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Welcome!

It takes heart and passion to begin a new path, whether the path is a new career, a move to a new province, or immigrating to a new country.

Licensed Practical Nurses (LPNs) are proud professionals who contribute to Alberta’s health care system each and every day. Nursing encompasses a wide range of practice including caring for all ages of people, from infants to the elderly, working in a hospital, in people’s homes, or a long term care centre. Each day is different and the opportunities for LPNs are endless.

This Career Guide includes details to support you and provide a foundation for beginning your journey as a Licensed Practical Nurse in Alberta. You will learn that LPNs in Alberta are accountable for their own nursing practice and are regulated by the College of Licensed Practical Nurses of Alberta (CLPNA). You will see examples of LPN nursing roles and see why the LPN is a valuable member of the interprofessional team.

A career in nursing is full of discovery, challenge, and opportunity and the LPN profession is a rewarding and exciting professional path!

The CLPNA looks forward to assisting you in your nursing journey.
SECTION 1 – The Profession
What is a Licensed Practical Nurse?

The Licensed Practical Nurse (LPN) is a professional nurse involved in the assessment, diagnosis, planning, implementation, and evaluation of nursing care. LPNs work in direct nursing care, with some LPNs pursuing opportunities for practice in education, research, and administration.

LPNs have been practicing in Alberta since 1947, with the LPN role changing over the years from assistant to professional nurse. The LPN profession has experienced many changes over the last 15 years. These changes have occurred in education, scope of practice, and roles. The LPN knowledge and skill has grown; new graduates receive a diploma with increased education prospects after graduation. Opportunities for LPNs have emerged in clinical and non-clinical environments, with new roles in areas LPNs have not traditionally worked.

LPN Role & Responsibilities

LPNs serve individuals, families, and groups, assessing their needs and providing care and treatment as appropriate. With well-developed assessment and critical thinking skills, LPNs formulate nursing diagnoses, plan interventions, provide health education, and evaluate response to treatment in collaboration with clients and other health professionals (i.e., physicians, nurse practitioners, pharmacists, and registered nurses).

LPNs assume independent, interdependent, and often overlapping roles on the health care team. The level of independence for a LPN in practice may differ depending upon the needs and complexity of the client, skills of the LPN and the team around them, and supports available in the setting. LPNs in Alberta are responsible and accountable to work within the scope of practice of the LPN profession set by the College of Licensed Practical Nurses of Alberta (CLPNA).
A new national document, *Requisite Skills and Abilities (RSA)* contains seven essential categories of skills and abilities necessary within the LPN profession. The RSA is focused to guide the public and practitioners about the nature of the activities that LPNs must be able to perform, and the general demands of practical nursing education and practice. The RSA may be used by LPNs to determine their ability to provide safe, competent and ethical care, and meet the demands for a career as a licensed practical nurse in Canada (CCPNR, 2013a).

**Being a Professional**
LPNs usually work in teams; however, in Alberta LPNs do not work ‘under-the-direction’ of another care provider. LPNs are expected to make decisions and take action while providing nursing care for clients, and are responsible and accountable for the decisions they make. This is called autonomy or autonomous nursing practice. Autonomy defines how individual nurses are accountable to make independent and responsible decisions. Examples of autonomous practice include using the nursing process to make a nursing diagnosis and plan client care, and being answerable for the decisions and actions made in care. In Alberta, most practice environments expect LPNs to fully utilize their LPN competencies.

**Defining LPN Competencies**
CLPNA utilizes one national document and one provincial document to outline LPN competencies:

- **Entry-to-Practice Competencies** for Licensed Practical Nurses - Inter-Jurisdictional LPN Project (CCPNR, 2013b)

- **Competency Profile** for Licensed Practical Nurses (CLPNA, 2nd Edition, 2005)

*The Entry to Practice Competencies (ETPC)* outlines the knowledge, skills, judgments, and personal attributes required upon entry into the LPN profession. New graduates and internationally trained nurses are required to meet the ETPC in the jurisdictions that have adopted the new standard. The ETPC document also guides practical nurse education programs and defines novice practice of the LPN to ensure safe, competent care.

*The Competency Profile* defines the competencies that are part of the LPN scope of practice in Alberta.
Competencies are detailed statements that define the knowledge, skills, behaviors, and attitudes required by an individual to practice within the profession. The Profile contains three areas of competencies:

- **Basic competencies** guide curriculum for all practical nurse programs in Alberta and define the depth and breadth of knowledge and skill for those entering into the LPN profession. All applicants seeking LPN status in Alberta must meet these competencies.

- **Additional competencies** are acquired through on-the-job training and certification that is provided by the employer for the practice setting. This training and certification may include brief learning sessions (in-services) or more detailed theory, hands-on-practice, and clinical mentoring. Employer certification education usually applies to those competencies that are monitored more closely by an employer, because they are more invasive and involve higher risk.

- **Specialty competencies** are authorized once a LPN completes advanced education approved by the CLPNA. There are four areas of practice that require approved specialty education: Advanced Orthopedics, Perioperative, Dialysis, and Immunization.

**Becoming a Licensed Practical Nurse**

LPNs in Alberta graduate from a two-year diploma program. Enrollment into a practical nurse program is the only way that someone without nursing education can become a LPN in Alberta. Once an individual graduates from a practical nurse program, she/he is eligible for temporary registration with CLPNA. Graduates must pass the Canadian Practical Nurse Registration Examination (CPNRE) before an active registration is issued. This national examination measures the entry-level competencies required of a practical nurse.

Nurses from other provinces or countries may apply for registration and have their qualifications assessed.
Alberta Practical Nurse Programs

Practical nurse education in Alberta is available on a full-time or part-time basis and in a variety of formats including evening courses, regular classroom study, on-line learning and a blended approach combining classroom study with on-line learning.

Alberta practical nurse programs are usually 68 weeks in length and provide a minimum of 750 hours of theoretical instruction and 900 hours of laboratory/clinical practice. Options for program completion range from 18-36 months. Most commonly, the practical nurse program is completed over four semesters within two years.

The CLPNA is responsible for approving practical nurse education in Alberta. Practical nurse programs are delivered at many locations throughout Alberta (as pictured). See the CLPNA website for a list of current educational programs in Alberta.

Continuing Education

LPNs are committed to life-long learning and participate annually in the CLPNA’s Continuing Competency Program (CCP). LPNs may complete additional education in recognized specialties such as immunization, advanced foot care, dialysis, operating room, and orthopedics. Various other education is available including wound care, mental health, occupational health and safety, and oncology. Increasingly LPNs pursue a variety of education at a Bachelor and Master's Degree level. Continuing education links are posted on the CLPNA website.

Funding for continuing education programs is available for eligible CLPNA members through a grant program administered by the Fredrickson-McGregor Education Foundation for LPNs.
You might get an idea of what it is like to work in the operating room (OR) by watching Grey’s Anatomy. Either the surgical suite is a hushed, serious place, or it is a frenetic work environment, complete with dance music pulsing in the background. As with many things over-exaggerated by the drama of television, the reality of the operating room falls somewhere in between.

OR-LPNs use the same skills, experience and training that are paramount on the nursing unit. But this is a different type of nursing. There is a significant learning curve and additional knowledge required to be an OR nurse.

MacEwan’s Perioperative Nursing program includes online learning, in-person lab, and a preceptorship. Students come from Alberta, British Columbia, the military, and even Newfoundland, through a partnership with the Centre for Nursing Studies in St. John’s.

The lab is located in the Robbins Health Learning Centre in downtown Edmonton, Alberta. Visit www.macewan.ca

CARE Magazine - Summer 2009
SECTION 2 – The CLPNA
The College of Licensed Practical Nurses of Alberta (CLPNA) is a non-profit, non-government, regulatory organization led by LPNs, resourced primarily through initial and annual registration fees from the professions members.

As a regulatory college, the CLPNA’s role is to:

- Govern and regulate the profession in a manner that protects and serves the public
- Regulate the registration and practice of the profession
- Establish, maintain, and enforce the following areas:
  - entry level competencies
  - standards of practice
  - code of ethics
  - continuing competence
  - conduct process
- Approve practical nursing programs and specialty education courses
- Maintain a public database of LPN registrants who are licensed to practice in the profession.

Self-Regulation

The CLPNA exists to protect Alberta’s health care users – the public. CLPNA receives its authority to regulate the profession from the Health Professions Act (HPA, 2012). Government establishes the ‘rules’ for health care professionals through legislation and regulation. The Government of Alberta delegated the responsibility of regulating LPNs to the CLPNA.

“Self-regulation is a privilege, not a right, granted by government on behalf of the public. Self-regulation is commonly used in technically specialized and complex areas, like healthcare, because the professions, not the government, has the specific knowledge and expertise needed to set education, competence, license, and practice requirements/standards” (AFRHP, 2008).
As a professional, each LPN self-regulates by adhering to the CLPNA registration requirements, code of ethics, standards of practice, and continuing competency program. LPNs also self-regulate by practicing within applicable legislation, regulation, and other laws that govern nursing (i.e., obtaining informed consent).

**CLPNA Authority**

- Government of Alberta - Health Professions Act (HPA)
- Legislation Administered by Alberta Ministry of Health
- LPN Regulation - developed by CLPNA, reviewed by Stakeholders, approved by Government
- College of Licensed Practical Nurses of Alberta (CLPNA)
  - LPN Bylaws
  - LPN Standards of Practice
  - LPN Code of Ethics

**Practice Statement**

Each profession under the HPA legislation has a Schedule that describes the practice of the profession in a Practice Statement. The LPN Schedule 10 (3) (HPA, 2012, p. 131) states:

In their practice, licensed practical nurses do one or more of the following:

(a) Apply nursing knowledge, skills and judgment to assess patient’s needs,
(b) Provide nursing care for patients (clients) and families,
   (b.1) teach, manage and conduct research in the science, techniques and practice of nursing, and
(c) Provide restricted activities authorized by the regulations.

**LPN Profession Regulation**

Professional regulatory colleges are responsible for management and interpretation of their profession's
regulation once they are approved by government. Regulation for the LPN profession is developed by the Council of the CLPNA in consultation with government and stakeholders.

Code of Ethics
“The Code of Ethics articulates the ethical values and responsibilities LPNs uphold and promote, and to which they are accountable. The Code serves to guide the LPN’s ethical reflections and decision-making across all areas of practice; and inform the public about the ethical values and responsibilities of the LPN profession and convey the profession’s commitment to society” (CCPNR, 2013d, p. 1)11.

Standards of Practice
“The Standards of Practice for Licensed Practical Nurses (LPNs) in Canada provide a national framework for LPN practice. The Standards of Practice are authoritative statements that define the legal and professional expectations of practical nurse practice. In conjunction with the Code of Ethics for Licensed Practical Nurses, they describe the elements of quality LPN practice and facilitate mobility through inter-jurisdictional mutual understanding and agreement of expectations and requirements for practice” (CCPNR, 2013d, p. 1)12.

Bylaws
Bylaws direct the day-to-day operations of the CLPNA and are determined by the Council of the CLPNA.

Registration
To practice as a Licensed Practical Nurse (LPN) in Alberta, individuals must be registered and have a valid Practice Permit from the College of Licensed Practical Nurses of Alberta (CLPNA). Those registered with the CLPNA are “registrants” of the College and are referred to as “members” of the profession.

Practice Permits are issued for one calendar year at a time. A LPN’s Practice Permit expires on December 31, requiring every LPN to renew her/his practice permit annually.

Working or accepting employment as a LPN without CLPNA registration is not permitted and is an offence under the Health Professions Act.

Conduct
CLPNA is responsible to investigate complaints about the practice of Licensed Practical Nurses in Alberta. Anyone may file a complaint against a LPN when they believe the LPN has behaved in an unprofessional or incompetent manner. To help ensure public safety, employers are obligated to report to CLPNA when a LPN resigns, is suspended, or terminated as a result of unprofessional conduct.

A complaint may provide the opportunity for a LPN to change behavior, or to improve some aspect of practice. In some instances, when there is a question of lack of knowledge or skill, assessment and retraining may be required. Most complaints can be managed in a remedial manner, with formal disciplinary action taken against the LPN only when necessary.

Practice Consultation
The CLPNA offers nursing practice support to LPNs, employers, and various other stakeholders. CLPNA Practice Consultants are experts in answering questions about LPN scope of practice. Practice advice is generally limited to matters within the CLPNA mandate such as interpretation of legislation, regulation, scope and standards of practice, and code of ethics. Practice Consultants may provide clinical guidance, but do not provide education related to specific clinical skills or advise on legal issues.
CLPNA Communications

Website
Comprehensive information about the LPN profession in Alberta can be found on the CLPNA’s website at www.clpna.com. The website features current detailed information regarding applications, registration, practice, continuing competency, resources, job listings, conduct, plus a variety of nursing news, information items, and features.

CARE Magazine
CARE is a glossy magazine “Exploring the emotional and practical realities of healthcare” published quarterly by the CLPNA. CARE magazine supplies timely and relevant information regarding nursing practice, regulation, interprofessional teams, and provincial and national health care news. CARE is distributed to thousands of health professionals in Alberta including LPNs, employers, education facilities, government, and various other key stakeholders including other Canadian LPN regulators. Current issues of CARE are available on the CLPNA website.

Social Media
The CLPNA utilizes social media platforms to connect with LPNs, health professionals, employers, educators, and stakeholders in Alberta, Canada and the world:

- Facebook (www.facebook.com/clpna),
- Twitter (www.twitter.com/clpna),
- YouTube (www.youtube.com/clpna),
- and LinkedIn (www.linkedin.com)

For the most current list of CLPNA social media websites, please go to the CLPNA website.

Annual Conference
CLPNA hosts an annual two-day professional development conference for LPNs, employers, educators, and other industry experts. The conference provides opportunity to network, collaborate, learn, and build a sense of community. The CLPNA’s Annual General Meeting is also held at this event. For more information, see www.clpnaconference.com.
Take blood out of the body, clean, refresh, and return. That’s how the heartbeat of life in a hemodialysis unit has been described. The scope of LPN practice in renal units in Alberta has expanded, creating arguably the most technically challenging healthcare skill set environment for an LPN, and placing them at the forefront of LPN practice in Canada.

Creativity in providing program accessibility to patients is apparent with the Northern Alberta Renal Program’s (NARP) Dialysis Bus – the only mobile dialysis unit in western Canada. Custom built in 2008 and bigger than a Greyhound, the bus is decked out with an interior designed by a custom-designer of rock stars’ buses, and is wrapped in a covering that proclaims, “Bringing care to your community.”

Six days a week, the bus thunders down Highway 16 and up Highway 43, to bring renal dialysis to patients in Hinton and Whitecourt – hospitals that don’t have dialysis units.
Interprofessional Practice

In Alberta, the government and health care organizations have committed to fostering the development of collaborative practice environments for their interprofessional team. This collaboration is based on the value of working together, mutual respect, and an enhanced working environment for the benefit of the public and the health care system.

In most health care organizations, the majority of staff are nurses and health care aides, however, nursing services are just one part of care delivery. Health care teams include many professionals and providers, with roles that overlap to achieve quality care. LPNs have increasingly dynamic roles in health care in Alberta, and communication with teams and clients is a large component of the LPN role in all settings.

Nursing Categories

There are three types of regulated nurses in Canada: Licensed Practical Nurses (LPNs), Registered Nurses (RNs), and Registered Psychiatric Nurses (RPNs). Of these nurses, 23% are Licensed Practical Nurses (LPNs), 75% are Registered Nurses (RNs), and 1.5% are Registered Psychiatric Nurses (RPNs).

Nursing regulators are responsible for protection of title, which means that anyone using the title “nurse” must be a registrant/member of one of the nursing regulatory organizations:

- College of Licensed Practical Nurses of Alberta (CLPNA) www.clpna.com
- College and Association of Registered Nurses of Alberta (CARNA) www.nurses.ab.ca
- College of Registered Psychiatric Nurses of Alberta (CRPNA) www.crpna.ab.ca

Most health care teams include a mix of LPNs and RNs, and include unregulated health care aides (HCAs). RPNs work in the four western provinces predominantly in mental health environments. There is overlap in scope of practice between the three types of nurses, with much similarity in base knowledge, skill set, and role in some practice environments.
Licensed Practical Nurses (LPN). LPNs are the second-largest regulated nursing profession in Alberta and Canada. All provinces and territories in Canada have LPNs who work in a variety of settings. In Ontario, LPNs are called Registered Practical Nurses (RPNs).

Registered Nurses (RN). RNs, including Nurse Practitioners (NPs), represent the largest regulated health care provider group in Alberta and Canada. RNs and NPs must register with CARNA to practice in Alberta and must meet the requirements for RN/NP practice in Alberta. All provinces and territories have RNs/NPs who work in a variety of settings.

Registered Psychiatric Nurses (RPN). RPNs are psychiatric nurses focused on the overall mental and developmental health of clients. RPNs are regulated separately in the provinces of Manitoba, Saskatchewan, Alberta, and British Columbia. RPNs must register with CRPNA to practice psychiatric nursing in Alberta.

Types of Employment

LPNs in Alberta can work as an employee or as a self-employed individual (known in legal terms as an independent contractor).

Working as an Employee
The majority of LPNs work as employees within publicly funded health facilities operated by the Government of Alberta through Alberta Health Services (AHS) or Covenant Health.

Alberta Health Services (AHS) is the health authority for the public health system in the province of Alberta. AHS is the primary employer of the majority of Alberta’s LPNs. AHS delivers medical care on behalf of the Government of Alberta’s Department of Health and Wellness through 400 facilities throughout the province, including hospitals, clinics, continuing care facilities, mental health facilities and community health sites, while providing a variety of programs and services.

Covenant Health is Canada’s largest faith-based publicly funded provider of healthcare, serving 12
communities across Alberta, delivering acute and continuing care, assisted living, hospice, rehabilitation and respite care, and seniors’ housing.

Multiple other private employers hire LPNs for a variety of roles in areas such as occupational health, education, community care, and clinics.

Working as an Independent Contractor (Self-Employed)
LPNs may work outside a traditional facility or agency in a self-employed capacity. LPNs in self-employed practice are expected to follow provincial guidelines for infection control, privacy, and care delivery.

A nurse is considered self-employed when she/he:
• owns a business (i.e., Foot care)
• controls her/his own activities
• provides and maintains own equipment
• hires employees
• submits invoices for services rendered

Career Information
Career Flexibility
Nursing and health care delivery occurs 24 hours a day, 7 days a week. LPNs work shifts that range from a few hours at a time to 12 hours in a row. Shifts occur during the day, in the evening, during the night, and on weekends. LPNs work full-time, part-time, or casual (on-call), and may work on several units while staying in one facility (float position), or work in different locations, allowing for many experiences within a single position.

Career Information
Alberta eResources & Services
For those searching for a career or a job, many services are available online through Alberta Learning Information System (ALIS) http://alis.alberta.ca.

Career planning guidance is available online, by phone, or in person at Alberta Human Service

Offices at http://humanservices.alberta.ca. Other services include:
• Occupational descriptions
• Education options
• Funding information
• Resume development
• Job search resources
• Job placement services
• General guidance

Canada-Alberta Job Order Bank Service (JOBS)
This national job bank service provides a listing of available jobs. You can submit a profile of your job skills electronically and get matched with potential jobs. Call toll free at 1-800-727-2925, or go to www.jobbank.gc.ca.

Unions
There are different responsibilities between the regulator (CLPNA) and the unions for Alberta’s LPNs. The CLPNA is responsible for regulation of the profession under the HPA, which includes establishing and maintaining standards for registration, conduct, practice, and continuing competence. The Union role focuses on the employment setting and the rights of the employee.

Unions are responsible for:
• Negotiation and administration of a collective agreement including salary, benefits and job protection
• Processing contractual grievances on behalf of employees
• Assisting employees in labor issues in work place settings
• Ensuring fair representation for employees
• Protecting the health and safety of the employees.

Most Alberta LPNs work in unionized environments and are part of the Alberta Union of Provincial Employees (AUPE) www.aupe.org. LPNs also belong to other unions, including the Canadian Union of Public Employees (CUPE) www.cupe.ca, the Health Sciences Association
of Alberta (HSAA) www.hsaa.ca, and the United Nurses of Alberta (UNA) www.una.ab.ca.

Not all jobs for LPNs are in unionized environments, in which case the LPN negotiates pay, benefits, and working conditions directly with the employer. Employment practices may differ, depending upon the employment setting, policies, and philosophies of the organization.

To learn more about government established employment standards in Alberta, read “Your Rights and Responsibilities at Work” at http://alis.alberta.ca.

Care Environments

Health care delivery in Alberta is normally categorized into three areas: Acute Care, Community Health, or Continuing Care.

Acute Care

Acute care is a term used to include the urgent and routine health delivery required for clients in a hospital environment. Medical, surgical, and emergency units are common in most hospitals; some hospitals also have operating rooms, and renal, obstetric, orthopedic, neurological, neurovascular, cardiovascular, and intensive care units. There are a few specialized hospitals with focused care for pediatrics, obstetrics, mental health, cancer care/oncology, and rehabilitation. LPNs work on teams in acute care and may have independent roles, consulting with the team as necessary.

Community Health

Community care areas include the formal delivery of the provincial public health services and a less-formal variety of non-traditional care environments such as needle exchanges, inner city care, group homes for physically or mentally challenged, and various community health centres. Locations such as urgent care, physician clinics, and primary care networks (PCNs) or family care centers (FCCs) are also part of community health services. In community care, LPNs work independently and as part of a team.

Continuing Care

Continuing care refers primarily to three areas of care: Long Term Care, Supportive Living, and Home Care. Usually these care areas provide services to the senior/geriatric population, but may also involve clients of all ages who require care outside of an acute care hospital. Usually, people who live in continuing care facilities are referred to as ‘residents’, as they reside in the environment where care is delivered. The care relationship is much longer in duration in continuing care, resulting in the unique ability to build therapeutic nursing relationships with residents and families. The LPN role in continuing care has a focus on leadership, therefore, LPNs may be in-charge and responsible for assigning care to and supervising HCAs.
Dave Dearden, LPN, enjoys learning and growing, so enrolling in the Advanced Education in Orthopedics at NorQuest College in 1996 seemed like a natural progression to his LPN work. Orthopedic LPNs are in high demand in health care.

“I’m all about what’s best for the patient, and I don’t mind speaking up on their behalf. If I have extra time, I’ll go in and sit and talk to a patient who is waiting in a room. It is important to let them know that you are human too.”

Having worked in home care, ER, and clinic environments, Dave believes that if you try something different, it opens up another door to you in life. “As LPNs, we cannot be afraid to continue to learn. I’ve learned about new techniques, new surgeries, and new products. It’s important to keep up with innovations,” Dearden says. He believes that orthopedic LPNs share the same ideals about patient care and learning.

CARE Magazine, Fall 2008
SECTION 4 – Alberta & Canada
The Province of Alberta

Alberta is a beautiful diverse province, located in western Canada, sharing the majestic Rocky Mountains along its western border with British Columbia and grasslands on the western border with Saskatchewan. The robust economy, based firmly in industry, gas, oil, and farming, attracts people from all over the world as visitors or immigrants.

Alberta’s heritage is rural with vast prairie farmlands, desert like prehistoric hoodoos, and rolling foothills and forestry areas. Edmonton is the capital city of Alberta, with a population over 800,000 (www.edmonton.ca). Calgary is a larger city located in southern Alberta and has a population over 1,100,000 (www.calgary.ca). Besides these larger urban areas, there are many villages, towns, and smaller cities in Alberta as well, resulting in a total population of nearly four million.

Albertans are friendly and welcoming, with a common appreciation for the diversity that occurs with a multicultural society. English is the most common language spoken and written and is used in most workplaces and classrooms, with many languages spoken in ethnic communities.

For more information about living and working in Alberta, visit www.AlbertaCanada.com

Canada – True North Strong and Free

Canada is a North American country with ten provinces and three territories. There is much opportunity in Canada, with its grand and diverse history, multicultural base, and active economy.

Learn more about Canada here: http://www.canada.gc.ca.
**Canadian Health Care System** – Health Canada

Health Canada is the federal government department responsible for helping Canadians maintain and improve their health. Together, the federal, provincial, and territorial governments are responsible for the health care system in Canada. Canada’s national health insurance program, often referred to as Medicare, is designed to ensure residents have reasonable and necessary access to health services.

Learn more about Medicare and the Canadian Health Care System: www.hc-sc.gc.ca

**Canadian LPN Workforce Growing**

Canada’s nursing workforce grew almost 10% from 2007-2011, but the growth of Licensed Practical Nurses grew at 21%, double the overall rate. Both growth rates exceed that of the Canadian population which grew by less than 5% over the same period. In comparison, the growth rate of Alberta LPNs in the same period was higher than the Canadian average at 33%.

To read more about national, provincial, and health region information on nursing workforce refer to the Canadian Institution for Health Information (CIHI) at www.cihi.com. All nursing regulatory organizations in Canada report their statistics to CIHI. Alberta LPN statistics are available from the College of Licensed Practical Nurses of Alberta at www.clpna.com.

**Mutual Recognition Agreements (MRA)**

“The 1995 Agreement on Internal Trade (AIT) makes it easier for people, goods, and services to move across Canada. The Labour Mobility Chapter (Chapter 7) of the AIT specifies that any worker qualified for an occupation in one province or territory must be granted access to employment opportunities in that occupation in any other province or territory” (CICIC, 2012).

The MRA is significant for professions such as nursing, as nurses who are registered in one province can have their qualifications reviewed and recognized in any other province or territory where nursing is regulated.

**New West Partnership Trade Agreement (NWPTA)**

Under the NWPTA, the governments in British Columbia, Alberta and Saskatchewan agree to recognize occupational standards, so professionals and skilled trade people can be recognized in their occupation in all three provinces.

The professional regulation of licensed practical nurses is provincially-based. Alberta, BC, and Saskatchewan have individual legislation, bylaws, and regulations. Applications for registration are required.

Each province has a registration process for LPNs. Therefore, a Licensed Practical Nurse must have the necessary registration for the province where they are providing care.
Kristen Shardlow comments that as a LPN working at the urgent care centre in Okotoks, she is considered central to the team. "The trust in our skills allows us to perform to full scope and address more complex cases," she says.

Kristen describes the advanced LPN triage role in the chest pain response team, involving nurse initiated protocols (ECG, oxygen, draw lab work, potentially administer aspirin) while the physician is made aware of the case and the nursing team continues the triage process.
SECTION 5 – Discover the Opportunity
Few careers are more rewarding than working as a nurse.

A nursing career provides meaning that most people seldom experience in their lives. Nurses have the opportunity to work with people during their most vulnerable time in life: birth, illness, injury, and death. People look to a nurse for comfort and compassion. Others will turn to a nurse for strength and reassurance. And still others will simply take comfort in having a nurse at their side, with a comforting touch in times of need.

Licensed Practical Nurses are in demand, with consistently high employment rates. For decades LPNs have played a vital role in Alberta’s health care system, providing expertise in nursing care in a wide range of roles and responsibilities.

The following stories demonstrate there is no better time to explore a unique and challenging career in nursing. We look forward to welcoming you to our profession soon!
Unit 52 in the Peter Lougheed Centre in Calgary, Alberta, is no ‘run of the mill’ unit. Focused on oral-maxillo-facial surgery, “belly button up” general surgery, and ENT (ear, nose, throat), there is a high level of acuity and patients have complex needs. The Unit is extremely busy; in a 35 bed unit, average occupancy in 2008 was 34.8 patients. Turnover is high, with an average patient stay of two to three days. The Unit also has a more intensive medical teaching function than the norm.

The story of Unit 52 can be thought of in the context of bridges. The bridge building occurring on Unit 52 is multi-faceted - between RNs and LPNs, between professional roles, and between the past and the future in health care delivery. When LPNs stepped onto this Unit for the first time prior to 2008, it was with the introduction of a collaborative practice model that steps boldly into the future.

Unit Supervisor Lilie Eikenberry, RN, had a big challenge when she took over patient care manager duties on the Unit in October 2007 – a 40% RN vacancy, staff burnout from overtime and workload, and a tough budget to manage. “It took me two days to think about an LPN role in Unit 52 that expanded to the fullest scope,” Lilie says, referring to her objective to increase staff levels within a prescribed budget. The LPN recruiting process started soon after.

“It’s a win-win-win for LPNs, RNs, and patients,” Lilie says. “LPNs are fully qualified to perform well in the Unit. The budget reality is I could generate...”
higher staff numbers by hiring LPNs and NAs. I could maintain RN numbers while reducing their workload and burnout. I could also improve the staff to patient ratio.” Lilie recruited for high level competencies in the first LPN hires – to get the best of the best to smooth the transition.

Discussion then quickly turns to another key catalyst for LPN integration and patient-driven care - the use of a collaborative care model dedicated to mind, body, and spirit-encompassing total patient care and extensive team play. “This is collaborative practice, not team nursing,” Lilie says. “There’s no hierarchy. The housekeeper has as much value to our standard of care as the most senior RN, and we share a collective accountability to our patients.” Support and mentorship are critical underpinnings. “We have a ‘grow our own’ perspective,” Lilie says. “It’s essential to get the right people in, but it’s also essential to nurture the personal and professional growth of people while at work. We have a duty to help others who may be struggling.”

To ensure knowledge is shared and staff is able to perform to their maximum capability, LPNs receive the same orientation education program as RNs when they are brought into Unit 52. The result has been no critical incidences, because as Lilie indicates “everyone looks out for each other and has the best interest of all patients at heart.”

The practical benefits are being realized. “Recently an LPN noticed a patient’s central line was leaking,” Lilie says. “The situation was an emergency; she clamped the line and took action while practicing within the LPN scope of practice, potentially saving the patient’s life. If she had no knowledge of central lines – which is covered in orientation – the outcome may not have been as good.”

Kristy Dubois, LPN recounts a situation that brings all the good things being done on the Unit together into a dynamic and empowering decision making environment. “A patient called out from a room as I passed by and I immediately went in. The patient was having great difficulty breathing...he was blue. I called a Code 66 (patient not breathing), and remained with the patient. I directed the code team and staff. The intervention saved him. I amazed myself with what my training and experience had generated in terms of instinct and action. It’s an experience that has stuck with me and motivates me.”

Kristy graduated in October 2008 and completed her preceptorship on Unit 52. She has a familiar story that lies at the heart of nursing. An accountant for seven years, Kristy wanted to be a nurse since Grade 6. Life threw a few curve balls, but the passion to be connected with people and care in a nursing environment never faded. Feeling she could be a better mom by turning to nursing, she put “I love my job with every breath. I feel more connected to people, their lives, and their need to feel cared for in a time of vulnerability.”
Kristy indicates she feels empowered by the team atmosphere on the Unit, indicating that not being afraid to ask for help or help others is central to the functioning of the team. She also feels empowered to get involved when she sees an interesting patient condition she wants to learn more about. “Today there’s a patient with a large abdominal wound. I asked if I could change the vac-dressing because I’m interested in it and want to learn something new. An RN will mentor me as I perform this skill for the first time, including the patient teaching needed. I appreciate the opportunity to always be learning something new here….because it’s encouraged.”

“I love my job with every breath. I feel more connected to people, their lives, and their need to feel cared for in a time of vulnerability.”

“Have patients.” It’s a play on words, but it lies at the centre of an effort to re-think how healthcare is provided at a Unit level, and the advanced role an LPN can play in a highly acute environment. The result of LPN integration into the Unit has been delivery of a quadruple bottom line: increased availability of staff; delivery of a higher standard of care to patients; a better staff patient ratio than other units; and more cost effective health care provision. Professional performance is more about respect and expertise and less about title. Just another week for Unit 52 – building bridges….and delivering them.

Lilie indicates the staff vacancy rate is now zero. “People are waiting in line to work in the Unit,” Lilie says, a fact Lilie attributes to a budding reputation, and work with colleges/universities to host practicum and preceptorship placements.
The University of Alberta Hospital (UAH) is one of Canada’s leading clinical, research, and teaching hospitals located in Edmonton, Alberta. The hospital offers a wide range of diagnostic and treatment services, including specialized services within cardiac sciences, neurosciences, surgery, medicine, renal, critical care, emergency and trauma care, and a state-of-the-art burn unit. The UAH site embarked on a venture to advance the role of Licensed Practical Nurses in July 2010. This story showcases the comprehensive planning and preparation process, and how such work literally transformed care delivery in their medical unit nursing teams.

Building the Foundation

Expanding a professional role in a hospital requires a great deal of careful planning. The LPN Expanded Role Working Group began in July 2010, and right from the beginning, it included representation from LPNs, Registered nurses (RNs), Clinical Nurse Educators, Managers, and the College of Licensed Practical Nurses of Alberta (CLPNA).

They first looked at what skills LPNs could do according to Alberta’s Health Professions Act (HPA) and CLPNA competency and compared it to the restrictions outlined in hospital policies. The gaps between the two are the differences that are being addressed through role changes for the LPNs.

The first skill chosen was intermittent medication through peripheral intravenous (IV) sites because it is very common for patients on medicine units to have this type of medication. This would have a big impact on nursing practice for both the LPNs and RNs, and the group chose the skills that would be used a lot, and therefore practiced, on medicine.

So what did the nurses think?

Soft spoken and quiet, Mary Rose Velez’s face lights up when she talks about the new skills she’s acquired through the Expanded LPN Role. She moved to Canada from the Philippines three years ago, and says diplomatically, “I like living in Canada, except for the weather, but I’m learning to cope with it.”
Mary Rose took the two-day training for IV medication, taking critical lab results, and accepting patient care orders. "It is a good change because we can function more autonomously," she explains. "Some nurses had a hard time adjusting at first, but with the support of the Clinical Nurse Educators and the training, they’ve become more confident."

LPNs were brought together for classroom and lab sessions. The students ranged from brand new grads to nurses with over 20 years’ experience. The Educators started with a presentation on IV medication administration, reviewed the Parenteral Drug Manual and gave them exercises to practice calculation and rates for IV medication administration. Next, they had a lab session with infusion pumps and vials, where the nurses were able to simulate drawing up medication into a bag, and work with secondary medication lines and smart pumps.

Next up was practice taking critical lab results, and taking verbal and telephone patient care orders. Prior to being trained, if a patient was nauseated, an LPN could not phone the physician to get a medication order. She had to find an RN to place the call. The teaching of taking orders was especially significant because the new Alberta Health Services policies were incorporated into the teaching – so all trained LPNs are up to date in their practice.

"I would say I feel really supported if I have any questions – I can ask the other nurses, or the Educator, and I try to help others as much as I can," says Mary Rose. "I can do lab orders on my own, and don’t have to find an RN if a physician is giving verbal orders, because I can take it myself."

"I think it has made our teamwork more efficient, especially if we have lots of patients on IV medication," she continues. "I think it is a good change. I’m looking forward to learning future skills."

The staff on the units were delighted to have the LPNs come onto the ward during their supervised practice, to hang IV medications, and each nurse practiced with support until they were comfortable performing their new skill. "This was the fun part of the training," says Brenda Bond, Clinical Nurse Educator. "We encouraged them to ask questions and seek help if they needed it, and after that they were good to go on their own."

What impressed Brenda most about her LPN students is their critical thinking skills were evident immediately after the training. She shares examples of nurses doing fabulous problem solving - questioning doses, and asking troubleshooting compatibility issues.

Up next, as far as skill acquisition? Continuous medications through peripheral IV sites, care of central lines, intradermal injections, and intramuscular injections. Add to that caring for central lines, and patient controlled analgesia, you have a full set of skills for LPNs working on the medicine units at the University of Alberta Hospital.

CLPNA is pleased to see the LPN role advance at UAH. "LPNs have been eager for these changes at the University of Alberta Hospital and we expect to see great success going forward," states Teresa Bateman, Director of Professional Practice.
There’s no signage outside the building advertising its presence. There’s no overt advertising. Too many still don’t want to come because of a single word: Stigma.

Whether it’s generalized anxiety, schizophrenia, bi-polar disorder, dual identity disorder, or depression, Mike Cutler, LPN, would like you to know mental illness is far more prevalent than you think it is. “The face of mental health is you, me, rich, poor, all cultures, all ages, and all levels of education,” Mike says. “No one is immune from bowling balls in our heads created by life’s stresses or biological conditions. Whether we need to seek help or not is all about ability to cope.”

Mike would also like you to know that it’s OK to feel unwell, and that the closely knit multi-disciplinary team he is a part of at the High River Mental Health & Addiction Services Clinic is a “safe place” that helps people set their life paths back on course again. “This is not the cliché of ‘One Flew Out of the Cuckoo’s Nest’…there’s no ward lock up…it’s not a place where you lay on the couch and talk about touchy feely things,” Mike says. “We are judgement-free problem solvers and enablers.”

Mike would humbly describe himself as a guy who just wants to help people. Although his professional background is licensed practical nursing, his official title is Community Support Worker, Community Wellness Program. Others would call him (and two other LPNs) pioneers of a new community outreach role for LPNs in mental health services in High River.

Mike’s work in mental health began in 2004. Doctors overloaded with clients with chronic mental health conditions were expressing frustration. A new role for the LPN in mental health services was born: day to day community outreach to those with chronic conditions that would allow doctors and therapists to address more acute cases. LPNs gave shape to a mental health role that focused on activities of daily living, home visits, supports (e.g. hygiene), meal preparation, house work, or just a cup of coffee in an effort to build all important trust. As the program grew, the LPNs started monitoring medication compliance and administering intramuscular medication. Today, the program has one of the most advanced LPN roles in a mental health setting in Alberta.

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In broadest brush strokes, Mike says his position has three pillars: outreach; daily living support; and medication management.

About 80% of Mike’s role requires basic LPN competencies. The remaining 20% requires specialized mental health knowledge and further formal education. Mike’s work requires supervision in the broadest sense, but day to day work is largely independent around the routines of home visits and case management. The multi-disciplinary team is always available for guidance and support.

So what is the boundary of the LPN role? Generally it is level of acuity. Mike’s role centres around clients with chronic conditions while therapists focus on active therapy clients.

The Clinic team consists of a consulting Psychologist, three RPN's (Registered Psychiatric Nurse), one on-site psychologist, four social workers, one LPN, and admin support. Mike also acknowledges that his level of training is critical when a role is being ‘pioneered.’ Mike received an Adult Mental Health Certificate for Licensed Practical Nurses from Mount Royal University. “It’s a great program that was very helpful with assessment and risk analysis skills development, and it has contributed to team trust in my skills.”

Mike says that seeing people at a vulnerable stage of their life makes you keenly aware of how difficult life can be, making you more appreciative of what you have, and more eager to live for the moment in your own life. Success for Mike is a client that makes any small movement forward… at their own pace. “We’re all snowflakes. The LPN’s challenge is to customize a plan for each client that creates a small number of realistic goals that become stepping stones to creation of more goals as they are achieved.” As a client becomes more comfortable with their coping mechanisms, interaction with the client will gradually diminish. “Life is about change and our ability to adapt,” Mike says. “The more adaptable we are, the healthier we are.” He adds, “You come to us in a weak moment. Our role is to have belief in you, to help you understand, to cope, to recognize that change has to happen, but most importantly to nurture belief that the smallest change can make the biggest difference in the trajectory of your life.”
I have a firm belief that I got from my parents – whatever you want to do, you can do it. So far this hasn’t let me down,” says Michelle Carew, LPN, Director of Care and Building Manager for Lifestyles Options, an assisted living community located in Leduc, just south of Edmonton. Michelle started off as a night nurse ten years ago, and has been supported by Lifestyles Options senior management to embrace one of the highest leadership roles in the organization.

“There are LPNs in management levels all through the organization. I supervise almost 100 staff, oversee resident services with residents and families and I am in charge of the building,” explains Michelle. Nurses are Team Lead Supervisors, manage Health Care Aides (HCAs), coordinate physician visits, and collaborate with other health professionals.

“When I finished nursing school, I realized I can do anything!” Michelle says brightly. “The LPN course was being offered in Lac La Biche, and I decided to try it out. The courses were so interesting, and I got to try a smattering of nursing experiences in a small hospital. I remember working in the OR, and the physician saying to me – don’t stand in the corner – get over here and see what’s going on – and he explained everything to me. It was such an amazing experience.”

The other two Lifestyle Options locations also have LPNs in the Building Manager roles – Mohamed Shaw at Terra Losa, and Soleil Francis at Riverbend. The organization purposely fosters an environment that encourages personal leadership at all nursing levels – from the Building Managers, to Nursing Supervisors, to Health Care Aides. Here are seven elements of leadership demonstrated by nurses in this unique workplace.
Communicating Purpose
“Our core values are compassion and caring,” confirms Renate Sainsbury, the General Manager of Operations. “We are all in it together, and we believe in the same things. We are focused on the strengths of the residents, their families and the staff.”

The LPN role is embraced and appreciated by the Lifestyle Options leaders. “Our Building Managers need to have clinical skills, and also be open to learning about the business part of the job, like budgeting and time management,” says Renate. Kevin Capowski, Operations Manager adds, “I can’t manage a building on my own without having clinical knowledge – we absolutely need nurses as Building Managers.”

Mohamed Shaw was an accountant who came to Canada from Guyana almost 20 years ago, and worked night shifts as a janitor before going to NorQuest to take the LPN program. “I realized the only way up was through education,” he says. Today, he is the Director of Care and Building Manager at the Terra Losa Lifestyle Options site.

“You have to see the entire vision – this isn’t just bricks and mortar – we all need to build a sense of community, because we are working in people’s homes,” Mohamed adds. “I believe we all have a role to play to serve humanity – with love, compassion, caring and respect.”

Offering Autonomy
Fostering autonomy means that staff has choices in their work life.

Rosemarie Bruff-Campbell is a new LPN grad who is the Nursing Supervisor on the area dedicated to residents with dementia or Alzheimer’s. She’s also new to Canada, and moved from Jamaica to work for Lifestyles Options. She supervises four Health Care Aides, and is forming her own leadership philosophy.

“Communication is key to build respect. I need to let staff know that we are here as a team, and that we sit down together to figure out the best way to work things out,” Rosemarie says.

It is crucial to have autonomy as a team to make decisions. A Health Care Aide may notice that a resident isn’t eating well, so she can confer with the Nursing Supervisor, and they can arrange to bring in the chef or a dietician to collaboratively solve the problem.

Opportunities for Mastery
“I have had a lot of learning over the past ten years,” admits Michelle. “Professionally as a nurse, I have had to enhance my skills and my confidence. On the business side, I’ve learned to think about any friction as teaching moments.”

The organization offers opportunities for continuing education to become better, and the
General Manager believes that LPNs have the opportunity to both use all their skills at Lifestyle Options, and acquire new ones.

**Recognition for Staff**

“Our staff is just so amazing. This building has only been opened for three years, and they have accomplished so much,” Michelle says enthusiastically. Recognition of staff’s strengths and accomplishments is essential in healthy organizations.

“I want my staff to tell me when they see someone doing good work, I want to be able to tell them, ‘Hey, you did a great job, and I heard about it.’”

There are times when hard conversations need to happen with employees. “I try my best to move them past hard times,” maintains Michelle. “Mistakes are how we learn. If there’s a way in, there’s a way out.”

**Having a Sense of Humour**

Humour in the workplace can contribute to a sense of camaraderie, and can diffuse tension and energize staff.

The staff organize Crazy Hat Day, Casual Days, Crazy T-Shirt Days, and dress up for Halloween and St. Patrick’s Day. Kevin, the Operations Manager, has the honour of dressing up as Santa for the Christmas skit. Recreation staff are always thinking of new ideas to involve staff in leisure activities with the residents. Nursing staff are invited to go on field trips with residents.

**Openness to Innovation and Creativity**

Motivational posters pepper the boardroom’s walls: “Success is hanging on after others let go,” “Excellence is to do a common thing in an uncommon way.” Instead of asking her staff ‘why’, Michelle reframes the question into, ‘why not?’. As she says, “If you have an idea, let’s see how it can happen.”

**Humility**

“I don’t believe in titles,” says Michelle. “No one department is any more or less than any other. All the LPNs and Health Care Aides are considered nursing staff.” Sure enough, Michelle chats freely with everybody she meets in the elevator, and gives the same time and respect to Housekeeping staff as she does to the General Manager. “If I consider myself on top of the pile, I cannot see anything up there. I am nothing without my staff. I learn from my administrative assistant, from Health Care Aides and from the people in the kitchen. We need them all to see themselves as a piece of a bigger puzzle.”

**Final Words of Wisdom**

It is important to recognize that all nurses have the ability to lead and influence, no matter what their titles are in the health care setting.

Mohamed works with new LPN grads, and believes that there is a big future for the LPN profession. He offers some words of wisdom: “Do not limit yourself, and always look for ways to broaden your horizon. None of us know what we are capable of achieving.”

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The Northwest Health Centre is bright and state-of-the-art, serving an extensive geographic area in the northwest corner of Alberta. Its 21 acute care and 10 long-term (plus 1 respite) care beds represents a facility big enough to contain all the standard fare of a full service hospital – acute care, public health, home care, mental health, rehabilitation, emergency, long-term care, obstetrics, and surgery – yet small enough and with a warmth of colour, furnishings and wall-adorning artistic expression to feel like a large home.

A Primary Care Network operates community-based programs for new moms, persons with diabetes and children with Fetal Alcohol Spectrum Disorder. There are some limitations inherent in a smaller hospital. There’s no ICU or trauma surgery. Air Medical transports more life-threatening cases to Edmonton for treatment. CT/MRI scans must be done at referral centres.

Wendy Mercereau, LPN, is the Long Term Care Coordinator. A theme – the northern spirit - emerges as I ask Wendy about her background. Her first LPN shift at the Northwest Health Centre was on her 50th birthday. She is a long-time northerner, having lived in Grande Cache for 23 years prior to moving to High Level in conjunction with a job move for her husband. She was a First Aid Attendant at a mine in Grande Cache who completed her LPN training at NorQuest College in Edmonton via distance learning while living in High Level. She has taken leadership and footcare courses subsequent to LPN training. Now well established in High Level, she doesn’t want to move.

It’s a pattern I find common to most LPNs I will end up talking to. They moved with their spouse who took a job in High Level. Many were born in the north or have lived in the north long enough to understand, and indeed appreciate, both its unique demands and opportunities. A lifelong learning desire has seen LPNs start as hospital receptionists and continue to grow, or switch to an LPN career in mid-life.

Brian Klatt, LPN is a tall man with wise hair (some might say a little grey). High Level’s high school
science teacher for 14 years, Brian returned to the career DNA of his parents (both were RNs) in mid-career, completing the LPN course in Fort Vermilion in 2003. He attributes his career shift to a desire to learn new things. “There’s lots of job variety given the hospital culture here. There’s always room to learn here, an opportunity I wouldn’t be afforded in a larger hospital elsewhere where there is inclination to create procedural specialties.” As Brian articulates - any limitation of scope would limit his ability to learn, which would compromise the very reason he shifted to the LPN profession in mid-career.

“It takes a special person to live and work in High Level – independent, outgoing, and eager to learn and grow. They need to be flexible. But in return you get something special – a job that is very respected here, and an experience that is soulful says Brian.”

An LPN position in High Level also offers something else... what might just be the fullest scope of practice in Alberta... and Canada. It’s exemplified by Linda Krause, LPN, who moved to High Level from St. Albert 13 years ago when her husband took a new job. Shortly after the move, she took a job at the hospital as a receptionist, covering a maternity leave.

From 1996 to 2001, Linda completed her LPN training. An IV Starts course in 2003, and an Operating Room (OR) Specialty in 2004 followed. She has been a scrub nurse in the OR since 1998. Aside from her contribution as a member of the surgery team, Linda does surgical bookings, department ordering, medications/narcotics supplies, and IVs. One year ago she started her RN degree to fulfill her dream – to be a Head Nurse in OR, emergency room and central sterilization room.

Perhaps Wendy articulates it best by comparing her job to her niece, who completed her LPN training with Wendy and is working as an LPN in Edmonton. “My niece doesn’t have the same role as I do because specialized LPNs do that at her hospital. We work in all areas here - emergency, case room, pre- and post-operative. You get so much good experience here.”

A system of continuing education and cross-training around procedures that expand comfort zones and job function is in place in High Level. An LPN rattles off a litany of in-house training in recent times, including neo-natal baby assessment, transfers, cardiopulmonary resuscitation (CPR), intravenous (IV) blood transfusion, and chest physio/range of motion.

As Brian indicates, there’s even gentle pressure for LPN role creep in High Level – into areas such as advanced cardiac and trauma nursing.

Scope of practice is also being extended in new, innovative ways – breaking glass ceilings along the way. Karen Crane, LPN coordinates the Telehome Care program. The program, designed to monitor chronic conditions by tethering patients at home to a hospital computer via an
In-home monitoring system and a phone line connection, is a leader in Alberta.

The monitor looks like an alarm clock, complete with date and time. There’s a scale, a blood pressure cuff, and an O2 monitor. Monitoring parameters are determined in consultation with the doctor, and are specific to each patient. The monitor is programmed remotely to turn on up to four times/day and have the patient take measurements. The monitor’s electronic voice asks up to 10 screening questions out of a bank of 50 questions to help Karen determine if follow up is required on a more immediate basis related to monitoring results and responses to questions. Karen also prints a monitoring history when the patient has an appointment with their doctor. The charting becomes central to the patient-doctor interaction.

The types of patients include Chronic Obstructive Pulmonary Disorder, Congestive Heart Failure (a scale is used), and Diabetes (a glucometer is connected into the machine). Many can’t travel the great distances required with the frequency required. “Telehome Care can be life-saving. We recently had a patient with blood pressures that spiked drastically at night. The monitor caught this, and with the stickhandling of this situation through the doctor, meds were changed from twice/day to three times/day to reduce risk of a re-stroke.”

New nurses come from everywhere – from the UK to the Philippines, to India, to the Maritimes. The pitch – the adrenalin rush of a feet to the fire, jack of all trades, no two days the same, full scope of practice work experience. The ability to fast-track development of extensive skills. A small, tightly knit community that brings the human experience of health care closer to home….and heart. A place of extraordinary, ‘familial’ working relationships.

I recall the dreamcatcher hanging in the window in the long-term care facility. Native Americans believe that the night air is filled with dreams both good and bad. The good dreams know how to pass through the dreamcatcher, slipping through the outer holes and sliding down the soft feathers. The bad dreams, not knowing the way, get tangled in the dreamcatcher and perish with the first light of the new day.

The positive spirit of the dreamcatcher seems fitting for High Level – a hospital and a group of people who give us eyes with which to see a new and progressive future.
Glossary of Terms

Accountability  “Accountability refers to a person’s answerability for their own actions or the ability and willingness to assume responsibility for one’s own actions” (RNAO, 2007, p. 32).

Autonomy  Autonomy includes the capacity of the nurse to determine her/his own course of action, the ability to deliberate and decide upon the nursing actions that will best serve client health outcomes, and to provide authentic care individually or as part of a team to clients and families (RNAO, 2007).

Client  The recipient of nursing care and services; may also be referred to as patient, inpatient, outpatient, resident or consumer.

For LPNs, ‘client’ includes individuals, (i.e., care recipient, family member, guardian, substitute caregiver), families, groups.

“In education, the client may be a student; in administration, the client may be staff; and in research, the client is a study participant” (RNAO, 2007, p. 57).

Collaboration  Often referred to as interprofessional collaboration.

“Interprofessional collaboration is the process of developing and maintaining effective interprofessional working relationships with learners, practitioners, patients/clients/ families and communities to enable optimal health outcomes. Elements of collaboration include respect, trust, shared decision making, and partnerships” (CIHC, 2010, p. 8).

Competency  “The integrated knowledge, skills, judgment and attributes required of [a nurse] to practice safely and ethically in a designated role and setting. (Attributes include, but are not limited to attitudes, values and beliefs)” (CNA, 2007, p. 26).

Interdependent  Dependency on each other within the interprofessional healthcare team; is contingent on efforts, skills, wisdom, etc. (RNAO, 2007, p. 57).

Scope of Practice  A terminology used by national and state/provincial licensing boards (colleges or associations) that defines the procedures, actions, and processes that are permitted for the licensed individual.

‘Scope of practice’ is derived from the legal definition of the profession in legislation and regulation, and is limited to that which the law allows for specific education, experience, and demonstrated competency (Wikipedia, 2013).
Appendix 1 - Alberta Health Professions

The following professions are regulated by Alberta’s Health Professions Act (current as of January 2013):

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<td>Medical Diagnostic and Therapeutic Technologists</td>
<td>Alberta College of Medical Diagnostic and Therapeutic Technologists</td>
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<td>Medical Laboratory Technologists</td>
<td>Alberta College of Medical Laboratory Technologists</td>
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<tr>
<td>Midwives</td>
<td>Midwifery Health Discipline Committee*</td>
</tr>
<tr>
<td>Naturopaths</td>
<td>College of Naturopathic Doctors of Alberta</td>
</tr>
<tr>
<td>Nurse Practitioner</td>
<td>College of Registered Psychiatric Nurses of Alberta</td>
</tr>
<tr>
<td>Occupational Therapists</td>
<td>Alberta College of Occupational Therapans</td>
</tr>
<tr>
<td>Opticians</td>
<td>Alberta Opticians Association</td>
</tr>
<tr>
<td>Optometrists</td>
<td>Alberta College of Optometrists</td>
</tr>
<tr>
<td>Paramedics</td>
<td>Alberta College of Paramedics</td>
</tr>
<tr>
<td>Pharmacists</td>
<td>Alberta College of Pharmacists</td>
</tr>
<tr>
<td>Pharmacy Technicians</td>
<td>Alberta College of Pharmacists</td>
</tr>
<tr>
<td>Physical Therapists</td>
<td>College of Physical Therapists of Alberta</td>
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<tr>
<td>Physicians, Surgeons and Osteopaths</td>
<td>College of Physicians and Surgeons of Alberta</td>
</tr>
<tr>
<td>Podiatrists</td>
<td>College of Podiatric Physicians of Alberta</td>
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<tr>
<td>Psychiatric Nurses</td>
<td>College of Registered Psychiatric Nurses of Alberta</td>
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<tr>
<td>Psychologists</td>
<td>College of Alberta Psychologists</td>
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<tr>
<td>Registered Nurses</td>
<td>College and Association of Registered Nurses of Alberta</td>
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<tr>
<td>Respiratory Therapists</td>
<td>College and Association of Respiratory Therapans of Alberta</td>
</tr>
<tr>
<td>Social Workers</td>
<td>Alberta College of Social Workers</td>
</tr>
<tr>
<td>Speech-Language Pathologists</td>
<td>Alberta College of Speech-Language Pathologists and Audiologists</td>
</tr>
</tbody>
</table>

*Notes: This profession is administered by Alberta Health. Call 780-422-2733.

The Canadian Council for Practical Nurse Regulators (CCPNR) is a federation of provincial and territorial members responsible for the safety of the public through the regulation of Licensed/Registered Practical Nurses. CCPNR supports regulation through:

- collaborating collectively, internally, and externally with other provincial/territorial regulatory organizations to maintain and enhance professional relationships

- supporting provincial/territorial organizations with regard to decision-making, resource allocation, and management issues, and individual provincial/territorial regulatory laws and resources

- supporting processes that allow for accountability and responsibility for decisions, which recognize the individuality of the jurisdiction

- promoting excellence in practical nursing regulation by demonstrating leadership, best practice, innovation, and professional development.
### Appendix 3 - Provincial LPN Regulatory Organizations

<table>
<thead>
<tr>
<th>Organization</th>
<th>Address/Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>College of Licensed Practical Nurses of Alberta (CLPNA)</td>
<td>13163 146 St, Edmonton, AB T5L 4S8</td>
</tr>
<tr>
<td></td>
<td>Phone: (780) 484-8886  <a href="http://www.clpna.com">www.clpna.com</a></td>
</tr>
<tr>
<td></td>
<td>Fax: (780) 484-9069  <a href="mailto:info@clpna.com">info@clpna.com</a></td>
</tr>
<tr>
<td>College of Licensed Practical Nurses of British Columbia</td>
<td><a href="http://www.clpnbc.org">www.clpnbc.org</a></td>
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<tr>
<td>Saskatchewan Association of Licensed Practical Nurses</td>
<td><a href="http://www.salpn.com">www.salpn.com</a></td>
</tr>
<tr>
<td>College of Licensed Practical Nurses of Manitoba</td>
<td><a href="http://www.clpnm.ca">www.clpnm.ca</a></td>
</tr>
<tr>
<td>College of Nurses of Ontario (CNO)</td>
<td><a href="http://www.cno.org">www.cno.org</a></td>
</tr>
<tr>
<td>Ordre des infirmieres et infirmiers auxiliers du Quebec</td>
<td><a href="http://www.oiiaq.org">www.oiiaq.org</a></td>
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<tr>
<td>Association of New Brunswick Licensed Practical Nurses</td>
<td><a href="http://www.anblpn.ca">www.anblpn.ca</a></td>
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<tr>
<td>College of Licensed Practical Nurses of Nova Scotia</td>
<td><a href="http://www.clpnn.ca">www.clpnn.ca</a></td>
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<tr>
<td>Licensed Practical Nurses Association of Prince Edward Island</td>
<td><a href="http://www.lpna.ca">www.lpna.ca</a></td>
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<tr>
<td>College of Licensed Practical Nurses of Newfoundland &amp; Labrador</td>
<td><a href="http://www.clpnnl.ca">www.clpnnl.ca</a></td>
</tr>
<tr>
<td>Yukon Government - Consumer Services</td>
<td>E-Mail:  <a href="mailto:consumer@gov.yk.ca">consumer@gov.yk.ca</a></td>
</tr>
<tr>
<td>Department of Health &amp; Social Services - Government of the Northwest Territories</td>
<td><a href="http://www.gov.nt.ca">www.gov.nt.ca</a></td>
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</table>

### Appendix 4 - Other Nursing Organizations

<table>
<thead>
<tr>
<th>Organization</th>
<th>Website/Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>College and Association of Registered Nurses of Alberta</td>
<td><a href="http://www.nurses.ab.ca">www.nurses.ab.ca</a></td>
</tr>
<tr>
<td>College of Registered Psychiatric Nurses of Alberta</td>
<td><a href="http://www.crpna.ab.ca">www.crpna.ab.ca</a></td>
</tr>
<tr>
<td>Canadian Nurses Association</td>
<td><a href="http://www.cna-aic.ca">www.cna-aic.ca</a></td>
</tr>
<tr>
<td>Canadian Association for International Nursing</td>
<td><a href="http://www.cainursing.ca">www.cainursing.ca</a></td>
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