing to a safe immunization program in Alberta, leading to improved immunization rates and decreased vaccine-preventable disease incidence. By reporting all AEFIs and providing best practice recommendations for future immunizations after experiencing an AEFI, public confidence in vaccine safety is improved. RN

For more information on reporting an AEFI, visit ahs.ca/info/page16187.aspx.
A hearing tribunal made a finding of unprofessional conduct against member #47,997 who asked health-care aides to administer high-alert medications which the member had prepared and which the member knew the health-care aides were not authorized to administer on three shifts. The hearing tribunal issued a reprimand and directed the member to pass courses in both medication management and responsible nursing and to complete e-modules on the Code of 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.

A hearing tribunal made a finding of unprofessional conduct against member #65,918 who failed to assess a patient when requested to do so by other staff. The member also failed to communicate to other nursing staff the fact that there had been concern expressed about the patient’s status and that the member had not seen the patient, so she needed to be assessed immediately. The member breached patient confidentiality when she requested and received a photo of a patient’s leg wound on her personal cell phone. The member failed to communicate with a patient the reason she was withholding his medication. The hearing tribunal issued a reprimand and ordered the member to pass two courses in responsible nursing and interpersonal aspects of nursing. The conditions shall appear on the member’s practice permit. Failure to comply with the Order may result in suspension of CARNA practice permit.

A hearing tribunal made a finding of unprofessional conduct against member #74,884 who, while working as a registered nurse, failed to appropriately complete a pre-operative shave, failed to complete and document a patient assessment, documented activities prior to the activity, failed to check and carry out a patient’s pre-operative orders which almost resulted in the patient being given the wrong medication, and failed to follow instructions from mentors to gain access to a required system. For these findings of unprofessional conduct, the hearing tribunal issued a reprimand, ordered coursework to be completed and ordered a performance evaluation. Failure to comply with the Order may result in suspension of CARNA practice permit.

A hearing tribunal made a finding of unprofessional conduct against member #84,704 who pilfered from her employer remifentanil and propofol on several occasions, which she administered to herself on duty. She also pilfered clonazepam from ward stock. The hearing tribunal issued a reprimand and accepted the member’s undertaking not to practise pending satisfactory reports from a physician and counselors confirming the member’s fitness to practise. At that time, the member may return to a setting where there are no medications, or may do a supervised practice where controlled substances are available. The member is required to continue drug screening and submit medical reports to CARNA for a period of two years after successful completion of the supervised practice. Conditions shall appear on the member’s practice permit. Failure to comply with the Order may result in suspension of CARNA practice permit.

A hearing tribunal made a finding of unprofessional conduct against member #88,107 who administered a dose of insulin to a post-surgical patient while waiting for the results of the patient’s blood glucose level, rather than obtaining the results first so the member could determine whether it was safe to administer the insulin. The tribunal issued a reprimand.

A hearing tribunal made a finding of unprofessional conduct against member #98,837 who failed to initiate CPR, call a code blue or comply with the Alberta Health Services policy “Code Blue – Adult Acute Care Sites”, after finding a patient unresponsive and not breathing. The member also failed to document ongoing assessments of the patient. For this finding of unprofessional conduct, the hearing tribunal issued a reprimand, ordered coursework to be completed, ordered a followup assessment for CPR knowledge and skills and ordered a performance evaluation. Failure to comply with the Order may result in suspension of CARNA practice permit.
ARNET CLASS OF 2019 ACADEMIC SCHOLARS

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MASTERS, NURSING
University of Calgary

CARNATION INSURANCE MELOCHI MONNEX SCHOLARSHIP
Mikelle Djkowich
MASTERS, NURSING
University of Alberta

CARNATION INSURANCE MELOCHI MONNEX SCHOLARSHIP
Dominique Denis-Lalonde
MASTERS, NURSING
University of Calgary

CATHERINE DIANNE DAVIDSON MEMORIAL TRUST SCHOLARSHIP
Jennifer Plaquin
MASTERS, NURSING
University of Calgary

SISTERS OF SERVICE ALBERTA CENTENNIAL SCHOLARSHIP
Caralyn Bencsik
MASTERS, NURSING
University of Calgary

KAREN POLOWICK SCHOLARSHIP FOR NURSING LEADERSHIP
Mary Zhang
MASTERS, PUBLIC HEALTH
University of Alberta

KAREN POLOWICK SCHOLARSHIP FOR NURSING LEADERSHIP
Kairos Wong
MASTERS, NURSE PRACTITIONER
University of Alberta

CHRIS LAMBERT MEMORIAL SCHOLARSHIP
Katherine Wong
MASTERS, NURSING
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SASKATOON CITY HOSPITAL ALUMNAE SCHOLARSHIP
Jennifer Dorman
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GAYLE HISSETT MEMORIAL SCHOLARSHIP
Chentel Cunningham
DOCTORAL, NURSING
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CALGARY FOUNDATION – JIM & DORIS GARNER NURSING SCHOLARSHIP
Shakhawat Hossain
MASTERS, SCIENCE/NEUROSCIENCE
University of Lethbridge

ELIZABETH (LIZ) LEMIRE MEMORIAL SCHOLARSHIP
Reanne Booker
DOCTORAL, NURSING
University of Victoria

LETHBRIDGE LEGACY OF NURSING SCHOLARSHIP
Jeanine Sklarenko
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University of Lethbridge

MCKAY GREEN SCHOLARSHIP
Maria Conforo
MASTERS, NURSING
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TERRIL MARGARET BONNAH MEMORIAL SCHOLARSHIP
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CALGARY HEALTH TRUST – FLORENCE & LLOYD COOPER SCHOLARSHIP FOR NURSING LEADERSHIP
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Amanda Robinson
MASTERS, NURSING
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Vanessa Sheane
DOCTORAL, NURSING
University of Victoria

Sarah Weisbeek
MASTERS, NURSING
University of Calgary

Sarah Yip
MASTERS, NURSING
University of Calgary

ARUNET.CA
Meeting of JUNE 6–7, 2019

Proposed bylaw changes
Council approved draft revisions to CARNA’s Bylaws related to recent amendments to the Health Professions Act and Registered Nurses Profession Regulation. The revisions are necessary for CARNA to meet expectations to publish decisions of unprofessional conduct. The draft bylaws were then posted for member and stakeholder feedback. At the September meeting, council will vote on whether or not to approve the final draft.

New use of title document
Council approved the new document, Use of Title “Doctor” and “Dr.”: Practice Advice. This document provides clarity on restrictions for using the title “Doctor” or “Dr.” and outlines the accountabilities for regulated members authorized to use this title. For more information, contact practice@nurses.ab.ca or 1.800.252.9392, ext. 504.

Self-employment document withdrawn
Council withdrew the document, Self-Employment for Nurses: Position Statement and Guidelines. Withdrawing the document resolves inconsistencies with current processes and aligns CARNA with other Canadian nursing regulatory colleges.

To replace this document, there is now information and self-directed checklists on CARNA’s website. For more information, contact practice@nurses.ab.ca or 1.800.252.9392, ext. 504.

Draft nursing documents
Council approved the following draft documents for the next stage of development, consultation with members and stakeholders:

- Determining Appropriate Scope of Practice Guidelines
- Medication Management Standards
- Professional Boundaries for Registered Nurses: Guidelines for the Nurse-Client Relationship
- Incorporating Primary Health Care Into Nursing Practice

Help ensure CARNA’s documents are current and relevant to registered nurse practice. Find documents that need your input at nurses.ab.ca/practice-and-learning/document-library.

Councillors recognized for outstanding leadership

Congratulations to Tracy King on receiving the Vogel Award and Steven Armstrong for receiving the Public Member Award for their contributions to Council. When selecting the recipients of these annual awards, Council considers several criteria including constructive debate and the initiation of new approaches and ideas.

UPCOMING Provincial Council meeting:
Sept. 19–20, 2019
Falls are the leading cause of injury among older adults. After a fall, many people are unable to live the way they want; they may lose their independence and live in fear of falling again.

A Big Problem that is Getting Bigger
Every day, 92 Alberta seniors are treated in emergency departments for injuries due to a fall and 25 need to be admitted to hospital for treatment. With the population of seniors expected to double by 2040, this problem will get bigger, unless we teach older adults that falls can be prevented.

Nurses are Part of the Solution
Depending on your practice, you will have policies or guidelines to direct you in preventing falls. Both the Alberta Health Services Falls Risk Management Recommendations for Adults and Older Adults and the RNAO Preventing Falls and Reducing Injury from Falls can assist in determining when it is appropriate to use Finding Balance materials.

Use Finding Balance in Your Practice
Finding Balance falls prevention materials cover a range of topics and are designed to encourage community-dwelling older adults to manage their risk of falling by maintaining or improving their balance and strength. Whether you work with older adults in the community or are preparing them to return home following a stay in acute care, Finding Balance resources can help:

Start a conversation about the risk of falling.
» Use the Are You at Risk of Falling? quiz with your patients
Familiarize patients with the impact falls can have on independence and health.
» Discuss the Can a fall change your lifestyle? brochure
Share this message about how to prevent a fall.
» Challenge Your Balance, Build Strength, Be Active

Access Finding Balance materials, including:
» Exercises to improve balance and strengthen muscles
» Tools and challenges to motivate seniors to stay physically active
Remind your patients that falls are not an inevitable part of aging:
» Balance can be improved with practice
» Strength can be improved at any age
» Being active improves balance and strength
Provide information about reducing risks specific to the individual.
» Share Finding Balance information sheets with patients and their families

Nurses have a valuable role to play in preventing falls among older adults and Finding Balance can help. Finding Balance is an initiative of the Injury Prevention Centre. Visit findingbalancealberta.ca for more.
What is RN prescribing?

BY PAM MANGOLD, MN, RN, CARNA POLICY AND PRACTICE CONSULTANT

Registered nurses who meet certain requirements can now apply to become authorized to prescribe Schedule 1 drugs and order common diagnostic tests within a specific clinical practice setting. This new authority supports access to care, system efficiency and cost-effectiveness. It optimizes the RN scope of practice and provides new opportunities for developing innovative practice models in a variety of practice settings.

RNs practise in areas where prescribing and administering Schedule 1 drugs to underserved populations can be time-sensitive. Often, underserved populations are not well-connected with the health-care system and RN prescribing supports “just in time” care. This can include prescribing anti-infective drugs to treat infections, vaccines for preventing diseases and birth control. In these situations, instead of requiring a client-specific order from a physician or nurse practitioner, an authorized RN prescriber could carry out standardized care that includes a Schedule 1 drug when supported by a clinical support tool.

RNs are not authorized to prescribe controlled drugs and substances or cannabis for medical purposes. Both of these are regulated by federal legislation.

While nurse practitioners in Alberta have had the autonomous authority to prescribe since 1996, RN prescribers do not have the same broad prescribing authority.

IS RN PRESCRIBING RIGHT FOR MY PRACTICE SETTING?

In some practice areas, RN prescribing can support quality client care through increased access and system efficiencies. However, RN prescribing may not be appropriate or relevant to all RNs in all practice settings.

RN prescribing is intended to safely address client health needs within a specific clinical practice area. The employer must determine there is a unique client need for accessibility to medication and diagnostic tests. When deciding if RN prescribing is appropriate for your practice setting consider:

> If you have the necessary knowledge, skill and support to make safe and appropriate prescribing decisions.

> If client health-care needs are based on assessment of acuity and predictability of client condition and health outcomes.

> If the specific medications and diagnostic tests you anticipate prescribing can be clearly identified in a clinical support tool.

When you have decided that RN prescribing is right for you and your practice area, please visit nurses.ab.ca/rnprescribing to find the requirements and application process.
One of Alberta’s Top Employers is looking for you!

Covenant Health is one of Canada’s largest Catholic health care organizations serving 12 vibrant urban and rural communities across Alberta including: Banff, Bonnyville, Camrose, Castor, Edmonton, Killam, Lethbridge, Medicine Hat, Mundare, St. Albert, Trochu and Vegreville. Join our team and experience one of Canada’s Most Admired Corporate Cultures.

CovenantHealth.ca/careers
Am I protected if I do volunteer nursing work?

The CNPS recognizes that nurses have valuable skills, knowledge and expertise that are an asset to their employer and to the public in general. Accordingly, some nurses may wish to volunteer to provide professional nursing services outside of the workplace setting on an unpaid basis. The CNPS recognizes the valuable services provided by nurses performing volunteer work, and the CNPS’s assistance principles apply on this basis. For nurses who may be engaged in nursing activities as volunteers, the professional liability protection and services offered by the CNPS remain valuable as nurses may be vulnerable to legal actions arising from nursing activities even when these activities are not undertaken for financial or other forms of remuneration.

Maintaining your CNPS beneficiary status during volunteer nursing work provides the same access to all of the CNPS’s services, including legal advice and assistance for claims and civil proceedings, criminal investigations, statutory offences, witness appearances and general legal assistance as would be the case if your nursing activities were undertaken as part of your employment.

Some nurses choose to volunteer in a variety of capacities where their nursing services are not being relied upon (such as a sports coach, administrative support for an organization, etc.). In these circumstances, nurses would not normally be eligible for CNPS protection and assistance.

Additionally, a retired nurse who chooses to work as a volunteer may or may not be eligible for assistance. It is a condition of CNPS assistance that a registered nurse or nurse practitioner must hold a valid licence to practise in one or more Canadian provinces or territories. Thus retired nurses must maintain a practising licence to remain eligible for CNPS assistance. Retired nurses who chose to maintain a non-practising licence will likely not be eligible to access CNPS services.

The organization you volunteer for may also carry professional liability insurance for nurses and other staff. You may wish to consult with the organization to determine the scope and eligibility for such protection. Some organizations request that volunteer contracts be entered into prior to commencing volunteer services. The CNPS offers pre-contractual reviews relating to the provision of volunteer professional nursing services to help you determine whether other professional liability insurance exists as well as identify provisions or requirements that may compromise your professional or legal obligations.

This publication is for information purposes only. Nothing in this publication should be construed as legal advice from any lawyer contributor or the CNPS. Readers should consult legal counsel for specific advice.

To discuss your volunteer arrangement with a legal advisor, who is a lawyer, on a confidential basis, please contact CNPS at 1-800-267-3390.

CNPS. More than liability protection.

1-844-4MY-CNPS

www.CNPS.ca

About CNPS – The Canadian Nurses Protective Society is a not-for-profit society that offers legal advice, risk-management services, legal assistance and professional liability protection related to nursing practice in Canada to more than 130,000 eligible nurses.
CASE STUDY

Sexual abuse and sexual misconduct

Marie is a registered nurse who lives and works in a rural town in Alberta. While at a local coffee shop, Marie spots Eric, a post-op patient she cared for around 10 months ago. Eric also recognizes her and they start talking. An hour and a half passes by quickly and Marie and Eric are getting along quite well. Before leaving, Eric asks Marie for her phone number and she gladly gives it to him.

The next day, Marie goes for brunch with her friend who is also a nurse. Although Marie and Eric have not entered into a sexual relationship at this point, she’s excited about Eric’s interest in her and shares the details with her friend. Marie’s friend asks if she received a letter from CARNA about the new Protection of Patients from Sexual Abuse and Sexual Misconduct Standards. Marie says, “I think so, but I didn’t really pay much attention to it.” Her friend responds, “Well, you should really read it. Starting a relationship with a patient or former patient could mean having your practice permit cancelled. You should call CARNA before seeing Eric again.”

After brunch, Marie calls a CARNA Policy and Practice Consultant to clarify her professional responsibilities and accountabilities. They tell Marie there are now mandatory penalties for sexual abuse and sexual misconduct by all regulated health professionals. She also learns that although she is no longer caring for Eric, CARNA’s standards state that an individual is considered to be a patient for one year after the last clinical encounter.

Even after one year, there may be circumstances where it is still considered inappropriate for a nurse and patient to have a sexual relationship. The Policy and Practice Consultant explains that this is due to the power imbalance that exists between a nurse and a patient, and the vulnerability that exists in a patient. Marie learns about other important changes, including when an individual is considered a patient or former patient, considerations for nurses providing episodic care, and when a sexual relationship with a former patient is never appropriate. The Policy and Practice Consultant also outlines the new standards and expectations of CARNA registrants, including:

- Maintaining professional boundaries in all interactions with the patient in the provision of professional services
- Self-reporting any finding of professional conduct against them to all regulatory bodies they are associated with, as soon as reasonably possible
- Reporting the conduct of a member to the complaints director of the appropriate college if a nurse has reasonable grounds to believe that the conduct of any regulated member of any regulated profession constitutes sexual abuse or sexual misconduct

Marie is reminded that the obligation to maintain professional boundaries always lies with her, as a nurse, not Eric, the patient. Upon learning about these new expectations, Marie decides to take steps to maintain professional boundaries with Eric.

Disclaimer: Our case studies are fictional educational resources. While we strive to make the scenarios as realistic as possible, any resemblance to actual people or events is coincidental.
Nursing is changing.

**ARNET is changing with it.**

Planned 2020 changes to ARNET’s funding supports for conference, specialty nursing and degree studies include:

- **Changing to a single application form** with two reviews per year
- **Implementing a charitable grant funding format**
- **Receipts will no longer be part** of the application process
- **Proof of completion** will be required at time of application

For details and applications, visit arnet.ca

NOTE: ARNET’s Annual Scholarship competition is not changing

**Your charity. Our health.**

*Dedicated to quality health care by supporting lifelong learning for Alberta RNs.*

Please Give. arnet.ca

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**ANNOUNCEMENT**

Marilyn Wacko

The Alberta Registered Nurses Educational Trust is pleased to announce the appointment of Marilyn Wacko, MN, RN, as the charity’s next executive director effective July 15, 2019. This appointment is in preparation for the late summer retirement of Margaret Nolan, who has provided leadership, direction and creative inspiration to ARNET for over 21 years.

Marilyn has extensive experience in delivering innovative and collaborative strategies and programs that achieve positive organizational growth. With a diverse background in public and not-for-profit sectors at the national, provincial and local levels, Marilyn is well-positioned to champion and advance the charity to meet the evolving needs of Alberta’s registered nurses.
Why nurses need to see the stigma behind the headlines

BY TAMMY TROUTE-WOOD, MN, RN

“Alarming rates of syphilis and gonorrhea continue in Alberta. Number of cases of syphilis almost 10 times what they were in 2014.”

CBC News, May 3, 2019

“How are these headlines related? Stigma.

THE IMPACT OF STIGMA ON HEALTH IS SEEN IN SEVERAL AREAS INCLUDING RISING SEXUALLY TRANSMITTED AND BLOOD BORNE INFECTIONS (STBBIs), THE OPIOID OVERDOSE CRISIS AND IN THE HEALTH OUTCOMES OF SEXUAL AND GENDER MINORITY PEOPLE. I’M SURE NURSES CAN THINK OF MANY OTHER EXAMPLES.

WHAT IS STIGMA?

Stigma has been described as a process of diminishing the worth of people. Negative societal attitudes, fear of discrimination and feelings of shame interact in complex ways to produce poor health. Stigma creates barriers between patients and health-care providers. This can look like lack of engagement between providers and people at risk, distrust, patient fears to disclose important information or nurse’s fears to ask questions based on social taboos such as sexuality or substance use. Stigma can also undermine a patient’s agency by inhibiting social relationships, their ability to secure resources, seek services and participate in health-promoting behaviours, or weaken resiliency needed for self-advocacy.

The Canadian Public Health Association (CPHA) advocates that health and service providers have an important opportunity to address stigma. As nurses, we can raise our awareness and knowledge, reflect on our values and develop skills to create safer, welcoming and inclusive care for all people.

Stigma can be real or perceived. A person who has experienced enacted stigma such as labelling, stereotyping or >
feeling judged, might anticipate stigmatized care in the future. This contributes to a perception of stigma resulting in people being less likely to ask for help, engage in care or seeking health care only when very ill.

Health inequities are compounded when multiple stigmatized factors intersect. Consider how income, gender, race, culture, education and social connectiveness impact our opportunities to be healthy. The Government of Canada (2018) report of key health inequalities notes that significant inequities are found for people living with mental or physical functional limitations, low socio-economic status, sexual and racial/ethnic minorities and immigrants. A report titled Social isolation of seniors: A focus on LGBTQ seniors in Canada (2018) demonstrates the effects of compounded stigma. The health inequities experienced by this specific population includes increased risk for depression, suicidal ideation and other mental health problems, substance use, increased stress and physical health problems such as cardiovascular disease and stroke.

Policy can promote equity or produce structural stigma. In Alberta, good policy that promotes health equity includes low-barrier access STBBI testing and treatment. A person can come to any Alberta Health Services STI or Sexual and Reproductive Health Clinic and get free STBBI testing and treatment, even if they don’t have Alberta health-care insurance.

However, many people don’t get tested; why not?

According to the CPHA, it’s a complex brew between heightened patient desire for privacy and confidentiality and stigma, including the patient’s right to control how personal information is handled, even by health and service providers. People are sharing intimate details and need to do so without the fear of losing control of their personal information which could result in stigma or discrimination. As nurses, we have an obligation to collect the least amount of information required, ensure that patients know why information is being collected, and who else might have access to it.

I encourage you to think about it. Would you want your health-care provider to know that you had chlamydia, ended a pregnancy or experienced an assault in your past? Why or why not? Is it relevant to care today? How might your thoughts and reactions impact what health details are shared?

**WHAT CAN WE DO?**

As nurses, we always try to put our patients first. In trauma-informed care, if a person seems to be on edge, think about perceived stigma and how we might help neutralize it. Trauma-informed practices encourage us to approach the situation with a spirit of ‘what has happened to you?’ rather than ‘what is wrong with you?’ Patients need to feel safe, non-judged and assured that their privacy and confidentiality are protected.

Language is powerful and can create either a safer and non-judgmental experience or reinforce stigmatization. Use inclusive, non-judgmental language that puts people first. Mindfully come to each interaction without assumptions, asking open-ended questions that invites the patient to tell their story.

There is always space to learn more. RN

Find CPHA stigma resources at: cpha.ca.

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**INCLUSIVE AND PEOPLE-FIRST LANGUAGE**

<table>
<thead>
<tr>
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</tr>
<tr>
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<td>Sexual preference</td>
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<tr>
<td>Assigned male at birth; assigned female at birth</td>
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</tr>
<tr>
<td>Person who is a survivor of sexual assault</td>
<td>Rape victim</td>
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**STIGMATIZED LANGUAGE**

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Potential impacts of stigma related to sexually transmitted and blood borne infections:

- adoption of unhealthy behaviours
- fear of disclosure
- limited uptake of available STBBI-related services
- inappropriate planning and implementation of STBBI prevention and support programs


REFERENCES:
Patients come from diverse backgrounds, cultures, experiences and geographic locations. These backgrounds can mean some Canadians endure potentially disparate access to health care.

Indigenous groups across Canada experience challenges in health equity and Indigenous children are impacted drastically. Indigenous children are more likely to have physical and mental disabilities and their treatment can be further complicated by inadequate child and welfare services. Federal and provincial governments fund different services for Indigenous children, especially those living on-reserve. As a result, it can be difficult to determine how to access supports and has often led to disputes between governments about who should pay for which services.
Jordan River Anderson’s life magnified the gaps within the health-care system. Jordan, who was from the Norway House Cree Nation in Manitoba, was born with complex medical needs that could not be treated on-reserve. After spending more than two years in hospital for treatment, Jordan’s doctors decided he could leave the hospital and return home for care. The federal and provincial governments had a jurisdictional dispute which resulted in Jordan staying in hospital for an additional two years unnecessarily. Jordan was five years old when he passed away in hospital and never spent a day in his family home. His story was the inspiration for Jordan’s Principle, a child-first principle developed to ensure all First Nations children can access the services and supports they need when they need them.

Jordan’s Principle is a legal order. In January 2016, after the Canadian Human Rights Tribunal found the federal government failed to fully implement Jordan’s Principle, there have been seven subsequent non-compliance orders since, most recently in February 2019. Jordan’s Principle aims to ensure First Nations children can access all public services in a way that is reflective of their distinct cultural needs, takes full account of the historical disadvantage linked to colonization, and without experiencing any service denials, delays or disruptions because they are First Nations.

Under the principle, whichever governmental and departmental jurisdiction encounters the child first is required to provide services to the child whether on or off reserve, minimizing disputes between jurisdictions. Jordan’s Principle is based upon the needs of each particular child, meaning it must take into account the distinct needs, circumstances and contexts of that child. The principle is also linked to substantive equality which means true equality in outcomes; for example when some children need additional supports to achieve the same outcomes as children who are not similarly disadvantaged. The government must make a decision regarding most cases within 48 hours. Through Jordan’s Principle, families can also learn about the help available for their child, be supported in coordinating access to services and access funding when needed.

As a major milestone in reconciliation, Alberta was the first province to sign a memorandum of understanding adopting Jordan’s Principle in November 2018. The First Nations Health Consortium and federal and provincial governments agreed to coordinate services and address gaps in the health-care system unique to Indigenous people.

Jordan’s Principle aids nurses in their commitment to provide safe, compassionate, competent and ethical care. The Code of Ethics for Registered Nurses addresses nurses partaking in various aspects of social justice related to health and well-being. Whether nurses witness a Jordan’s Principle case firsthand or they are aware of the potential for a Jordan’s Principle case, it is vital for nurses to be aware of the supports in place that contribute to health equity for Indigenous children in Canada.

ACCESSING JORDAN’S PRINCIPLE

Jordan’s Principle applies to all First Nations children ages 0-18 years in Alberta who are living on or off reserve. If a child’s needs are not being met, they are eligible to be referred to the principle. Since July 2016, more than 218,000 requests were approved under Jordan’s Principle giving children access to speech therapy, educational supports, medical equipment, mental health services and more.

Individual (for a child or children in the same family or with the same guardian) and group requests (for a whole community) can be submitted by:

- parents or guardians caring for a dependent First Nations child under the age of majority in the child’s province/territory of residence
- a First Nations child above 16 years of age
- an authorized representative of the child, parent or guardian with written or verbal consent provided by the parent or guardian RN

For more information about accessing Jordan’s Principle, please contact the 24-hour toll-free line at 1.855.572.4453.

REFERENCES:

Together, we face a critical juncture in human history; natural systems which are vital to human well-being are breaking down. Several variables have been associated with accelerating this deterioration, and a significant direct factor is the changing climate.

The negative health effects are the most significant impacts of climate change and include increasing levels of malnutrition, allergens, heat stress, water and air pollution, mental stress and changes to disease vectors. The pollution that causes climate change is the most significant environmental cause of premature death worldwide. Impacts on health are becoming so severe that health-care organizations and practitioners have been called upon to redefine climate change as a health crisis.

Nursing work is guided by a professional mandate to promote and restore health, alleviate suffering and prevent illness. Considering both the negative health effects associated with climate change as well as nursing’s professional mandate, it becomes apparent that climate change is a nursing concern. In fact, nurses are ideally positioned to be leaders in this field.

First, nurses comprise the largest group of health-care practitioners globally and when ranked against other professions, nurses are consistently rated the most trusted. Nurses can (and already do) take action on climate change, working with leaders to form a solid plan to build a healthier, sustainable society for our future. Nurses help prepare for the effects of a changing climate as we work alongside our communities to build resilience at this critical juncture.

Second, nurses inhabit an unique mediating role within the health-care sector, acting as liaisons between health-care organizations, various health-care professions and the public. Nurses understand the needs, challenges and
expertise of various groups, allowing advocacy opportunities for policy changes while keeping the needs of stakeholders in mind. Canadian nurses can lead the development of an environmentally-responsible health-care sector and are supported in doing so by the Canadian Nurses Association.

Climate change can feel overwhelming due to provoking a sense of anxiety, coined ecoanxiety. Many nurses may feel ecoanxiety when working with people suffering from the effects of wildfires, heat stress or floods. Working together, we can take action on climate change and support one another in facing the multiple health challenges in these changing times.

For example, the Canadian Association of Nurses for the Environment (CANE) facilitates knowledge sharing for nurses dedicated to improving environmental health. CANE is involved in advocating for increased climate change education, including informing the development of the Canadian Association of Schools of Nursing project addressing infectious diseases related to climate change. CANE also collaborated on the Call to Action on Climate Change and Health, asking federal political parties to develop comprehensive climate action plans.

In Manitoba, two CANE members are developing an education program for family nurses about environmental health. This program will aid in the translation of environmental health knowledge to families, aiming to increase capacity within families to identify environmental health risks through increased ecoliteracy.

Impacts on health are becoming so severe that health-care organizations and practitioners have been called upon to redefine climate change as a health crisis.

REFERENCES


For more information on how nurses can get involved and become stronger advocates, visit CANE’s website at cnhe-iise.ca.
changing pain management for children

LESSONS FROM ALBERTA CHILDREN’S HOSPITAL’S JOURNEY TO BECOMING A CHILDKIND HOSPITAL

BY LEAH FOSTER, MN, NP AND LAURA RAYNER MN, RN

If you work in pediatrics, you have witnessed the effects of unmanaged pain. You’ve admitted the patient whose greatest concern is whether they are going to be poked. You’ve walked out of a room upset because you had to hold the child down for their third IV attempt. It isn’t always with needle pokes – perhaps your post-surgical patient is in pain and isn’t able to comply with the physiotherapy regimen necessary for discharge. Maybe you’ve experienced it as a parent – your child has a chronic illness requiring frequent hospital admissions, or your child is healthy, but terrified of routine immunizations.

We can do better.

Pain is a universal experience, and yet it is often overlooked by health-care providers, educators and leaders. As nurses, we need to be leaders and make pain care a priority wherever we work. The Alberta Children’s Hospital has had an Acute Pain Service and Complex Pain Clinic for years. In June 2014, results from a site-wide satisfaction survey showed 80 per cent of respondents felt “health-care providers always made every effort to control their child’s pain.” We knew we could do better.

We set out to address pain prevention, assessment and management at every point of contact. Site leadership made improving pain care a priority, embedding it into our strategic priorities and all aspects of our care. We formed a multidisciplinary pain committee, which set priorities of pain care deliverables. We refined our pain “standard of practice” document and interviewed every department and clinic in the hospital to determine what types of painful (or distressing) procedures they performed and how they were managed.

We then implemented a hospital-wide initiative called Commitment to Comfort® which introduced strategies for staff, families and patients to recognize, assess and treat pain together. The initiative was spearheaded in the emergency department and spread throughout the rest of the hospital.

Four years into our dedicated approach to better manage pain, we decided it was time to be recognized for the efforts of every staff member at our site. We wanted to be the second Canadian (and only 10th worldwide) hospital to be granted the ChildKind designation. This was a lengthy process, taking nearly a year to complete. It involved a 300-page application outlining every hospital-wide pain policy, initiative and education. It culminated with a site visit, where three ChildKind representatives spent an entire day with us, touring the hospital and speaking to staff, families and patients regarding the pain care that we provide.

After a few weeks of sitting on the edges of our seats, we got the letter: “We are delighted to welcome you as a ChildKind children’s hospital.”
The power of advocacy

Nurses should be advocates for adequate pain prevention, assessment and management. If you are concerned that the Commitment to Comfort® strategies will not be adequate for a patient undergoing a painful or distressing procedure, encourage the medical team to consider procedural sedation. Ensure your post-surgical patients have regularly-scheduled analgesics ordered, with breakthrough medication available for mobilization, wound care, etc. Let’s make pediatric pain management a priority across Alberta.

Contact leah.foster@ahs.ca or laura.rayner@ahs.ca for more information on the resources/programs implemented at ACH. If you’re interested in finding out more about ChildKind, visit childkindinternational.org.

We extend a special thanks to the Alberta Children’s Hospital Pain Committee, the Alberta Children’s Hospital Foundation, and the Vi Riddell Pain & Rehabilitation Centre for their ongoing support.

Commitment to Comfort® strategies

These simple and inexpensive methods to improve the pain experience are evidence-based and can be used by nurses anywhere, and certainly are not limited to the pediatric populations:

**TOPICAL ANESTHETICS:** These should be used for every skin-breaking procedure, every time.

**DISTRACTION:** This is free and easy. It can be a book, a favourite toy or the smart phone most parents carry!

**COMFORT POSITIONING:** Children do not need to be pinned down. They should be held in an upright position to maintain a sense of control and can be gently supported by a parent/caregiver.

**SUCROSE:** Sucrose has very few contraindications and should be used for all infants under the age of 12 months. The effect is amplified when used with non-nutritive sucking (soother). The infant can also breastfeed during a procedure.

**MEMORY REFRAMING:** Highlight one or two adaptive coping techniques that they used or were cued to use. For example, “You did a great job of deep breathing.” Tell them they were brave. By reframing their exaggerated memories of the event, you can change the way they remember it and create a more realistic memory.
BACKGROUND

INCREASING NUMBERS OF IMMIGRANTS ARE GROWING OLD IN CANADA WITH LITTLE ATTENTION IN RESEARCH AND POLICY TO THEIR UNIQUE EXPERIENCES AND NEEDS. THERE ARE CURRENTLY OVER ONE MILLION MUSLIMS IN CANADA FROM DIVERSE ETHNIC GROUPS AND COUNTRIES OF ORIGIN. IN ALBERTA, OVER 100,000 INDIVIDUALS ARE MUSLIMS, THE MAJORITY OF WHOM ARE FIRST OR SECOND GENERATION IMMIGRANTS FROM ARAB, SOUTH ASIAN AND AFRICAN COUNTRIES. CURRENT EVIDENCE POINTS TO MUSLIMS IN THE WEST EXPERIENCING INCREASED LEVELS OF DISCRIMINATION AND MARGINALIZATION WHICH DECREASES SOCIAL INCLUSION IN OLDER AGE. 

HEALTHY AGING
in Edmonton’s
MUSLIM IMMIGRANT COMMUNITIES

BY JORDANA SALMA, PhD, MN, RN AND BUKOLA SALAMI, PhD, MN, RN
Muslim communities place high value on filial piety that translates into expectations for care of aging family members within multigenerational homes. In the context of receiving health-care services, Muslims report the need for gender-sensitive care, understanding Muslim dietary restrictions, respecting the centrality of prayer and fasting, and accommodating rituals around birth, death and illness. For practising Muslims, praying five times a day, dietary restrictions, fasting the holy month of Ramadan, and using Quranic verses and teachings for physical healing and spiritual guidance are a norm.

Identifying as a Muslim and an immigrant in Canada while practising Islam in one’s daily life has unique implications that shape aging experiences.

PURPOSE
An advocacy group comprised of Muslim seniors and caregivers developed the Muslim Initiative for Aging Gracefully, Edmonton (MiAGE). MiAGE members approached researchers with the purpose of initiating a research study to identify the experiences and needs of Muslim seniors growing old in Edmonton. MiAGE members met monthly over one year (2017-2018) and supported recruitment, data collection, data analysis and the drafting of a final community report with recommendations for future action.

APPROACH
Sixty-five seniors, community leaders, service providers and caregivers from Muslim immigrant communities in Edmonton participated in the community-based participatory research project. The majority were first-generation immigrants to Canada from South Asia, Middle East, North Africa and East Africa. More than half of participants in this study were women. Muslim seniors ranged in age from 55 to 85 years of age, with varying levels of English-language fluency, income and education.

Participants engaged in either focus group discussions (seven focus groups) or individual interviews (23 individual interviews) which typically lasted 1.5-2 hours and were conducted at locations convenient to participants. Interpreters were used for those who were not fluent in English. All data was transcribed verbatim and thematic analysis was used to identify major themes related to healthy aging.

HIGHLIGHTS OF FINDINGS
Muslim seniors in this study defined healthy aging as being financially-independent, staying socially-connected and feeling spiritually-fulfilled. Community members highlighted the Islamic obligation to care for seniors in the community, but acknowledged a lack of resources to effectively do so.

Long-term care and designated supportive living settings in Edmonton continue to lack culturally- and linguistically-appropriate spaces for Muslim seniors that are sensitive to their religious practices such as praying, halal food and modesty. Muslim seniors and their families in the community report distress and stigma when accessing supportive living or long-term care facilities as this is often perceived as abandonment of seniors by their families.

This negative perception led to caregiver stress and decreased quality of life for seniors whose basic needs are not being met at home. Also, discrimination in daily life related to racism, ageism and islamophobia resulted in seniors feeling socially excluded from mainstream recreation and social spaces designed to support healthy aging in the community. Many Muslim seniors, however, took active measures to enhance social engagement through social activism and volunteerism while often supporting other vulnerable seniors in their communities.

Overall, this study highlights strong community motivation to support healthy aging. It also identified significant barriers to community action such as limited finances, lack of knowledge about available resources for healthy aging, discrimination, and cultural and religious values about aging.

IMPLICATIONS FOR PRACTICE
Additional supports are required for Muslim immigrant seniors living in the community and their caregivers. Nurses can support these immigrant communities by increasing access to mainstream information and resources such as social and recreational programs for healthy aging. Within long-term care and designated living facilities, nurses can lead the development of culturally- and linguistically-appropriate services in consultation with immigrant communities. Finally, nurses must incorporate an understanding of the needs of religious minority seniors into their cultural safety practices.

Resources
For further information on this study, contact Dr. Jordana Salma, Assistant Professor, Faculty of Nursing, University of Alberta at sjordana@ualberta.ca or 780.492.7555.

To learn more about the needs of Muslim seniors and ways to engage with Muslim communities, contact seniorsgracefulliving@gmail.com.

References
- Salma, J., & Salami, B. (2018). The Muslim Seniors Study: Needs for Healthy Aging in Muslim Communities in Edmonton, Alberta. doi.org/10.7939/R3ST7FD0P

ACKNOWLEDGMENT: This project was funded through Dr. Salma’s post-doctoral fellowship and the Endowment Fund for the Future received from the faculty of nursing, University of Alberta.
Laura Tomkins, RN
Kapawe’no First Nation Health Services

I have been an RN for nearly 15 years, 12 of which I have worked on a reserve. Indigenous health is my passion, my nursing niche.

Indigenous people face a multitude of barriers in the health-care system including socio-economic disparity, stereotypes, and misconceptions about their culture and belief systems. As an Indigenous nurse, I feel my strongest skill is advocacy. A lot of Indigenous people feel their voice isn’t loud enough to ask for help, to ask questions or to be assertive without being labelled as non-compliant. For me, leadership is the action of supporting and strengthening the voice of our Indigenous people.

I go that extra mile to be a voice for my patients, to build bridges and strong relationships. I try to share my insight with other health-care providers so that patients can be heard and understood.

For me, nursing is so much more than orientation to tasks. Absolutely, clinical skills are important, but they go hand-in-hand with my patient’s personal history, their barriers, their fears, their beliefs and the reasons that led them to me as a patient. We can’t make an informed decision without all of the facts, so how can we support our patients if we don’t know the supporting information? As nurses, we can’t self-reflect or question our practice if we don’t challenge ourselves.

Sadaf Saleem Murad, MN, RN

As nurses, we demonstrate leadership in our practice on a daily basis. I’ve shown leadership providing direct care to clients and as a sessional instructor at the University of Alberta. As a direct care nurse who has worked in various practice settings from long-term to acute care and emergency, I continue to work collaboratively with the intraprofessional and interprofessional team to provide quality care to clients and families. A major role for me as a leader has been engaging in advocacy and giving a voice to clients to ensure that their rights are respected and the care they receive is of high quality. Patient care is my passion, my responsibility, and therefore advocating on their behalf is my professional and moral responsibility.

As a nursing instructor and educator, I’ve demonstrated leadership by mentoring my nursing colleagues and students, and ensuring learning opportunities foster the development of caring qualities and leadership skills. Leadership is also about being self-aware and engaging in continuous improvement to lead oneself. As a leader, I continue to engage in reflective practice to demonstrate professional responsibility and accountability through my actions.
Nicole Lemke, BN, RN
on behalf of Parish Nursing Alberta

Parish nurses promote health, healing and wholeness through emphasizing the spiritual aspects in a holistic approach to nursing. To improve client outcomes, the parish nurse role includes advocacy, counselling, education and resource referral. Parish nurses need to communicate effectively, take initiative, empower others, be flexible and work alongside the established leadership approach or style within their practice setting.

We are a small but growing specialty practice area in Alberta and the geographical distance between practitioners makes it challenging to get connected with peer mentorship. An additional barrier is that the role of the parish nurse is not well understood, so faith communities require education in order to embrace and establish this practice.

Specialty practice groups like Parish Nursing Alberta strive to increase understanding and awareness and promote a culture of leadership, providing a safe space to grow, teach and learn. They also support equipping nurses for competent and compassionate practice through conferences and partnering with an educational institution in Alberta to provide a parish nursing course.

For me, leadership is role modelling and providing support to those who work in parish nurse ministry. For parish nurses, leadership is a way to share and communicate common goals and objectives. Leadership gives directions for purpose and identifies practical ways to function within the role of a parish nurse. Individually, the parish nurse needs to recognise their own leadership potential. Establishing boundaries promotes self-care which is also essential in healthy leadership.

Rebecca Marshall, RN
on behalf of the Alberta Primary Care Nurses Association

I have spent many hours during my 35-year nursing career seeing patients for repeat hospital admissions and practising reactive care for chronic illness and system management of disease processes. I felt I wasn’t making a difference in their health outcomes, family support structures or empowering patients to manage their health.

In 2006, an innovative journey began within the family practice setting. Primary care networks were created to focus on the concept of having patients at the centre of health care. Primary care promotes access for patients and their families to various health-care professionals, tools and resources in the primary care physician office. This empowers patients to take control of their own health.

Nurses are leaders in this health-care approach and they provide support, strategies and education to patients and their families. We are an integral member of the patient-centred care team. This is why I’m proud to have played a part in the creation of the Alberta Primary Care Nurses Association, a newly-formed and CARNA-recognized specialty practice group. This group was created through vision, cooperation and commitment to advocate for registered nurses within the primary care setting who are pivotal in supporting patients in their quest for self-health management and prevention.

The nursing role in our clinic is one of chronic disease education such as diabetes, COPD, asthma, hypertension, dyslipidemia. We provide wound care, foot care, cancer screening, mental health support, immunizations, immunotherapy and several daily nursing tasks. We are the physician liaison for patients navigating the health-care system utilizing collaboration with community and hospital health-care teams.
Leadership pledge gallery

Join these nurses who have made a pledge to act on their leadership potential. Find a pledge card at nurses.ab.ca/leadership.
leadership potential. Find a pledge card at nurses.ab.ca/leadership.
Registered nurses from across the province came together for an unforgettable night of toasting the profession. The Nursing Excellence Gala on May 10 celebrated the CARNA Awards of Nursing Excellence recipients and nominees for their contributions to health care.

PHOTOS BY WILLIAM AU PHOTOGRAPHY
NOTICEBOARD

Custody and caring conference
Oct. 23-25, 2019 | Saskatoon
custodyandcaring.usask.ca

Documentation: your best defense
Oct. 25, 2019 | Calgary
Oct. 30, 2019 | Lethbridge
Nov. 27, 2019 | Red Deer
Nov. 28, 2019 | Edmonton
connectmlx.com

The submission deadline for events and reunions in the Fall 2019 issue of Alberta RN is Sept. 9, 2019. Go to nurses.ab.ca for a complete and up-to-date listing of events and reunions or to submit an event for publication.

IN MEMORIAM

Totton, Lorena, a 1970 graduate of York Region Hospital school of nursing, who passed away on March 14, 2019 in Calgary.

Canada joins Nursing Now campaign

Canada has officially joined the global movement Nursing Now to raise the profile of nursing across Canada and the world. A partnership between the Canadian Nurses Association and Canadian Indigenous Nurses Association, Nursing Now Canada has established three key areas of focus including a nursing leadership pillar, chief nursing officers pillar and Indigenous pillar.

Learn more at nursingnow.org/canada-joins-the-nursing-now-campaign.
Now that renewal has come around again, I have been thinking a lot about the “R” in RN and what being “registered” truly means. The Oxford dictionary would say it means, “Entered or recorded on an official list or directory.” Seems simple enough. You complete your application, you pay the annual fee, you are on “the list” and you have the privilege of calling yourself a registered nurse for another year. However, I’ve come to appreciate that renewing your registration means much more, and I hope you will too.

Whether I’m renewing my own permit or strategizing CARNA’s next initiatives, every day I consider how I am embodying CARNA’s tagline, protecting the public, evolving the profession. While CARNA sets the standards of safe, competent and ethical care, it is the nursing profession that ultimately delivers that care to the public. Alberta’s nurses work together to ensure we are continually pursuing excellence and CARNA’s role is to support all registered nurses and nurse practitioners in doing their part. One way CARNA does this is through a check-in during the annual renewal.

By completing the continuing competence requirement every year, you are demonstrating how you challenge yourself. Self-reflection and self-directed learning plans are meant to expand your knowledge and add skills to your repertoire.

The scope of nursing practice has evolved immensely and will continue to do so. The breadth of areas of practice available to nurses is expanding every day. At the same time, new technology has been introduced in the health-care system at a rapidly increasing pace. This is why CARNA emphasizes the importance of keeping up with the changing system and requires nurses to record their practice hours. Keeping your practice current is another way you are demonstrating that you are dedicated to advancing your practice and acquiring new knowledge and skills vital to public safety.

When you renew your permit, you are showing your co-workers and all Albertans that you are living up to the high standards CARNA sets for the profession. You are promising to do your part and exemplify CARNA’s tagline of protecting the public, evolving the profession.

JOY PEACOCK, BSN, M.S.C., RN
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Nominations close
Sept. 6, 2019

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