Open. Accountable. Responsive to change.

CARN A initiates review of complaints processes
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Changes coming to publications of unprofessional conduct
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My journey pursuing specialty certification
Preparing for a new season of growth

I find autumn to be a time of great reflection. As I look back on the past year, I’m proud to see what CARNA’s efforts have reaped for registered nurses, nurse practitioners and Albertans. We reached a milestone with amendments to the Registered Nurses Profession Regulation, allowing RNs to become authorized to prescribe some medications and diagnostic tests. CARNA launched My Learning Space, an online portal where nurses can find educational resources to grow their knowledge and careers.

CARNA also initiated the Nursing: A Call to Leadership campaign. Throughout the year, the campaign offered several opportunities for nurses to nurture their leadership potential, including webinars, sharing stories and challenging nurses to make pledges. The campaign will continue into the new year when CARNA hosts a policy workshop as well as a networking event with Canadian Nurses Association CEO Mike Villeneuve.

This year included an initial meeting with Alberta’s Minister of Health Tyler Shandro in early August. We discussed CARNA’s role and the challenges we face as a regulator in an ever-changing health-care environment. I am optimistic in the continued collaboration with policy makers and in nursing’s role in shaping health care for our province.

A few weeks following our meeting, the provincial government announced an increase in funding for nurse practitioners. This is very exciting for Albertans, especially in underserved communities which will gain access to the full scope of NP services. Coming from a rural community, I understand the difficulty of accessing primary care in some remote areas. It was an honour to speak on behalf of Alberta nurses on CBC further to the announcement, informing Albertans on the scope of NPs and their breadth of practice across the health system. We have more than 600 NPs in Alberta and by removing some of the legislative barriers that exist in the system, their value will be measured by effective outcomes of the people served and the cost of delivering services through their collaborative work with their nursing colleagues, and health care and community partners.

Fall is also when incoming Provincial Councillors begin their terms. I want to welcome each of the new faces joining me at the council table. This next year promises a great number of exciting and challenging initiatives and decisions. This year, Provincial Council is conducting a governance review through establishment of a task force to guide the work and to provide recommendations to Provincial Council. The goal of this work is to ensure that the governance principles, structures and processes supports best practices to continue to strengthen excellence in regulatory practice as well as to continue to evolve the nursing profession.

The year 2020 marks 200 years since the birth of Florence Nightingale and has been named by the World Health Organization as the Year of the Nurse and Midwife. CARNA has been planning celebrations which will continue to put nursing leadership at the forefront. I hope you take the final months of this year to examine your own leadership in nursing and reflect on how you will continue to grow and to inspire, lead and innovate for the future.

Given this, nurses also fulfill another effective and essential role in order for leadership to be successful. A physician colleague recently provided sage insight that, though we all have capacity to be leaders, leaders also require followers. Characteristics of good followers include having a shared vision along with a supportive and a corrective role. Followers must use creative and collaborative ways to execute the leaders’ or organizations’ vision. Good followers are as efficient and assertive as the leader, with their actions always guided by what is best for the people they serve and the organization where one works. They are competent or proficient in performing their jobs using their intelligence, enthusiasm and influential essence to turn a vision or idea into action and substance.

With our breadth and depth of nursing, and as collaborative team members, we may be either a leader or a follower – both requiring our knowledge, insight and skills to use effectively and to make an impact. Aristotle once said, “He who cannot be a good follower can never be a good leader.” Our nursing wisdom will guide us when to assume either a leadership or a follower role diplomatically and with integrity.

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Welcome aboard NEW COUNCILLORS

Congratulations to the following councillors who began their terms on Oct. 1, 2019

CALGARY/WEST

Justin Burkett, BN, RN, is a nursing instructor at the University of Calgary with experience in international and clinical nursing education, emergency nursing and health-care simulation. He is a member of the Clinical Simulation Learning Centre and has been involved in leadership committees related to ethics and patient safety. He has served as a member of the clinical ethics committee at the South Health Campus hospital, as well as the hospital’s UNA and AHS professional responsibility committee that hears cases involving patient safety concerns.

CENTRAL

Ashna Rawji, MN, BScN, RN is a staff educator and nursing supervisor for Red Deer Hospice Society. For the last 14 years, she was a nursing instructor at Red Deer College for the University of Alberta bachelor of science in nursing program. She has worked in surgical oncology, palliative care, general surgery, ICU and ER. She has also served on many nursing and community committees including the provincial board of directors for the Alberta School Councils’ Association, collaborative committee for University of Alberta on Quality Assurance, as well as the faculty association, academic council and learning resources committee at Red Deer College.

Amy Deagle, MScN, BN, RN, is an active nursing leader, speaking at women’s conferences and leadership seminars. She is the founder and CEO of the International Network of Nurse Leaders, which brings together nurses from around the globe to strengthen nursing leadership and advance the profession. She also works at the Calgary Rural Primary Care Network as the manager of clinical innovation. Amy is a member of the Canadian Family Practice Nurses Association and the Canadian Association of Rural and Remote Nurses.

EDMONTON/WEST

Derrick Cleaver, BScN, MPH, RN is dedicated to advancing the nursing profession in Alberta and finding innovative ways of delivering care that will enhance quality health care for every Albertan. His experience has given him the skills to build partnerships that can advance policy, regulation and legislation to support high-quality health services. He enjoys designing and scaling up provincial-level programs that lead to better health outcomes for Albertans. Derrick’s clinical background includes orthopedics and emergency. He currently works at Alberta Health as a nurse consultant and is a co-chair of the Public Health Agency of Canada vaccine vigilance working group.

NORTHWEST

Ashley Woytuik, B.Sc., BScN, RN, works in Grande Prairie as a flow nurse in the emergency department where she was instrumental in advocating for naloxone kits in her department. Ashley is an UNA advocate, and her efforts have gained extra staffing on nights within her unit. An active volunteer within her community, Ashley has participated in her community’s sexual assault/domestic violence response team and assisted with mock disaster scenarios. She is also a member of the National Emergency Nurses Association – Alberta Chapter.
Operational plan and budget approved
Council approved the budget and operational plan for 2019-2020. In addition to our ongoing regulatory work and activities in our role as a professional association, here are some of the major initiatives we are taking on:

- review and implementation of the professional conduct evaluation (learn more on page 14)
- improving the continuing competence program online platform
- focusing on Indigenous health, cultural sensitivity and awareness, including developing a new learning module
- engagement, influence and leadership

BYLAW CHANGE:
Publication of unprofessional conduct
Council approved revisions to CARNAs bylaws governing the publication of upcoming hearing tribunal notices and findings of unprofessional conduct. Learn more about these changes on page 13.

Fee to appeal registration decisions discontinued
The fee to appeal a decision made by the registrar, registration committee and competence committee has been discontinued to ensure fair regulatory principles and give all applicants access to an appeal.
Two documents approved

Council approved the document *Incorporating a Restricted Activity into Practice: Guidelines* (2019). It provides guidelines and a decision-making framework to help regulated members determine if a specific restricted activity they are not performing should be part of their nursing practice in a specific practice area. It also outlines the requirements to support regulated members in safely and competently performing the restricted activity in their practice setting.

Council also approved the document *Mentoring: Practice Advice* (2019). It outlines the principles of mentoring and the professional and ethical responsibilities of regulated members when engaging in a mentoring relationship.

Withdrawal of document

Carna has withdrawn endorsement of the Canadian Nurses Association document *Overcapacity Protocols and Capacity in Canada’s Health System* because it was significantly outdated.

The documents *Assignment of Client Care: Guidelines for Registered Nurses* and *Staff Mix Decision-making Framework for Quality Nursing Care* outline the principles and guidance for a systematic approach that addresses the multiple factors within the health-care system that impact staffing decisions and issues with overcapacity.

Who are public representatives?

Public representatives bring the voice of Albertans to CARNA’s provincial council table. They are appointed to council by the provincial government to ensure CARNA is performing in the best interests of the public.

UPCOMING PROVINCIAL COUNCIL MEETING:

Jan. 9–10, 2020

Follow CARNA on Twitter to keep up with the presentations and decisions as they happen. @AlbertaRNs
New RN regulations: update

May 1, 2019, regulations were introduced that allow registered nurses in Alberta who meet certain requirements to become authorized to prescribe medications and order diagnostic tests. Previously, this required an order from a physician, pharmacist or nurse practitioner.

We are working with members, stakeholders and the Ministry of Health to provide clarity on the specific clinical practice settings where RNs could be qualified for prescribing.

We are also developing a guidance document and will be seeking your feedback soon.

If you have questions about the practice areas eligible for RN prescribing, please contact practice@nurses.ab.ca.

36,660 submitted their application before the deadline.
40% renewed in the last week. 2,304 renewed on the last day.

7,078 phone calls to the renewal helpline with an average wait time of 1 minute 35 seconds.

2,354 emails related to renewal

How would you rate your overall renewal experience?

12.5% extremely satisfied
45.4% very satisfied
17.0% moderately satisfied
16.6% slightly satisfied
8.4% not satisfied
Every nurse in Alberta must demonstrate that they are maintaining their competence and challenging themselves to expand their knowledge and skills. It is their professional accountability and responsibility.

With this in mind, CARNA has dedicated itself to improving how it constructs and enforces the continuing competence program (CCP). We have collected registrant feedback over the last several years and are updating MyCCP, the online tool where nurses complete, record and submit their learning plans.

MyCCP moving from two steps to one!

<table>
<thead>
<tr>
<th>CURRENT PROCESS</th>
<th>NEW PROCESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Complete your learning plan from the previous practice year.</td>
<td>1. Start and finish your learning plan for the current year (from October 1 to September 30).</td>
</tr>
<tr>
<td>2. Reflect on your practice and develop a learning objective for the upcoming practice year.</td>
<td></td>
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</tbody>
</table>

CARN A is upgrading MyCCP, including transitioning to a single record model. In the new MyCCP, RNs will now document and report on one learning plan for the current practice year. NPs will document and report two learning plans.

We will keep you posted about the upgrades, including previews and implementation dates.
Reporting Criminal History

Did you know regulated members must report, as soon as possible, if they have been charged or convicted with an offence under the Criminal Code?

Please contact casemanagement@nurses.ab.ca to learn more or report.

Why pay your fees all at once if you don’t have to?

No need to pay your CARNA fees all at once!

You can set up prepayments through most Canadian banks so your fees will already be taken care of when you renew.

Just sign in to your online or telephone banking account to make a bill payment and add CARNA as a payee. Amounts can vary with each payment and can be made as often as you like.

Full payment must be received by Sept. 1, 2020.
A hearing tribunal made a finding of unprofessional conduct against member #38,984 who failed to ensure that care plans were appropriately completed in a timely manner. The hearing tribunal issued a reprimand. The member is retired. If she wants to return to practice, she must first pass a course in nursing process and provide a letter to the hearing tribunal from a prospective employer confirming they will complete and submit a performance evaluation on the member. The member will be restricted to working in that setting pending a satisfactory performance evaluation. Conditions shall appear on the member’s practice permit. Failure to comply with the Order may result in suspension of CARNA practice permit.

A hearing tribunal made findings of unprofessional conduct against member #63,084 arising from two complaints. From one employment site, the member diverted fentanyl, Versed, Valium and Ativan on numerous occasions over a period of two years and falsified narcotic records to cover that diversion. From a second employment site for a period of approximately 19 months, on numerous occasions the member diverted fentanyl, self-administered the diverted fentanyl while on duty and falsified narcotic and patient records to cover the diversion. The member also diverted fentanyl off anesthetic medication trays, placing other members of the health-care team in the position of having to try to explain the count discrepancy. The tribunal gave the member a reprimand. As the member was already under a direction to cease practice imposed by the complaints director pursuant to section 118 of the Health Professions Act, the member shall notify the hearing tribunal when that direction has been removed. Thereafter, the member shall provide an undertaking not to practise until she has approval from a hearing tribunal to practise either in a practice setting where there is no access to narcotics or controlled substances or do a supervised practice in a setting where the member is expected to administer medications, including narcotics and controlled substances. In either setting, the member’s employer will report back to a hearing tribunal. The member is required to continue drug screening and provide further medical reports to a hearing tribunal. Conditions shall appear on the member’s practice permit. Failure to comply with the Order may result in suspension of CARNA practice permit.

A hearing tribunal made a finding of unprofessional conduct against member #79,097 who administered fentanyl rather than the hydromorphone that had been ordered, and failed to document adequately regarding the administration of the medication. On a different shift, the member administered a lower dosage of fentanyl than had been ordered and failed to adequately document regarding the administration of the medication. The member failed to complete and document required assessments on a patient. The member administered an incorrect dosage of hydromorphone, failed to document an assessment of the patient when she became aware of the error and failed to document her disclosure of the error to the patient. The hearing tribunal issued a reprimand and ordered the member to pass courses in medication management and nursing informatics, and complete e-modules on the Code of Ethics. The member must also prepare a practice improvement plan and restrict her practice to her current practice setting pending a satisfactory performance evaluation. Conditions shall appear on the member’s practice permit. Failure to comply with the Order may result in suspension of CARNA practice permit.

A hearing tribunal made a finding of unprofessional conduct against member #83,719 who, while working at Queen Elizabeth II Hospital, Alberta Health Services in Grande Prairie, Alberta, engaged in inappropriate interactions of a sexual nature with nursing colleagues and failed to maintain appropriate professional boundaries and recognize a potential power imbalance when engaging in communication with a nursing colleague. For this finding of unprofessional conduct, the hearing tribunal issued a reprimand, ordered coursework to be completed, ordered a boundary plan to be completed and restricted the member to working at his current settings pending one satisfactory performance evaluation. Conditions shall appear on the member’s practice permit. Failure to comply with the Order may result in suspension of CARNA practice permit.
A hearing tribunal made a finding of unprofessional conduct against member #86,286 who, over a period of three months, pilfered Dilaudid and morphine from her employer. The member falsified narcotic and patient records to cover the pilfering and self-administered pilfered narcotics while on duty. On one shift, the member pilfered and self-administered Dilaudid on duty which caused distress to her co-workers and disruption to their ability to perform their duties when the co-workers had to address the member’s drug diversion and behaviours. Additionally, the member created confusion regarding medications she had administered to a patient and left work that evening with a syringe of morphine in her pocket. The tribunal gave the member a reprimand and accepted an undertaking not to practise as a registered nurse pending proof from a physician and counsellors that she is safe to return to practise. At that time, the member has a choice to return to either a practice setting where there is no access to narcotics and controlled substances, or do a supervised practice in a setting where the member is expected to administer medications, including narcotics and controlled substances. In either setting, the member’s employer will report back to a hearing tribunal. The member is required to continue drug screening and provide further medical reports to a hearing tribunal. Conditions shall appear on the member’s practice permit. Failure to comply with the Order may result in suspension of CARNA practice permit.

A hearing tribunal made a finding of unprofessional conduct against member #107,799 who inaccurately transcribed an order for 0.5 mg hydromorphone onto the medication administration record as 5.0 mg of hydromorphone and administered 5.0 mg of hydromorphone to the patient in error. She demonstrated a lack of knowledge regarding hydromorphone when she failed to recognize 5.0 mg was a large dosage with serious side effects that required monitoring especially with the first dose administered and when the patient was also receiving nozinan. She also failed to recognize that 2.5 mls was a large volume of medication to inject subcutaneously. The member failed to document in the medication administration record and failed to perform or document any assessment of the patient before or after the administration of the hydromorphone. The member failed to document on the narcotic record all the hydromorphone she withdrew. The hearing tribunal issued a reprimand and directed the member to pass courses in both pharmacology and medication management. The member must do e-modules on the Code of Ethics. The member must successfully complete a period of supervised practice with a satisfactory comprehensive performance evaluation and thereafter, provide two further satisfactory comprehensive performance evaluations. The member will be restricted to practising at the setting approved by the hearing tribunal from the date of the hearing until she has fully complied with the Order. 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 #95,162 who, despite being previously warned about attending work when unfit, proceeded to attend work on two occasions and behave in a manner that caused distress and risk to her patients and resulted in her being sent home. The member failed to provide adequate care to her patients on those shifts. In a separate matter, the member was convicted of unlawful possession of a controlled substance (carfentanil). The hearing tribunal issued a reprimand and accepted the member’s undertaking not to practise pending satisfactory medical proof of her fitness to practise. Once the member is fit to practise, she must complete a supervised practice, followed by ongoing drug screening and treatment for two more years. Conditions shall appear on the member’s practice permit. Failure to comply with the Order may result in suspension of CARNA practice permit.

CARNA MEMBER
REGISTRATION NUMBER: 86,286

CARNA MEMBER
REGISTRATION NUMBER: 107,799

CARNA MEMBER
REGISTRATION NUMBER: 95,162
CHANGES
coming to publications of hearing tribunals and unprofessional conduct

IN SEPTEMBER 2019, PROVINCIAL COUNCIL APPROVED revisions to CARNAs bylaws governing the publication of upcoming hearing tribunal notices and findings of unprofessional conduct. These revisions allow CARNa to demonstrate its transparency as a health-care regulator and bring it in line with regulatory best practice.

For upcoming hearings, decisions and appeals occurring on or after Nov. 15, 2019, CARNa will publish notices and findings of unprofessional conduct and disciplinary measures, including the name of the regulated member on its website.

Summaries of unprofessional conduct and the name of the regulated member will be published in Alberta RN magazine.

Sensitive, personal or health information will be redacted from hearing/appeal notices, findings and summaries at the discretion of the registrar. RN
CARNA initiates review of complaints processes and outcomes

CARNA has made public a 48-page external review of its complaints and discipline processes and outcomes.

The review was conducted over the summer and contains 14 recommendations for action and improvement, with a strong focus on increased transparency, website enhancements and internal process improvements. We will continue to report on the status of our action plan to implement the recommendations.

CARNA engaged Harry Cayton – an internationally-recognized expert in professional regulation and governance and former chief executive of the U.K.’s Professional Standards Authority – to ensure CARNA’s actions and outcomes meet current international regulatory best practice and standards. CARNA is committed to improving its processes through transparency and accountability in an ever-changing, health-care landscape. RN

Find the full report at nurses.ab.ca

SAVE THE DATE
MARCH 19 2020
AGM AND CONFERENCE

Edmonton EXPO Centre
Featuring guest speakers Lisa Little and Dr. Cindy Blackstock
More details coming soon at nurses.ab.ca/events
Is informed consent a simple “yes” or “no”?  

BY PENNY DAVIS, MN, RN, CARNA POLICY AND PRACTICE CONSULTANT  

Obtaining consent from clients is a key component of ethical, quality nursing practice; it is central to person-centred care. There are two types of consent: implied and informed.  

IMPLIED CONSENT  
Nurses often receive implied consent for the care they provide. For example, a client may open their mouth to have their temperature taken or hold out their arm for a blood pressure reading.  

INFORMED CONSENT  
Informed consent, sometimes also referred to as expressed or explicit consent, is a more involved process where the client either verbally states or signs a form to show they agree to an intervention or treatment. The purpose of informed consent is to ensure clients can make autonomous decisions about their health and the care they receive. It also fulfils legal and administrative purposes.
Signing a form or saying “yes” or “no” only shows the informed consent process has occurred, it does not show how it occurred. Nurses work closely with clients, understand their health-care needs and are responsible for obtaining informed consent before providing nursing interventions. Employer policy will also provide role clarity and responsibilities related to the informed consent process.

Obtaining informed consent can be complex depending on the type of treatment, patient’s health status, ability to understand information (language, literacy, capacity, etc.) and emergencies. For consent to be informed, clients (or their substitute decision-maker) must give voluntarily consent, have capacity to provide consent and understand all the information about their health, their diagnosis and prognosis, including:

> what the intervention or treatment is and why it is required
> the risks and benefits, including what may happen if they do not consent
> alternatives to the treatment or intervention

Of course, the client has the right to withdraw consent at any time and may have more questions in the future.

**DO I NEED TO OBTAIN INFORMED CONSENT FOR INTERVENTIONS PERFORMED BY OTHERS?**

While nurses are integral in the informed consent process, they are not responsible for obtaining informed consent for interventions provided by other health-care providers (Canadian Nurses Protective Society, 1994).

Health-care professionals, including nurses, often overestimate their client’s comprehension of the care they will receive. Nurses establish trusting therapeutic relationships with clients and are able to assess their client’s understanding of information given to them and identify barriers to understanding.

If a nurse can’t answer a client’s questions or the questions are not within the nurse’s scope of practice, they should communicate their concerns with the most responsible health practitioner. Nurses should always document the client’s gaps in understanding, including what they did to inform the client or advocate on their behalf.

There may also be times nurses are asked to witness a signature. The purpose of witnessing a signature is to verify the identity of the person signing the consent form, not to verify that the information provided to the client is correct.

**CONCLUSION**

Informed consent is founded on a trusting therapeutic relationship with a client. At any point of the informed consent process, whether it is for the care provided, identifying a client’s knowledge gap or witnessing their signature on a consent form, nurses are responsible to ensure consent is obtained in an ethical manner according to the Practice Standards for Regulated Members (CANA, 2013) and the Code of Ethics (CNA, 2017).

**REFERENCES:**


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**Barriers to consider when obtaining informed consent:**

> time
> age
> cognitive function
> intelligence
> position of control
> hearing
> sight
> language
> culture
> literacy
> level of education
> anxiety and stress
> environmental factors
> location
Robert is a home care nurse caring for Jim, a client with colon cancer who has just finished his last cycle of chemotherapy. For the past few weeks, Robert noticed that Jim has had difficulty managing his pain and is feeling anxious about the uncertainty of his prognosis. During their conversations, Jim is asking questions about complementary and alternative health care (CAHC) and natural health products (NHPs) as options for managing his pain.

Robert later discovers that Jim has been using herbal remedies for pain management and is considering increasing the use of these herbal remedies in the near future.

WHAT SHOULD ROBERT CONSIDER?
Clients have the right to make their own decisions and choices with respect to health care. As a registered nurse, Robert is responsible and accountable to help clients make informed decisions by providing information in an open, accurate and transparent manner. He should reflect on whether he has sufficient knowledge to provide Jim with the most accurate and up-to-date evidence to support decision-making.

WHAT DOES ROBERT DO?
To learn about what is expected of him in order to provide safe, competent and ethical care, Robert reviews the documents:

> Ethical Decision-Making for Registered Nurses in Alberta: Guidelines and Recommendations
> Complementary and Alternative Health Care and Natural Health Products Standards

He also seeks guidance from a CARNA Policy and Practice Consultant and is advised to review employer policy and contact the Canadian Nurses Protective Society for additional support.

Robert uses what he has learned to start a discussion with Jim. He begins by assessing Jim’s knowledge around the particular NHPs and other treatment options that he is using or is considering using for pain management. He encourages Jim to inform his primary care provider and pharmacist that he is using NHPs and to discuss the effects and interactions between the conventional medications and the NHPs. Robert also discusses other evidence-informed CAHC therapies that have been approved for use in home care, including guided imagery, therapeutic massage and therapeutic touch, all of which could be useful for pain management.

Jim thanks Robert for providing him with information to better support his decision regarding herbal remedies and other options. Robert uses what he has learned about CAHC and NHPs and shares his new findings with his home care team and manager.

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.
Q My patient has asked me to administer a complementary therapy in the form of a liquid herbal substance, which I do not know much about. What are my legal obligations? Am I able to refuse?

A Complementary therapies are therapies that are employed in conjunction with mainstream health-care practices [1]. Examples of complementary therapies may include herbal products, visual imagery, and traditional medicines like Ayurvedic and Aboriginal medicines.

A nurse’s legal and professional obligation to provide reasonable and prudent care can extend to administering a complementary therapy. Before administering a complementary therapy, such as an herbal substance, it would be important to confirm that the administration of the herbal substance falls within a nurse’s scope of practice and that they possess the necessary knowledge, skill and judgment to administer it safely [2]. It would also be prudent to verify that the necessary informed consent to administer the therapy has been obtained.

It is often not within the nursing scope of practice to independently initiate a treatment[3]. It is important to be aware of legislation, regulations, professional standards and guidelines as well as the health-care institution’s bylaws and policies relevant to the administration of complementary therapies [4]. Therefore, nurses who are asked by patients to administer a complementary therapy will generally be expected to determine whether the therapy would require a medical order, whether it can be appropriately incorporated into the patient’s plan of care (in consultation with other care team members as appropriate), and whether its use is supported by the health-care institution’s policies. The attending nurse would, in the normal course, document the request, the response, the administration or use by the patient in accordance with their professional standards and the health-care institution’s policies.

A nurse who, despite these measures, believes that administering the proposed complementary therapy would pose a risk to the patient’s safety, should bring their concerns to the attention of the team member who endorsed the treatment, the most responsible professional and if necessary, nursing management.

In College of Nurses of Ontario v Manning [5] a community care nurse administered a liquid by mouth as a purported alternative cancer treatment, composed of fruit and vegetable, to an end-stage patient who was at risk of aspiration. The panel determined that the nurse committed professional misconduct by administering the treatment without a medical order, without consulting the health-care team and without obtaining the appropriate consent from the substitute decision maker. The panel found that since the nurse led a family member to believe that the fruit and vegetable liquid was a treatment for cancer, it followed that consent was required for the treatment. The panel also found that the nurse failed to show evidence (in the form of a documented consent or testimony) that he obtained consent from a substitute decision maker, as it was deemed that the patient was not able to consent to treatment at their stage of illness. The patient died the day after the liquid was administered. The nurse received a six-month suspension in addition to terms, conditions and limitations on his nursing registration.

When administering complementary therapies, it is important to follow the relevant legislated authority and professional standards, and to be familiar with any relevant employer’s policies, employer’s code of conduct and Code of Ethics.

If you wish to discuss complementary therapies with a CNPS lawyer, please call us at 1-844-4MY-CNPS.


[3] Nurse practitioners and Registered Nurses authorized to prescribe are a notable exception to this general principle, although ordering a form of alternative therapy may not necessarily fall within their scope of practice.

[4] For example, the CARNA Standard specifies on page 8 that nurses are only to administer or recommend Natural Health Products that are approved by Health Canada.

Nursing is changing.

ARNET is changing with it.

ARNET is launching a new website! Stay tuned.

Next charitable grant application deadline date is March 31, 2020.

ARNET academic scholarship application form will be online in December 2019. The scholarship application deadline date will be March 1, 2020.

For details and applications, visit arnet.ca

ARNET is committed to advanced nursing education = improved patient outcomes, lower mortality rates, safer care and improved quality of life for patients.

Donate or learn more at arnet.ca

A MESSAGE FROM

Marilyn Wacko, MN, RN
ARNET EXECUTIVE DIRECTOR

It is my privilege to be the new Executive Director for ARNET and support you, Alberta’s registered nurses.

Fall is well on its way and the snow has already arrived in some parts of the province. It is a time of transitioning back to busy work and family schedules.

Many of you will be planning to attend conferences, continue your work on your CNA certification or have started back to university for post-basic or graduate educational studies.

ARNET understands the value of life-long learning and the difference RNs and NPs make in the lives of Albertans every day.

Nurses who have received ARNET funding work in diverse settings across the province—operating rooms, pediatric clinics, emergency departments, women’s health programs—improving care experiences for patients and families.

I look forward to connecting with you; feel free to contact me at arnet@nurses.ab.ca or visit arnet.ca to learn more or donate.
WEBINAR

aesthetic nursing – regulatory matters

Do you know your professional responsibilities and accountabilities related to aesthetic nursing?

Join this webinar to:

- discuss scope of practice and jurisdictional responsibilities
- clarify the difference between esthetic services and aesthetic procedures
- outline education, documentation and record-keeping requirements
- review informed consent, infection prevention and control, and self-employed practice

November 21, 12–1 p.m.
Register at abrn.ca/aesthetic-nursing-webinar

Check your understanding of the legislation, regulation, standards and guidelines that guide your practice.

What are restricted activities?

A. activities that registered nurses and nurse practitioners are not authorized to perform as they are not within their scope of practice

B. low-risk activities performed as part of providing a health service that require specific competencies and skills to be performed safely

C. high-risk activities that can only be performed by physicians

D. high-risk activities performed as part of providing a health service that require specific competencies and skills to be performed safely

Check the next page to see if you got it right!
The answer is D

High-risk activities performed as part of providing a health service that require specific competencies and skills to be performed safely.

Restricted activities are not exclusive to any particular health profession and a number of regulated health practitioners may perform a particular restricted activity if authorized by their regulatory college. Restricted activities authorized for registered nurses and nurse practitioners are described in the *Registered Nurses Profession Regulation*. 

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- Stand Up for Standards
- Nursing Informatics
- Documentation
- Infection Prevention and Control
- Jurisprudence

Knowledge Check

The answer is... D

High-risk activities performed as part of providing a health service that require specific competencies and skills to be performed safely.

Restricted activities are not exclusive to any particular health profession and a number of regulated health practitioners may perform a particular restricted activity if authorized by their regulatory college. Restricted activities authorized for registered nurses and nurse practitioners are described in the *Registered Nurses Profession Regulation*. 
Search for jobs. Post your resumé. Register for free.

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> Control the confidentiality of your information
> Set up automatic email notifications for your searches

And... it’s FREE for job seekers!

Search jobs at arncareers.madgexjbp.com.

ARN Careers is a job board created in partnership with the College and Association of Registered Nurses of Alberta and Madgex.
Nurses across Alberta improve care of patients with diabetes in hospital
Approximately 20 per cent of all adult patients in hospital have either Type 1 or Type 2 diabetes. While Diabetes Canada recommends a blood glucose (BG) of 5-10 mmol/L for most patients with diabetes while in hospital, 2014 point-of-care testing data revealed that over a third of BG tests in Alberta hospitals were above 10 mmol/L.

BG that is too high, or hyperglycemia, increases the risk of complications in hospital including post-operative infections, pneumonia, diabetic ketoacidosis (DKA) and delayed wound healing. It also puts the patient at risk for long-term complications. In the same year (2014), a province-wide patient survey found that patients with diabetes were less satisfied with their hospital stay than patients without diabetes.

One cause of hyperglycemia in hospital is the common practice of prescribing subcutaneous sliding scale insulin, which does not prevent hyperglycemia, instead it reactively addresses the patient’s high BG after it has occurred. Other known contributing factors to hyperglycemia include the discoordination of diabetes medication administration relative to BG testing and meal time, and the overtreatment of hypoglycemia.

Like other hospitals across Canada and the United States, there has been a tolerance by clinicians for hyperglycemia in Alberta.
hospitals; perhaps because the harm to the patient is not immediately evident or perhaps because the patient’s other acute illnesses take precedence. This tolerance of hyperglycemia is very confusing for patients, as they are taught to keep their BG in range to avoid complications.

In 2015, the Diabetes Obesity and Nutrition Strategic Clinical Network (DON SCN)™ launched the Inpatient Diabetes Management Initiative, developed in collaboration with patients, provincial pharmacy, nutrition food services, provincial lab point-of-care testing and multidisciplinary health-care providers in zone operations.

The initial priority was to implement basal bolus insulin therapy (BBIT), a method of ordering subcutaneous insulin injections that mimics the normal physiologic secretion of insulin, aiming to safely achieve target BG levels. It is proactive and tailored to the patient’s individual needs. Over the past four years, DON SCN™ has supported multidisciplinary teams in hospitals across Alberta to implement BBIT. The implementation strategy was based on an attempted implementation in Calgary in 2012 and insights from other hospitals/jurisdictions across Canada. The strategy included site-based champions, including nurses, prescribers (including nurse practitioners) and pharmacists that provided peer-to-peer education and addressed concerns that arose. They were supported by their local administrative champions. As well, teams were encouraged to assess individual site, unit or program barriers and facilitators to the practice change and address each barrier. The strategy also involved data pre- and post-implementation that was shared back with the whole team. The majority of hospitals have now implemented BBIT and retired sliding scale insulin ordering practices.

Prior to the Inpatient Diabetes Management Initiative, most hospitals in Alberta had a document in place to direct the management of hypoglycemia, but processes varied greatly and there was no formal process to guide the treatment of hyperglycemia (prior to the patient having DKA). In 2016, a provincial multidisciplinary team led by DON SCN™ (including nurses in many different roles) developed a provincial policy for adult glycemic management, as well as procedures for both hyperglycemia and hypoglycemia management. These procedures primarily focus on early recognition and treatment. CARNA was consulted and provided input for the governance documents. Simultaneously, DON SCN™ collaborated with provincial lab point-of-care testing to have the alerts on all glucose meters in Alberta hospitals changed to align with the procedures. There are now alerts when the patient’s BG is less than 4.0 or greater than 18.0 mmol/L instead of only at critically low or high lab values.

Another aspect of the initiative was developing guidelines for safe management of insulin pump therapy in hospital.
Many patients with Type 1 diabetes use insulin pump therapy to manage their diabetes. These pumps use only rapid-acting insulin, so if they are disconnected or turned off, patients require insulin within two hours to prevent hyperglycemia and/or DKA. The guidelines largely focus on supporting patients to continue to use their insulin pump therapy device in hospital when safe and appropriate, as well as ensuring patient safety if the pump is stopped for any reason.

The initiative also included a DKA protocol for emergency room and inpatients (making the carbohydrate content of menu items available to patients), patient-specific dispensing of insulin (a high-alert medication), a simplified insulin formulary and the development of perioperative and diabetes in pregnancy guidelines (with complementary provincial order sets). The initiative has furthermore led to the development of a pediatric glycemic management policy with procedures (that will mirror the existing adult governance documents).

NURSES WERE INVOLVED IN AND CONTRIBUTED TO every aspect of this improved diabetes management in-hospital QI initiative. Clinical nurse educators (CNE) across the province embraced the change and assisted the DON SCN™ with the development of nursing educational resources. CNEs also played a key role in implementing and educating other nurses about BBIT, the glycemic management policy and procedures, glucose meter alerts and other aspects of this multi-faceted QI initiative. Nurse managers and leaders endorsed and supported the changes.

The diabetes inpatient initiative could not have been possible without the involvement of nurses from across the province. Acute care nurses are now equipped and empowered to support their patients to achieve their recommended BG target while in hospital. RN

For more information about this quality improvement initiative, please visit albertahealthservices.ca/scns/Page10970.aspx or contact DON SCN™ at don.scn@ahs.ca.
Over the past few years, supervised consumption sites (SCS) across Alberta have increased the availability and accessibility of supports to individuals living with substance use issues. There have been over 300,000 visits to the six sites and staff have reversed over 4,000 overdose events. Although generally recognized as a hub for overdose prevention, SCS offer a variety of services not widely-known to the general public.

1. **EMERGENCY CARE**
SCS are equipped to manage overdoses and any other medical emergencies. In the event of any emergency situation, staff at SCS possess the training to assess and mitigate any issues on site, involving emergency services only when necessary. There have been no deaths in an SCS worldwide to date.

2. **MEDICAL SERVICES**
Nursing staff complete physical assessments, wound care, immunizations (such as flu shots) and provide education and advice on a variety of health issues. Access to a supportive environment and follow-up increases the likelihood that individuals will adhere to medical advice. In the event that clients do not follow up, staff work to address why and offer clients an alternative option where appropriate.

3. **REFERRALS**
A key service that is frequently unknown or overlooked is the ‘wrap-around’ supports offered at every visit. SCS staff have
provided thousands of referrals to support individual’s physical and mental health, as well as their social, cultural and basic needs.

In many situations, clients don’t have access to services such as adequate housing, hygiene supplies, employment and banking support, and food sources outside of the SCS.

4. MENTAL HEALTH AND ADDICTION SUPPORT
Supports surrounding mental health and addiction play an important role in SCS. Staff deal with crises or assessments in mental health and refer clients to case management or various mental health programs. Multiple staff are trained in crisis situations and de-escalation to ensure a safe environment.

5. SAFER DRUG EDUCATION
Staff educate individuals on safer injection, infection prevention and the realities of overdoses. Staff also gain first-hand knowledge of potentially unstable substances and can use this insight to include clients in the discussion around caution with drug usage. Clients build trusting relationships with the staff and adhere to the advice of the site staff. SCSs not only provide access to clean supplies and safe needle disposal, but they aim to reduce the sharing of needles and other drug paraphernalia, reduce public injections, needle debris and the transmission of blood-borne pathogens. Supplies and equipment are not shared within SCS.

6. ADVOCACY AND REDUCING STIGMA
Advocacy includes supporting clients with a variety of services. Staff aim to reduce the stigma around SCS through building a lasting trusting relationship with clients. Staff advocate for the character of clients and, in some cases, refer them for employment. By reducing the stigma in the sites, staff have seen a positive effect on the lives of clients.

Through public education (tours, presentations), the surrounding communities can begin to better understand the role of SCS.

7. COMMUNICATION LIAISON
SCS sites have to maintain proficient communication with agencies and other service providers. Staff at SCS sites continually contact programs and supports to aid clients and need to have accurate information about these individuals. Through collaboration and communication, these facilities can improve the health of clients when they know as much as possible.

At SCS, staff are dedicated to caring for some of society’s most vulnerable individuals in a holistic manner, offering not only medical but emotional support. Staff also offer a firm understanding of the complexities of clients’ lives, possessing a genuine concern to improving their quality of life, despite the numerous personal and systemic barriers.

SCS teams vary by site, but consist of both clinical and non-clinical support staff working together for the common goal of reducing harm. Each team member is seen as valuable and a vital addition to the team. RN
HEALTHY PARENTS
HEALTHY CHILDREN

Supporting the health-care team in supporting new parents
The Healthy Parents, Healthy Children (HPHC) team at Alberta Health Services (AHS) helps parents get reliable answers to the questions they have leading up to the birth of their baby and in the years that follow. They provide resources, free-of-charge, targeted towards expectant parents and parents of kids up to age six as well as for the health-care providers who work with them.

“There’s just so much information on pregnancy, birth and parenting. As an RN, I find it helpful to have resources that provide consistent, evidence-based information written in parent-friendly language,” shares Sandy Gill, health promotion facilitator with HPHC. “Sometimes health-care providers use terms that aren’t familiar to patients and families. HPHC resources are written in language that is easily understood and there’s images that speak to a variety of audiences. It makes my practice easier and helps promote consistency in key messages among health-care providers.”

When the HPHC resources were originally created, the team at AHS worked in partnership with care providers and subject matter experts across the province to create a single resource with up-to-date, evidence-based health information. Over the years, many have contributed to this vision of having a one-stop shop for all things health during pregnancy, birth, parenting and early childhood, HealthyParentsHealthyChildren.ca.

When parents go to HealthyParentsHealthyChildren.ca, the first thing they see is a search bar readily awaiting their myriad of questions. Their questions are then answered with interactive tools, printable resources and videos providing education on specific topics, practical tips and professional resources. For example, parents can find a video on taking a child’s temperature under their arm with step-by-step guidance and answers to common questions.

**HOW MUCH WEIGHT GAIN IS HEALTHY DURING PREGNANCY? WHAT ARE MY PAIN RELIEF OPTIONS DURING LABOUR? HOW CAN I HELP KEEP MY BABY SAFE WHILE THEY SLEEP? SHOULD MY BABY BE WALKING BY NOW?**

**NEW PARENTS AND SOON-TO-BE PARENTS ARE FULL OF QUESTIONS. OFTEN PARENTS TURN TO THE INTERNET FOR ANSWERS ONLY TO FIND AN OVERWHELMING AMOUNT OF CONFLICTING INFORMATION ABOUT PREGNANCY AND INFANT HEALTH. HOW CAN PARENTS KNOW WHICH OF THE SEEMINGLY ENDLESS WEBPAGES ARE SHARING CURRENT AND ACCURATE ADVICE?**
“We developed the website with parents in mind,” says HPHC manager Keri Strain, “we put a lot of thought into using plain language, presenting information in a way that’s most meaningful for parents. We wanted this to be really simple and clean.” She also explains, “The website is designed to be mobile-friendly so that parents can quickly find the information they need, on the go, when they need it most.”

RESOURCES AT THE BEDSIDE AND BEYOND

In addition to their successful print and online resources, the HPHC team prioritizes practice support tools for health-care providers. We engaged with RN stakeholders in the development of practice support tools specifically to assist RNs in using HPHC resources,” says Elaine Grapentin, community health nurse with AHS’s Early Years Health Promotion Team.

The team hopes these tools will support registered nurses in their patient interactions, making it easier to ensure patients have access to appropriate health information and allowing patients to make informed health-care decisions.

“One of the most critical roles a registered nurse has is educating patients and their families,” says Gill. “In order to involve patients in their care, registered nurses are held accountable to provide evidence-based health information that is client-centred, based on best practices, comprehensive and easily understood. When education is delivered effectively, it allows the patient to take ownership of their health.”

The team also foresaw the importance of creating a take-away resource that nurses can provide for parents. It can be difficult for health-care providers to cover all the necessary information during public health visits. At the same time, parents are often overwhelmed with the amount of important information coming their way during these visits. The practice support tools provide links to resources and vital information, putting parents at ease knowing they have easy access to everything they need when they go home.

“Registered nurses are uniquely positioned to support the uptake of consistent and standardized information found in HPHC,” says Grapentin. “HPHC resources help promote consistent messaging in discharge teaching and with parents. We look to nurses to help promote the use of these resources amongst colleagues and patients.”

KEEPING CURRENT WITH NURSING EXPERTISE

In 2018, the second edition of HPHC resources were released following a robust content review to ensure the latest evidence and best practices were reflected in the content. Over 200 content experts and stakeholders participated in the review, including registered nurses, dietitians, physicians and many other health-care providers.

There’s also continuous engagement with content experts, explains Gill, “Patient safety is central to the work of the HPHC team, so we’re responsive to feedback from registered nurses and other health-care professionals to ensure our resources reflect current best practices.”

Strain also adds that having the nursing perspective on the HPHC team is invaluable. “I feel so fortunate to work with registered nurses like Sandy and Elaine. They bring not only the clinical expertise, but also the user perspective so we can better support care providers. They can also speak to common challenges that parents bring forward.”

To learn more about HPHC resources, visit HealthyParentsHealthyChildren.ca or contact hphc@albertahealthservices.ca.
A warm thank you to the ARNET Lantern Walk sponsors:

Health Sense  Eisan Enterprises

*Thank you to all the volunteers, including students from the Red Deer College Nursing Program and photographer (and student) Bogdana Varvaruk!*
My journey to nursing, just like many others, began with a desire to help others and serve the community. I didn’t go into nursing school thinking I would become an orthopaedic nurse. When I landed my first nursing job on an orthopaedic unit, I quickly developed an interest in orthopaedic nursing after seeing the impact surgeries had made in people’s lives.

With my new understanding of how musculoskeletal illness can impact a person from birth to old age, I vowed to become a leader in providing support and education to patients. I committed to advancing my knowledge and skills, and was encouraged to become certified in orthopaedic nursing.

CATHERINE WANG

Why become certified?

The value of specialty certification isn’t just an additional pin or letters behind my name. Passing the certification exam and maintaining my credential gives me a great sense of pride and accomplishment. It signifies my accountability to my own learning and my commitment to providing quality care. It’s about having the confidence and competence gained through specialized knowledge, having career advancement opportunities and reaching both personal and professional satisfaction.
In mountains of papers, researchers discuss the value of nursing specialty certification. Despite the positive perceived value of certification reported by different nursing specialties, the number of specialty certified nurses in Canada has decreased in the past five years.\(^1\) Awareness of specialty certification amongst nurses is vital to preserving nursing knowledge and garnering recognition of nursing’s contribution to quality patient care.

Specialty certified nurses reduce the risk of patient injury because they continually display a commitment to improving the quality of patient care. A specialty certified nurse designation indicates a high level of specialized knowledge, competence and performance to colleagues, patients and managers. This often leads to higher job satisfaction, as well as personal and professional growth.\(^2\)

Gaining knowledge to better understand my patients’ illnesses and perform more efficiently was an essential driving factor in my decision to pursue certification. Specialty certified nurses have revealed that they perceived a positive gain in employers’ recognition, consumer confidence, marketability, increased salary, professional credibility, and recognition from peers and other health professionals with specialty certification.\(^3\)

**What’s holding you back?**

Many specialty certification groups have assessed the barriers to certification and developed strategies to increase the number of certified nurses. Twenty different specialty groups identified the top three barriers as cost of examination fee, lack of institutional reward and lack of institutional support.\(^4\) Not all specialty certification organizations and employers provide funds for the certification exam cost, prep review opportunities or reimbursements after obtaining the credential, however barriers to obtaining certification are mostly related to a lack of reward and recognition.\(^5\)

Managers and employers can help alleviate these barriers by encouraging nurses to pursue certification. Effective strategies, which may require union support and negotiation, include increased salary, providing compensation for exam costs and increased recognition.\(^6\) Additionally, nurse educators and specialty mentors are encouraged to continue providing educational support and endorse peer recognition for specialty certified nurses.

Nurses are the largest group of healthcare professionals in Canada and this role has a fundamental impact on promoting and providing high quality patient care. Obtaining specialty certification is an excellent opportunity to demonstrate nurses’ ongoing commitment and dedication to the profession. There may not be immediate financial support and recognition readily available for specialty certification, but the lack of discussion and advocacy poses a challenge in sustaining nursing specialty certification across over 22 different specialties. Perhaps this can start with the question: “What is Canadian nurses’ perceived value of specialty certification and what strategies are most effective in supporting them to obtain certification?”\(^ RN\)

### References

IN MEMORIAM

Remembering Mary-Anne Robinson

It is with great sadness that we announce the passing of Mary-Anne Robinson, who served as the CEO of CARNA for over a decade. We would like to express our deepest sympathy to her family and friends. We are grateful for her vision and tireless efforts supporting CARNA’s mission to serve the public through the provision of safe, competent and ethical nursing care.

Her strong background in primary health care supported her in building effective relationships with nurses, physicians and administrators, within and between health-care organizations. Her leadership has left lasting impacts for RNs and NPs, including leading the National Nursing Assessment Service (NNAS) initiative as chair of the implementation committee and board chair. Her vision of professional regulation was grounded in the belief that regulatory processes and standards are essential to develop a vibrant, knowledgeable and skilled workforce. This can been seen in her work as a founding member of the Canadian Council of Registered Nurse Regulators and an executive officer of the National Council of State Boards of Nursing in the United States. As a member of the Minister’s Advisory Committee on Health, she strived to improve health legislation in Alberta. As well, she was chairperson of the knowledge and education research project which examined the educational preparation of Alberta’s licensed practical nurses, registered nurses and registered psychiatric nurses.

Nationally, Mary-Anne was a jurisdictional advisor to the Canadian Nurses Association board of directors, where she brought the regulatory perspective and voice of the profession in Alberta. RN

PROFESSIONAL PRACTICE HUDDLE

Incorporating a Restricted Activity into Practice

Nov. 21, 2019/10-10:45 a.m.

Join us for a virtual huddle to discuss CARNA’s new document, Incorporating a Restricted Activity into Practice, which provides guidelines to inform decision-making when deciding whether a restricted activity should be incorporated into a regulated member’s practice. CARNA practice advisors will highlight key components of the guideline and provide an opportunity for participants to ask questions. Register at nurses.ab.ca/events.

NOTICEBOARD

Documentation: your best defense
Nov. 25, 2019 | Calgary
Connectmlx.com

Documentation: your best defense
Nov. 28, 2019 | Edmonton
Connectmlx.com

Women’s Mental Health
Nov. 29, 2019 | Calgary
cumming.ucalgary.ca

International Research Conference on Adolescents and Adults with FASD
April 22-25, 2020 | Vancouver
interprofessional.ubc.ca

The submission deadline for events and reunions in the Winter 2020 issue of Alberta RN is Dec. 2, 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.

TYLER OLSON (SHUTTERSTOCK.COM (HUDDLE))
Every nurse has the ability to lead regardless of their work setting or position. Here are the stories of just a few of the nurses leading from bedside to boardroom across the continuum of care every day.

Do you, your colleagues or your organization have a story that you would like to share about nursing leadership? Submit your story to nursesleadforchange@nurses.ab.ca for the chance to be featured!

Alberta Occupational Health Nurses Association

AN occupational health nurse (OHN) is an RN with special certification in occupational health and safety who provides services for employers. They strive to promote healthy working environments, protect the health of workers, and prevent occupational injuries and illnesses. OHNs are often self-employed as consultants or work for insurers, WCB or employers in a variety of sectors.

OHNs continue to demonstrate leadership in their daily practice through developing and implementing policies that support employee health surveillance, and leading programs and services related to health screening and drug and alcohol programs to name a few. They are leaders in their workplaces in training, health promotion and return-to-work initiatives.

OHN leaders continue to be identified by their effective communication skills, approachability, aptitude for motivating through empowerment, visibility in their clinical environments and positive contributions to improved health outcomes.

Members of Alberta Occupational Health Nurses Association (AOHNA) demonstrate leadership through their willingness to mentor others, ability to identify solutions to key issues and contribution to the practice of occupational health nursing through engagement with various groups and committees to drive practice and policy changes.

OHNs can further build leadership capacity through networking, attending educational sessions and taking specialty certifications and courses relevant to their practice. AOHNA supports OHNs in developing their leadership through a formalized mentorship group, webinars and an annual conference. AOHNA also offers opportunities to volunteer for traditional leadership roles on their board, committees and task groups.
Dory Glaser-Watson
PANAsac – PeriAnesthesia Nurses of Alberta, Southern Alberta Chapter

Leadership means motivating and inspiring other nurses to achieve a common vision or goal. When you lead by example, you are practising with the highest integrity and standards of care. Leadership also means identifying those individuals who demonstrate leadership qualities but do not recognize it in themselves, and encouraging and assisting them in their leadership development.

Through PeriAnesthesia Nurses of Alberta (PANAsac), nurses practising in this specialty have and continue to demonstrate leadership by promoting the highest standard of practice in perianesthesia nursing and inspiring excellence in nursing practice. PANAsac provides opportunities for leadership development and assists with the national certification exam for perianesthesia nurses. Additionally, this specialty practice group promotes further education through financial assistance and supports collaboration with other groups, associations, institutions or bodies. PANAsac also works to educate the public on the role of perianesthesia nurses as vital members of the health-care team and solidify this practice area as an unique nursing specialty.

PANAsac encourages members to become a member of a specialty practice group, attend educational workshops or conferences, sit on the executive council or board of directors or join a committee to promote excellence in nursing. Engaging in these opportunities demonstrates commitment to professional growth and advancement of the profession.

Investing in leadership development ultimately benefits patient care, the unit or area of practice and the organization. RN
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.
We are pleased to announce this year’s impressive list of Awards of Nursing Excellence nominees!

Administration
Amanda Weiss
Foothills Medical Centre
Angie Clarke
Shepherds Care Vanguard
Carol Anne Friesen
Carewest Dr. Vernon Fanning Centre, Chronic Complex Care
Deanna Paulson
University of Alberta Hospital
Derek Bley
Rockyview General Hospital
Dianne MacGregor
Health Professions Strategy and Practice, AHS
Dianne Benner
Foothills Medical Centre
Dorothy MacKay
Tom Baker Cancer Centre
Jacqueline Simms
Sheldon M. Chumir Health Centre
Jennifer Tweed
Alberta Children’s Hospital
Kimberly Nickoriuk
Seniors Health, AHS
Kristi Tissington
RAI and Informatics, Seniors Health, North Zone, AHS
Maria Golberg
Integrated Quality Management, Edmonton Zone, AHS
Patricia Barker
Correctional Service Canada
Sarah Fleck
Turning Point Society of Central Alberta

Clinical Practice
Allison Hunter
Alberta Children’s Hospital
Chantelle Hughes-Kreutzner
Treaty 8, Fox Lake Nursing Station, Indigenous Services Canada
Cristina Zaganelli
Injectable Opioid Agonist Treatment Program, Calgary Zone, AHS
David Brooks
Misericordia Community Hospital
Debra Lundberg
South Health Campus
Jessica Szasz
Drumheller Health Centre
Kelly Lennox
Rockyview General Hospital
Natalie Hugo
Sturgeon Community Hospital
Patricia Wilson
CUPS Calgary Society
Richard Drew
Misericordia Community Hospital
Shazin Charania
Sheldon M. Chumir Health Centre
Simone Foster
Foothills Medical Centre

Education
Christopher Picard
Misericordia Community Hospital
Christy Raymond
University of Alberta
Giuliana Harvey
Mount Royal University
Jasmine Guanlao Sagun
NorQuest College
South Health Campus,
Family Maternity Place
Joanne Bouma
Mount Royal University
Neurosciences Clinical Nurse Educator Team
Foothills Medical Centre
Sandra Davidson
University of Calgary
Shona Bailie
Continuing Care, Home Living Program, Edmonton Zone, AHS

Partner in Health
Carlene Donnelly
CUPS Calgary Society
Dr. Mang Ma
University of Alberta
Collaboration:
Alberta Parks, Inclusion and Partner Relations; Friends of Fish Creek Park Society; William Watson Lodge Society; Alberta Parks’ planning and science
VIP Occupational Health Services

Research
Chentel Cunningham
Stollery Childrens Hospital
Colleen Cuthbert
University of Calgary
Kara Schick-Makaroff
University of Alberta
Manal Kleib
University of Alberta

Rising Star
Cristina Loterzo
Misericordia Community Hospital
Jacqueline Wilson
Foothills Medical Centre

CARNAAWARDS.ca
Continuous process improvement

To be an effective, modern, agile organization that is responsive to change, it’s vital for CARNA to maintain the confidence and trust of government, and most importantly, the public. We also understand that trust cannot be earned without transparency. In the past few months, CARNA has pushed transparency and agility to the forefront of everything we do.

Just as we expect nurses to engage in continuous improvement in their practice, we are dedicated to improving our processes. When it comes to patient safety, there is no “good enough.” This means occasionally stepping back and evaluating our organization to ensure we are effectively and efficiently protecting the public.

In the summer, we initiated an external review of CARNA’s complaints and discipline processes. From the outset of the review, we knew that no matter what the results would be, publicly sharing the finding was essential to accountability. You can find the external report completed by Harry Cayton published on our website in its entirety.

It was an honour to have Harry Cayton, an internationally-renowned expert in regulatory reform and the creator of right-touch regulation, conduct the review. I was proud to see that Mr. Cayton identified several areas where CARNA is meeting the standards of good regulation, including how people can raise concerns, information sharing with other regulators, assessment of complaints, prioritization of serious complaints, record-keeping, data security and communication. We met six of the 10 standards of good regulation.

The report also contained 14 recommendations for improvement in the areas of transparency, website enhancements and internal process improvements. Doing the right thing is rarely the easy thing. Meeting the recommendations in this report will require us to work hard and we will dedicate ourselves to making these improvements and to put Albertans first. We will be reporting on our progress every step of the way.

CARNA also recently took another step towards keeping pace with increasing public and government expectations of transparency. Council approved revisions to CARNA’s bylaws governing the publication of upcoming hearing tribunal notices and findings of unprofessional conduct. For hearings, decisions and appeals occurring on or after Nov. 15, 2019, CARNA will publish notices and findings of unprofessional conduct and disciplinary measures, including the name of the regulated member, on its website. The summaries of unprofessional conduct found in this magazine will also include the name of the regulated member. These changes will bring us in line with regulatory best practice and further demonstrate our commitment to transparency.

I would also like to commend the registration staff who have undergone reviews of their processes for fitness to practice and internationally educated nurse applicants. Both reports are posted on our website.

With these changes, we are positioning CARNA as open, accountable and trustworthy. We are making great strides to meet our mandate, to protect the public and evolve the profession. RN

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