The Nurse’s Calling
A Writer Recalls 10 Years of Stories

Spirituality and Nursing

LPN Research Update
How to Deal With Difficult People...without becoming one yourself!

Why Are People Difficult...
Or What They Didn’t Teach Us In Nursing School
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• ‘Innocent’ or ‘Intentional’?
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• Pay-offs for Dysfunctional Behaviours
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• Helpful Communication Techniques for Responding to Difficult People
• The Fine ’P’ Formula

When Difficult People Don’t Change
• Organization Strategies
• Continuum of Intervention in Conflict; When to Call in Help

Stacey Holloway, BScN

Stacey Holloway is a skilled interventionist in the fields of Human Relations and Organizational Development. Stacey focuses her talents and energy on organizational development - particularly, change education, change strategy consulting, and change leadership development. A graduate of UBC and Senior Trainer at the BC Justice Institute in the Centre for Conflict Resolution, she is an in-demand speaker. Stacey has conducted seminars for thousands across Canada and the United States. Her active, participatory seminars are charged with energy, humour, and creativity.

WHO SHOULD ATTEND?
• Nurses, Educators, Managers
• Staff in Healthcare and Social Services Settings

**This is NOT a Violence in the Workplace Workshop.

Why is it that some people at work can be sensible and calm one minute and totally irrational the next? Why is it that some people will fight you every step of the way - you ask them to right and they go left? Why do people do things to make their jobs so much harder than they need to be? And, what can you do when they try to do them to you? What is it about manipulative people - those who are pushy and aggressive, who take offense easily, who whine - that makes them so powerful? It work is work, why do we take things so personally? Is there anything you can do to deal with those and other types of difficult behaviour in today's workplace? No one enjoys dealing with difficult people, yet it is an everyday part of life. This day workshop and the ideas presented can help you skillfully disarm disagreeable people so your personal and professional relationships are less stressful and more enjoyable.

□ $189.95 + $9.45 GST = $198.45 Regular Rate

Liver Logic
Fifty Ways to Love Your Liver

Barb Bancroft, RN, MSN, PNP

Barb Bancroft is a widely acclaimed nursing teacher who has taught courses on Advanced Pathophysiology, Pharmacology, and Physical Assessment to both graduate and undergraduate students. Also certified as a Pediatric Nurse Practitioner, she has held faculty positions at the University of Virginia, the University of Arkansas, Loyola University of Chicago, and St. Xavier University of Chicago. Barb is known for her extensive knowledge of pathophysiology and as one of the most dynamic nursing speakers in North America today. Delivering her material with equal parts of evidence-based practice, practical application, and humour, she has taught numerous seminars on clinical and health maintenance topics to healthcare professionals, including the Association for Practitioners for Infection Control, The Emergency Nurses’ Association, the American Academy of Nurse Practitioners, and more.

WHO SHOULD ATTEND?
• Medical, Surgical, Perioperative and Critical Care Nurses
• Nurse Practitioners, Primary Care Nurses, TeleHealth Nurses
• Nurses in Blood Services, Infection Control, & Public Health
• Home Care & Long Term Care Nurses; Occupational Health Nurses
• Dietitians, Pharmacists, Nurses in Diagnostic Imaging

Did you know that the liver has 500 functions and that it can regenerate itself within 30 days? Listen to Barb’s fascinating lecture on the liver in all its glory. Barb takes you on a journey through an amazing organ that we tend to take for granted. She’ll review the metabolic and the synthesis functions; she’ll discuss the signs and symptoms of liver disease and the most important lab tests. She’ll also discuss all the types of hepatitis and cirrhosis, acute and chronic liver failure and NAFLD and NASH and discuss the newest advances in the treatment of liver disease. You will not only gain a new respect for this 3.5 pound football-sized organ, you will also realize that it is just as important as the more celebrated organs systems of the heart, lungs, brain, and kidney. You “gotta” love your liver!

□ $179.95 + $8.95 GST = $187.95 Middle Rate (on or before October 10, 2017)
□ $189.95 + $9.45 GST = $198.45 Regular Rate (after October 10, 2017)
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The Nurse’s Calling
After writing more than 50,000 words about LPNs over ten years, one of our feature writers looks back at what he’s learned from nurses, ‘the most powerful connectors in the system’.

RESEARCH
Review & Update of LPN Competencies in Alberta

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CIHI Regulated Nurses Report

Are You Soaring Spiritually?

Influenza Immunization
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The Operations Room
News for CLPNA members

CARE is published quarterly and is the official publication of the College of Licensed Practical Nurses of Alberta. Reprint/copy of any article requires consent of the Editor of CARE magazine.

Chief Editor - T. Bateman
Editor, Communications Consultant - C. Black

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Signed articles represent the views of the author and not necessarily those of the CLPNA.

The editor has final discretion regarding the acceptance of notices, courses or articles and the right to edit any material. Publication does not constitute CLPNA endorsement of, or assumption of liability for, any claims made in advertisements.

Subscription: Complimentary for CLPNA members, $21.00 for non-members.
The goal for the GIEA is to internationalize nursing in China to achieve standards of training and practice required by healthcare professionals around the globe.

China has nearly 20 percent of the world’s population and, like other countries, they have a rapidly growing aging sector with enormous healthcare needs. This project has taken an innovative group of Chinese leaders to points around the world to examine international best practice in education, regulation and practice of nurses and other health care professionals. Alberta and Ontario are two of the Canadian stops for this project, with visits to the United Kingdom, European Union, United States, Australia, New Zealand, Japan and Singapore all included in the assessment of international nursing.

The goal for the GIEA is to internationalize nursing in China to achieve standards of training and practice required by healthcare professionals around the globe. Overall these goals will enhance care standards in China and prepare interested nurses and nursing educators for international opportunities.

China currently does not have a licensed practical nurse (LPN) profession, but they do have a diploma nurse with similar competencies. CLPNA is pleased to work with the GIEA as this collaborative fits with our strategic goal of international collaboration for excellence in nursing regulation.

Creating the structure and building an LPN profession in China is a monumental undertaking. We are honored to share our regulatory expertise and lessons learned with a venture that has potential for great impact. We look forward to helping make the difference and to seeing more LPNs involved in health care internationally.

You can read more about the project on page 32 in this issue of CARE.

Valerie Paice, President and Linda Stanger, CEO
WORKSHOPS COMING TO ALBERTA IN FALL/WINTER 2017-2018

Exceptional Training And Resources - Mental Health, Counselling and Violence Prevention

Public Workshops

MANAGING MENTAL HEALTH IN THE WORKPLACE—Rights & Responsibilities
Edmonton: October 3; Calgary: October 5

UNDERSTANDING MENTAL ILLNESS IN CHILDREN AND YOUTH
Calgary: October 4; Edmonton: October 5

VICARIOUS TRAUMA—Strategies for Resilience
Edmonton: October 24; Calgary: October 25

ADDICTIONS AND MENTAL ILLNESS—Working with Co-occurring Disorders
Edmonton: November 7; Calgary: November 9

RESILIENCE IN CHILDREN—Creative Strategies for Helping
Calgary: November 21-22; Edmonton: November 22-23

DE-ESCALATING POTENTIALLY VIOLENT SITUATIONS™
Calgary: November 28; Edmonton: November 29; Grande Prairie: November 30

COGNITIVE BEHAVIOURAL THERAPY—Tools for Thinking Differently
Calgary: December 11; Edmonton: December 12

NARRATIVE THERAPY—Tools for Exploring Stories
Calgary: December 12; Edmonton: December 13

FETAL ALCOHOL SPECTRUM DISORDER—Strategies for Supporting
Edmonton: February 13-14

MINDFULNESS COUNSELLING STRATEGIES
—Activating Compassion & Regulation
Calgary: February 21-22; Edmonton: February 22-23

AUTISM—Strategies for Self-Regulation, Learning & Challenging Behaviours
Calgary: March 5-6; Edmonton: March 7-8

TRAUMA—Strategies for Resolving the Impact of Post-Traumatic Stress
Edmonton: March 19-20; Calgary: March 20-21

National Events

REFUGEES AND TRAUMA
-Understanding and Supporting Resilience
Calgary, AB: October 17-18
(early deadline rate September 26)
Refugee individuals and families carry with them vulnerability, potential post-traumatic stress as well as strengths and stories of resilience. This workshop provides an overview of the way trauma affects individuals and families physically, psychologically, socially and spiritually. CTRI is pleased to support the efforts of individuals and organizations working with refugees by offering this workshop at a 50% discount from our normal workshop rate.

Early rate: $199; Regular rate: $220

TRAIN-THE-TRAINER
Certification Program for DE-ESCALATING POTENTIALLY VIOLENT SITUATIONS™
Edmonton, AB: November 29-December 1
(early deadline rate October 29)
Due to the high demand for these workshops and their relevance to many workplaces, CTRI offers train-the-trainer programs for De-escalating Potentially Violent Situations™.

Early rate: $1350; Regular rate: $1500

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Falls Prevention in Seniors

By Karen Gill, Communications Coordinator, Injury Prevention Centre

Falls are the leading cause of injury amongst seniors, costing Albertans $288 million per year. Research shows that every year, one out of three seniors will fall. So how can healthcare providers get seniors talking about their health, and their risk of falling? By getting seniors to ask themselves the right questions.

The Finding Balance Falls Risk Self-Assessment Checklist is an evidence-based and validated screening tool created with input from seniors for use in public health outreach and education. It asks a series of weighted questions, and offers steps seniors can take to lower their risk of falling based on their score. If they score four points or more, the next step is to talk to their healthcare provider to discuss prevention options.

**ARE YOU AT RISK OF FALLING?**

1. Have you fallen in the six months? (2 pts)
2. Do you use or have you been advised to use a cane or walker to get around safely? (2 pts)
3. Do you sometimes feel unsteady when you are walking? (1pt)
4. Do you steady yourself by holding onto furniture when you are walking at home? (1pt)
5. Are you worried about falling? (1pt)
6. Do you need to push yourself with your hands to stand up from a chair? (1pt)
7. Do you have some trouble stepping up onto a curb? (1pt)
8. Do you often have to rush to the toilet? (1pt)
9. Have you lost some feeling in your feet? (1pt)
10. Do you take medication that sometimes makes you feel lightheaded or more tired than usual? (1pt)
11. Do you take medication to help you sleep or improve your mood? (1pt)
12. Do you often feel sad or depressed? (1pt)
13. Have you had your vision checked in the past year? (1pt)
“The checklist offers a quick way for older adults to improve their knowledge about fall risk and their own risk level for falling,” says Dr. Kathy Belton, Associate Director of the Injury Prevention Centre. “The goal is to reduce the risk by asking the right questions, and taking the right actions to help seniors stay independent and prevent falls.”

The questions asked in the falls risk self-assessment checklist cover topics such as: depression, muscle weakness, dizziness, medication review, mobility aids, bladder weakness and fear of falling.

The self-assessment checklist is easy to share before and after check-ups, and in waiting rooms. It encourages seniors to think about their health while gathering key information for healthcare providers. By sharing the self-assessment checklist, practitioners can teach seniors and encourage them to take action to prevent falls and stay independent based on their assessment scores and concerns.

Finding Balance is a seniors’ falls prevention program developed and programmed by the Injury Prevention Centre (IPC) in partnership with healthcare practitioners and community partners across Alberta. Finding Balance runs for the month of November. Download the Finding Balance Falls Risk Self-Assessment Checklist and other resources at www.findingbalancealberta.ca.

THE NURSE'S CALLING

A Lullaby For Your Soul

By Chris Fields

WE - the people - look for skilled and caring connection to shepherd our way forward through our uncertainty in times of illness. And in my experience, YOU - the people’s nurses — are the most powerful connectors in the system as the bridge between the emotional and practical realities of healthcare.
was asked to write about what it all means. What all the words reveal about LPNs in an evolving healthcare environment. Words. 51,000 of them I have written about you, spanning ten years and 23 CARE magazine feature stories.

To be honest, I don’t immediately think about the words. I can picture the hundreds of LPNs I have met and talked to. What I always remember are hands, eyes, and voices. Why?

Well, we yield the spirit of ourselves in tone of voice, eyes that tell stories of joy or pain in a glance, and hands that have been countless photographed over the years as a metaphor for the humanity we seek in places that can seem cold or clinical when we are sick, injured, aged, vulnerable, or afraid.

Many LPNs over the years have observed that the key evolution of the profession has been the introduction of critical thinking around illness. But it’s also been recognized that the unique strength of the profession is that while complexity and challenges have increased, the fundamental connection to people has not.

I have seen your tears and heartache as you describe a patient you lost. I have laughed with you in your observation of lighter moments. I have learned from you as you describe clinical skills, which in my decade of telling your stories, has expanded considerably. I have felt small and humbled to be in the presence of people so big in their ambition to serve, in organization of far-flung trips to Africa, or as pioneers of new LPN roles in Alberta’s healthcare system.

I have felt so moved by people who are at their soul, in their beating HEARTS, are people who deeply feel a connection to SERVING others - to comfort, to heal, to teach, and to CARE just a little more even when exhausted from the hustle. I have admired the hunger for skill and scope to serve the hunger to serve. I have always been struck by the passion you have for a mission that you deeply feel. That passion has navigated around obstacles. It lies at the heart of your empowerment as individuals and as a profession.

How empowering it is to live the words: “Save a life and you’re a hero, save 100 lives and you are a nurse.”

When I think about you, I remember my grandma, who fell into a coma in Edmonton some 15 years ago following a few days of family gathering to visit and tell life stories around the hospital room bedside. Arriving at her hospital door, an LPN had placed a hand-drawn “Fields” nametag in the frame on the door. Beside the name, a red heart was drawn and coloured in.

You didn’t know much about that person in the bed, but you had intuition for how much that person meant to family. You didn’t know how that small and kind gesture – one of many such gestures in a day that combine to recognize a patient as a person – would continue to entwine itself in the lives of those who live in my grandma’s shadow. I kept that nametag. In it, is a lifetime of memory. In that gesture of an LPN lives the words of Kahlil Gibran: “When you work you are a flute through whose heart the whispering of the hours turns to music./ …to love life through labour is to be intimate with life’s most inmost secret./ …all work is empty save when there is love./ …Work is love made visible.”

Your hands, your eyes, and your voices are the gateway to the soul of the exceptional best of humanity that only wants to care for one another - to have empathy and compassion and to try your best no matter how big or small the effort. When we connect simply, authentically, and meaningfully, we have learned about life itself. This is what I have learned by listening to you.
The words that have been written over the years reflect universal truths about who you are and why you matter as people and as a profession. Five themes reveal themselves. In your words...

**The Advance of Skill and Scope**

LPNs are steadily moving into more acute settings, and leadership roles with two positive implications: continuity of care for patients, and optimal utilization of all healthcare providers.

“It’s empowering when you know what your role is, your role is deeply respected where you work, you know what to do, and you do it,” Pat says. “It feels really good when you make an immediate difference for a patient.”

Patricia Stober, LPN, “Rural Care: It’s Personal”, 2013

**The Power of Team**

Today’s healthcare environment revolves around interdisciplinary collaboration, and the trust and respect that LPNs have earned as key team members.

“We all just don’t care about any perceptual boundaries, we care about our collective ability as a team, shared workload, and an ‘everyone willing to help’ mentality. Trust among team members is assumed.”

Brigid Keddie, LPN, “Brain Gain: A Leading Edge LPN Role In Clinical Neurosciences”, 2013
Trailblazing

LPNs are pioneering expanded and new roles in the healthcare system, and stepping beyond Canadian borders in leadership roles on international humanitarian missions.

“I do what I do because I see their faces. Part of me lives in Burkina Faso. It’s part of who I am. It’s part of my soul.”


The Heartbeat of Compassion

LPNs exhibit the soft skills that are important to nurture if we are to have a healthcare system that we love.

“My heart is in it. That’s all that matters. If you have compassion and you care for people, do it.”

Merle MacGillvray, LPN, “The ’Class’ of ’64”, 2007

The Push For Progress

Bridges are being built between RNs and LPNs, between professional roles, between patients and healthcare practitioners – and to technology - to serve the future more effectively.

“Our telehealth solution also benefits my continuing education because I can access various workshops like wound care, palliative care, and mental health.”

Toni Running Rabbit, LPN, “A Nation of Firsts: Pushing Boundaries at Siksika Health & Wellness Centre”, 2016
The year is 1854, during the Crimean War. At a barrack hospital in Turkey, Florence Nightingale is so appalled by the conditions that she works with her nurses to make the hospital a more efficient place, creating order from chaos. She scrubs the injured men’s clothes. She spends her own money buying bandages, operating tables and other basic necessities for the hospital. She and her nurses clean the entire hospital. Florence writes home on behalf of the soldiers. She acts as a banker, sending the men’s wages home to their families. She introduces reading rooms to the hospital. She is the only woman allowed in the wards after eight at night, when orderlies take the place of nurses. And so is born Florence’s moniker in the soldiers’ description of her: the Lady of the Lamp.

When Florence returns to Britain, she becomes an ideological leader and pioneering social reformer, spearheading the modernization of nursing. Hospitals around the world are changed forever.

One hundred and sixty years later, profound change is taking place in the health system. A growing and aging population and the advancing role of technology, among other factors, are converging to ensure that the role of the LPN will continue to transform, and advance.

The LPN profession has branched from its roots in total bedside care to collaborative nursing interactions. Those collaborations are seen across all healthcare settings. The LPN is firmly entrenched as a respected, trusted, critically-thinking member of the healthcare team. Competent - Committed - Care. It’s your tagline. It’s who you are and what you do.

You have a logo that represents a modernization of Florence’s lamp, and the spirit it represents.

You are the people’s nurses. You are men and women. Young, and wise with age. Multicultural. You are hands-on care providers. You are bedside caregivers. You have a unique perspective because you see healthcare through the eyes of the vulnerable. You are healers, who call upon a wellspring of skills. You are inspired and inspiring. Well-educated. Highly skilled. Compassionate.

You continue to carry the torch...that is built from your past toward your compelling horizon line.

This story is derived from a keynote speech delivered by Chris Fields at the 2017 CLPNA AGM & Conference in Calgary in April 2017.
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Using assessment and critical thinking skills, LPNs formulate nursing diagnoses, plan interventions, provide health education, and evaluate responses to treatment in collaboration with patients and other regulated and non-regulated health providers. Employer policy, job description, and role utilization influence the LPN role in each practice setting.

In June 2015, the College of Licensed Practical Nurses of Alberta (CLPNA) released the third edition of the Competency Profile for Licensed Practical Nurses. The Competency Profile identifies base competencies for entry to practice and serves as a tool for LPNs interested in enriching their primary area of responsibility. This article describes the development of the Competency Profile and demonstrates CLPNA’s update and evaluation process.

Competency is defined as the knowledge, skills, behaviours, and attitudes of a professional nurse. The Competency Profile contains three areas of competency: basic, additional, and specialty. Basic competencies define the depth and breadth of knowledge and skill for those entering the LPN profession. Additional competencies are acquired through on-the-job education or certification. Specialty competencies are authorized when LPNs complete advanced education recognized by the CLPNA. These specializations include orthopaedics, foot care, dialysis, immunization, and perioperative.

Since 1947, the LPN role has evolved significantly to meet the changing health needs of Albertans. The CLPNA's Competency Profile outlines the legislated scope of practice for LPNs and provides a foundation for the CLPNA's Continuing Competency Program (CCP). Although the Profile is comprehensive, no one LPN is required to possess all competencies described in the Competency Profile and the degree of proficiency in each competency will vary on an individual basis.

Initially developed and released in 1998, the Competency Profile was revised in 2003 after the proclamation of the profession under the Alberta Health Professions Act (GOA 2017). The Health Professions Act is the provincial legislation that delegates the responsibility of regulation to professional bodies called Colleges. In 2005, the CLPNA changed the educational requirements for licensure from a 52-week certificate to a 68-week diploma program. As a result, LPN competency and role grew rapidly during the next nine years, and the CLPNA began a review and update process that resulted in a third edition of the Competence Profile in 2015.
The revised profile does the following:

- Outlines the knowledge, skills, behaviours, attitudes, and judgments required of an LPN in Alberta as defined in the Health Professions Act (HPA), LPN Profession Regulation (2003), and the Standards of Practice for Licensed Practical Nurses in Canada (2013).

- Defines the scope of practice of LPNs in Alberta and provides a foundation for the CLPNA’s Continuing Competency Program (CCP), a legislated requirement under the Health Professions Act.

- Identifies base competencies for entry to practice and serves as a tool for LPNs interested in changing or advancing within their primary areas of responsibility or scope of practice.

- Provides a framework for practical nurse (PN) education program providers regarding essential curriculum components and guides employers in understanding full scope of practice for role optimization of LPNs in care settings.

- Provides a benchmark for performance management and review, though the profile does not include all potential competencies required of LPNs.

**Review and Update of the Competency Profile**

The review and update was accomplished in eight phases (See Figure 1):

1. **Consultation Sessions**

   In September of 2014, the CLPNA began a province-wide consultative process engaging LPN members and PN educators. Face-to-face consultation sessions were held in Edmonton and Calgary with PN educators. LPN consultations were conducted between October and November 2014 at various locations across the province. The consultative review process resulted in gathering broad and inclusive information on current competencies and identified and verified LPN practice across the province.

2. **Synthesis of Feedback and Gap Analysis**

   The feedback gathered during the consultative phase was compiled, and a comparative gap analysis was conducted. Gaps were defined as areas in existing scopes of practice requiring additional information, education, and research to update the profile.

3. **Targeted surveys and webinars**

   Through consolidation of the data from the LPN and educator sessions, several areas of practice were identified in which additional consultation was required to achieve competency development. Information on these specific areas was gathered through targeted surveys and webinars with LPNs. The 2005 competencies were updated, or new draft competencies were converted into survey questions for each practice area and circulated to the identified members. Also, the CLPNA hosted targeted interactive webinars to further solicit member feedback.

4. **Consultation with Content Experts**

   Consultations with content experts were conducted to enhance areas of competency in the profile to reflect current LPN knowledge, skill, competence, and practice. These experts were selected based on their organizational, academic, and experiential knowledge in areas including palliative care, cardiac nursing, oncology, mental health and addictions, complementary and alternative therapies, community health, and gerontology.
5. Stakeholder Audit and Feedback

Draft competencies of the significantly revised areas of practice were presented to the educators in two additional face-to-face sessions for discussion, and distributed for detailed review. The CLPNA requested critical feedback, and the proposed changes were integrated into the final draft document.

A summary of the information received during the consultative process was presented to employers. The presentation focused on clarification of the new and expanded competencies and the implications for policy changes and sought support for province-wide implementation. Thirteen of the major employer organizations, both public and private, provided feedback. Recognizing the importance of employer organizations in the implementation of the new profile, the CLPNA reviewed and incorporated their feedback into the final draft, as appropriate.

6. Draft Competency Profile

After the consultative process, the CLPNA compiled and analyzed the data to develop the 2015 profile. Upon completion, the LPN Competency Profile, 3rd Edition, was forwarded to the Government of Alberta and received copyright in 2017.

7. Dissemination and Knowledge Translation

The new profile was released to the public in June 2015. A communication plan was developed to roll out the profile updates and changes to LPN scope of practice. A series of member, employer, and educator engagement activities were conducted and are ongoing. Additionally, the updated Competency Profile resulted in changes to the PN base program curriculum.

8. Evaluation and Preparation for Next Update

The CLPNA is working toward an ongoing evaluation process of the Competency Profile, utilizing a plan, do, study, act (PDSA) methodology. The PDSA cycle will provide a structure for an iterative analysis of evolving changes in the interest of improved quality of healthcare delivery and support of the LPN scope of practice. The four stages of the PDSA cycle are as follows:

- **Plan.** Identify change aimed at improvement.
- **Do.** Tests the validity of the proposed change.
- **Study.** Examine the success of the change.
- **Act.** Identify any required adaptations and next steps required to inform a new cycle (NHS, 2008).

Using a continuous evaluation process will ensure that the Competency Profile remains relevant and can be adapted when necessary. This evaluation is based on a 2- to 3-year iteration to ensure the currency of document content.

Conclusion

The LPN Competency Profile, 3rd Edition, reflects the educational preparedness, role, and scope of practice of the Alberta LPN. The profile is intended to be a living document and will evolve with the progression of LPN practice.
When continuing care facilities reduce antipsychotics and sedatives, residents often wake up and look for something to do or somewhere to go. If we want residents to sleep at night instead of during the day and evening, they’ll need activities to stay awake and stimulated. How do we create opportunities for meaningful activities despite limited time and resources?

A 98 year old resident was wheeled to activity time in her care centre: the familiar folding of white facecloths. “I know those rags very well,” she commented to her daughter in German. “I don’t care to fold them anymore.”

Fortunately, creative and meaningful activities don’t always require significant investments of time and energy or expensive equipment — just a little thinking outside the box!

Dementia care specialist Teepa Snow outlines four categories of activity that fill the day and help human beings feel valued, productive and purposeful: work, leisure, self-care and rest/restoration. In this issue, our focus is on work and leisure as meaningful activities.

**Work: Do you ever wish you could win the lottery and not have to go to work?**

As mundane as our everyday chores and jobs can be, they not only fill time, they give purpose. It’s not about money. It’s an opportunity to experience who we are and what we can do. Work is crucial to a sense of well-being and self-esteem.

- A resident who was a custodian before retirement is given jobs such as wiping handrails. She feels less anxious with a daily purpose.
- A care centre sets up work stations where residents assist with removing caps from recyclable bottles, and stuffing envelopes. After a short period of focused activity, they’re ready for a coffee break.
- A retired security guard is asked to watch the medication cart.
- A resident used to knock on every resident’s door in the late evening – she had been a nurse! She now does ‘rounds’ with the health care aide, waiting outside each door while the HCA checks on residents. Once rounds are complete, she can relax and go to bed!
- A former restaurant manager complains about the building, food or workers. “Sir, I’ll check into that!” helps him feel respected and heard.

**Other ideas for meaningful work:**

- Invite them to accompany you while you’re doing your work, and to assist by carrying, holding or pushing a cart
• Assist with care of pets, plants and gardening; arrange flowers for table centrepieces
• Put together or take apart pieces of pipe and joints, L-Caps or T-Caps
• Sweep floors, dust with feather duster, clear tables after meals
• Bake or cook with Recreation Therapy, assist with a bake sale
• Put chairs in a circle for an activity
• Decorate for holidays and special events

Leisure: What do you like to do for fun? How do you recharge after work and activity?

Leisure activities give us joy, reduce stress, enhance mood and boost energy. Leisure activities for persons with dementia can be passive, like listening to favourite music or audiobooks, watching children play, or watching DVDs appropriate for the cognitively impaired.

Leisure activities can be active such as doing an age-appropriate puzzle, interacting with a pet, dancing, exercising, or going for a walk or drive to look at the changing seasons.

Leisure activities can be social opportunities: share a cup of coffee together, and reminisce about children, pets, travel and work.

• Photo albums: Browse and guide discussion about the people and places, memories and experiences.
• Scrapbooks: Make and enjoy scrapbooks by gluing colourful pictures of flowers, animals and textures like fabrics and wallpaper.
• Puzzles/crayons/art supplies: Have these available for easy access at all times.
• Music: Set up iPods and headsets with personalized playlists; find volunteers to lead musical activities.
• Familiar Games: Dominoes, checkers, crokinole.
• Memory Box: Explore a memory box with items that are meaningful to the resident.

REFERENCES:
Teepa Snow, Positive Approach to Brain Change™
Reprinted with permission from the Seniors Health Strategic Clinical Network (SH SCN™). For more resources, check out the Appropriate Use of Antipsychotics (AUA) Toolkit at http://www.albertahealthservices.ca/scns/auatoolkit.aspx.
SH SCN™ also recommends the book 'Creating Moments of Joy' by Jolene Brackey.
The Canadian Institute for Health Information released their 2016 annual report on the supply, employment and demographic trends of Canada’s nursing workforce. Here are a few details comparing Alberta’s LPNs to the larger Canadian picture.

### Employment Status for LPNs

<table>
<thead>
<tr>
<th></th>
<th>Full time</th>
<th>Regular part time</th>
<th>Casual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Canada</td>
<td>50,422 / 48%</td>
<td>40,025 / 38.1%</td>
<td>14,625 / 13.9%</td>
</tr>
<tr>
<td>Alberta</td>
<td>4465 / 38.4%</td>
<td>4871 / 41.9%</td>
<td>2295 / 19.7%</td>
</tr>
</tbody>
</table>

### LPNs by Gender

<table>
<thead>
<tr>
<th></th>
<th>Canada</th>
<th>Alberta</th>
</tr>
</thead>
<tbody>
<tr>
<td>LPNs</td>
<td>105,874 / 90.9%</td>
<td>12,245 / 92.3%</td>
</tr>
</tbody>
</table>

*Alberta LPNs are the youngest in the country on average

### LPNs by Average Age

- **Canada**: 41.2
- **Alberta**: 38.8

### LPN Workforce

- **Canada**: 105,098
- **Alberta**: 11,631

### Employment by Place of Work

- **Hospital**
  - **Canada**: 48,478 / 46.2%
  - **Alberta**: 4882 / 42%
- **Community Health**
  - **Canada**: 14,159 / 13.5%
  - **Alberta**: 3080 / 26.5%
- **Nursing Home / LTC**
  - **Canada**: 33,750 / 32.2%
  - **Alberta**: 3218 / 27.7%
- **Other**
  - **Canada**: 8540 / 8.1%
  - **Alberta**: 451 / 3.9%

### LPNs by Area of Responsibility

- **Admin/Education/Research**
  - **Canada**: 3440 / 3.3%
  - **Alberta**: 677 / 5.8%
- **Direct Care**
  - **Canada**: 101,258 / 96.7%
  - **Alberta**: 10,954 / 94.2%
Are You Soaring Spiritually?

by Kathy Schoonover-Shoffner, PhD, RN, National Director, Nurses Christian Fellowship USA
Editor-in-Chief, Journal of Christian Nursing

Spirituality is a vague concept for many nurses—especially when our primary focus is implementing physical, scientific interventions. As holistic caregivers, we believe nursing care should be for body, mind, and spirit. Our personal spirituality, however, is easy to ignore. Some of us don’t think about our spirituality until we are turned upside down by a life crisis. But over time, even without crisis, if we don’t care for our spirits we will suffer consequences.
Paying attention to personal spirituality is especially important for nurses. Researchers and spiritual care experts have found that offering good spiritual care requires the nurse to attend to his or her own spirituality (makes sense, right?) (Baldacchino, 2011; Taylor, 2009; 2011). Furthermore, we regularly experience spiritual distress in our work, which leads to weariness, depression, compassion fatigue, and burnout. Moreover, being spiritually healthy – *soaring spiritually* – feels better than spiritual malnourishment. In fact, it feels great!

What is spiritual health? Our spirit is the core of our being, a characteristic of all humanity. While our spirit is accessed through our mind, spiritual health is more than mental health. Spirituality involves the ultimate search for meaning and understanding of the sacred or transcendent. It expresses a universal human capacity to transcend ourselves and connect with God, other people, and the world around us. It is through spirituality that we find self-fulfillment, peace, and meaning in life and suffering (Lepherd, 2015). A frequently used assessment of spiritual health is the Spiritual Well-Being Scale (SWBS), a general indicator of perceived well-being and spiritual quality of life, with subscales that assess Religious Well-Being (one’s relationship with God or “higher power”), and Existential Well-Being (one’s sense of life purpose and life satisfaction) (Bufford, Paloutzian, & Ellison, 1991).

What helps nurses’ spirituality? Recently, researchers in Iran found a positive correlation between nurses’ clinical competence and spiritual health, and professional ethics and spiritual health (Tabriz, Orooji, Bikverdi, & Taghiabad, 2017). A U.S. chaplaincy department conducted a randomized controlled study of a spiritual retreat for nurses. Nurses who did the spiritual retreat scored higher at 1 and 6 months on the SWBS and Daily Spiritual Experience Scale than nurses with no retreat (Bay, Ivy, & Terry, 2010). The ancient text of Proverbs in the Tanach (Hebrew Bible) and Christian Holy Bible speak about what makes for spiritual health (kind words, trustworthy words, humility, relationship with God, clean heart), versus a crushed, broken, or weighed down spirit (i.e., Psalm 51; Proverbs 15:4, 16:19-24, 17:22, 18:14, 29:23). Wise King Solomon wrote, “*Keep your heart, for from it flow the springs of life*” (Proverbs 4:23, ESV).

How are you caring for your spirit? Do you engage in spiritual renewal? A renewal experience is doing something you enjoy like a walk in nature or a hobby. I find renewal exercising with friends and playing the piano. For nurses of faith, attending a gathering in your worship tradition can be (should be!) a renewal experience.

Meet regularly with friends who will listen to and support you. Two months ago, I reluctantly joined a small group from my church to share time, meals, and service projects. I expected this to be work. To my surprise, even though I can’t attend regularly, the group is renewing me. This week, a young man shared his struggles with me, and I shared mine. He texted me today saying he was praying for me, and that “your absence is felt and we cherish when you are able to attend.” I felt spiritually connected, that someone of like mind cares for me. *That is spiritual renewal in the struggle of life.*

Below are ideas for spiritual self-care. As we think about balancing body, mind, and spirit during this year’s 2017 National Nurses Week, take time to care for your spirit.

### Ideas to Help Your Spirit Soar

1. Daily quiet time with personal reflection or meditation on spiritual readings.
2. Read enlightening materials—spiritual readings (i.e., Bible) or devotional books.
3. Plan for times of rest and take your mind off work, off problems, and relax (Sabbath). Consider a one-day or longer “guided spiritual retreat” at a retreat center near you.
4. Attend gatherings of your faith tradition.
5. Spend time in prayer, talking with the Mystery many call God.
6. Join a “share group” of people with whom you have a common interest.
7. Do special things you enjoy—go to a greenhouse, art gallery, antique mall, camping or on a picnic, take in a movie with a friend. Be creative!
8. Engage in regular physical exercise (walk/run alone or with a friend, join an exercise group).


10. Engage in spiritual direction with a spiritual director or companion consistent with your beliefs (http://www.sdiworld.org).


References:
Leading by Example — Influenza Immunization

Public influenza immunization clinics open across the province on October 23. All Albertans age six months and older are encouraged to get immunized.

It’s important for healthcare workers to get their influenza vaccine because they can easily be exposed to the virus and then pass it on to their patients. Being immunized can reduce that risk. And when healthcare workers get immunized, they set a good example for their patients, friends and families.

The influenza vaccine is free of charge to Albertans and available at public clinics and pharmacies across the province and at some physicians’ offices. Nurses may also be able to get immunized at their workplaces through occupational health and safety programs.

Vaccination Policy Changes You Need to Know

In Fall 2016, amendments to the Public Health Act were made to address the way vaccines are delivered and provided to Albertans. A new immunization regulation is being developed to outline requirements for all vaccines administered in Alberta.

These requirements include:

1. **Reporting and Recording** — health practitioners who provide immunizations must record and report information about all immunizations given.

2. **Adverse Event Following Immunization Reporting** — any health practitioner who becomes aware of an Adverse Event Following Immunization must report the event.

3. **Cold Chain Management** — persons who handle, transport or store vaccines must follow protocols developed to ensure vaccine safety and effectiveness.

Immunizers will be required to follow vaccine schedules posted by the Chief Medical Officer of Health. Vaccine schedules will specify eligibility for provincially funded vaccines. This will clarify Alberta’s routine vaccination schedule.

For more information, see [www.health.alberta.ca/professionals/immunization-policy.html](http://www.health.alberta.ca/professionals/immunization-policy.html).
The Need for Better Hand Hygiene

Although hand hygiene seems simple, it is a complex cultural change to establish. But it does have the potential to become the cornerstone of a safe, high-quality healthcare system. Preventing harm is worth the effort.

- In Canada, healthcare associated infections (HCAI’s) affect more than 220,000 people every year and kill 8,000 – 12,000.¹
- Hand hygiene, a very simple action, remains the primary means to reduce HCAI’s and the spread of antimicrobial resistant organisms.
- HCAI’s lead to long-term disability, preventable deaths, and additional financial burden on the healthcare system.²
- Compliance by healthcare workers with optimal hand hygiene is considered to be less than 40%.³
- Global research indicates that improvements in hand hygiene activities could potentially reduce HCAI rates by up to 50%!⁴,⁵
- A study in Geneva, Switzerland found that the introduction of alcohol based hand rub increased hand hygiene compliance from 48% to 66% over 5 years, during which time HCAI rates fell by about 40%.⁴
- The World Health Organization (WHO) recommends using an alcohol-based hand rub for routine antisepsis in most clinical situations where hands are not visibly soiled.
- Proper hand hygiene, when demonstrated by leaders, has been shown to positively influence the compliance of others by up to 70%.⁶

1 Zoutman, Dick, MD, FRCP, B. Douglas Ford, MA, Elizabeth Bryce, MD, Marie Gourdeau, MD, Ginette Hébert, RN, Elizabeth Henderson, PhD, and Shirley Paton, MN. Canadian Hospital Epidemiology Committee, Canadian Nosocomial Infection Surveillance Program and Health Canada « The state of infection surveillance and control in Canadian acute care hospitals
2 Backman, Chantal, RN, BScN, MHA “Patient Safety: It’s in your hands!” PowerPoint presentation, slide 15.
5 Patient Safety and Hand Hygiene Matter! – CPSW Week 2006 brochure
6Roth, Virginia, MD, FRCP  “Hands that harm, hands that heal”, November 2006 Powerpoint presentation, slide 33

Reprinted with permission from the Canadian Patient Safety Institute. www.patientsafetyinstitute.ca
CLPNA Member Sara Shaw Wins a Mini Cooper!

We’re giving away 4 more cars this year. Enter today 780-475-0959

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Call for a quote and your chance to win!
780-475-0959
www.armourinsurance.ca/clpna

For details, visit selectswEEPstakes.com and enter group discount code A2507.
resources

CONNECTIONS

Connecting LPNs to other health professionals with your interests in mind.

Alberta Gerontological Nurses Association
www.agna.ca

Alberta Hospice Palliative Care Association
www.ahpca.ca

Alberta Operating Room Team Association – LPN
www.clpna.com/members/aorta-affiliate

Canadian Association of Neonatal Nurses
www.neonatalcann.ca

Canadian Association of Schools of Nursing
www.casn.ca

Canadian Association of Wound Care
www.cawc.net

Canadian Orthopaedic Nurses Association
www.cona-nurse.org

Canadian Hospice Palliative Care Nurses Group
www.chpca.net

Community Health Nurses of Alberta
www.chnalberta.ca

Creative Aging Calgary Society
www.creativeagingcalgary.com

Emergency Nurses’ Interest Group of Alberta
www.nena.ca

LEARNING LINKS

Study with CLPNA
www.studywithclpna.com

ACHIEVE Training Centre
www.achievecentre.com

Advancing Practice
www.advancingpractice.com

Canadian Blended Learning Courses for LPNs
www.jcollinsconsulting.com

Canadian Diabetes Educator Certification Board
www.cdecb.ca

Canadian Virtual Hospice
www.virtualhospice.ca

Critical Trauma Resource Institute (CTRI)
www.ctrinstitute.com

de Souza Institute
www.desouzainstitute.com

John Dossetor Health Ethics Centre
www.ualberta.ca/bioethics

Learning LPN
www.learninglpn.ca

Learning Nurse
learningnurse.org

Reach Training
www.reachtraining.ca

Registered Practical Nurses Association of Ontario
www.rpnao.org/practice-education/e-learning
Re-designing CLPNA’s Home(pages)

When 400,000 people visit every year, you want to change the décor once in a while. Visitors to two of CLPNA’s websites this fall will catch us in a bold venture: to re-design our main website, clpna.com, and our members’ website, myCLPNA.com.

Both websites bring with them a renewed focus, fresh features, and bold design to fulfill the mandate “to regulate and lead the profession in a manner that protects and serves the public through excellence in Practical Nursing”.

**Substance**

This focus on public safety guided the design process for the CLPNA’s main website. As such, the homepage of clpna.com contains more prominent links to information on regulation and nursing practice.

Audience-specific landing pages provide each visitor a more personalized experience. The pages for members, employers and the public were enhanced to link with even more nursing information.

The new responsive layout subtly changes to improve engagement. Improving accessibility to nursing policies and documents, the content is now readable on the smallest smartphones screens to the largest tablets and to everything in-between with a mobile-adaptive design.

**Style**

Florence Nightingale is the Lady of the Lamp, and the swirl of her lamp can be found on every page of clpna.com. It’s embedded in CLPNA’s logo and stylized into the organic shapes separating sections. Branded with royal purple and punctuated with grass green, sky blue, and harvest gold, the colours surround the faces of real licensed practical nurses reflecting the dedication of nursing leadership and the dynamic spirit of Alberta. The style of the members’ website is simpler and pared-down. MyCLPNA.com is focused on getting members’ information for registration, application, and a Jurisprudence Exam in the clearest way possible. Even the multi-step Registration Renewal Application can now be completed using a smartphone or tablet.

The last major update to CLPNA’s main website was completed in 2009.
Registration Renewal begins October 2 for most LPNs seeking an Active Practice Permit for the 2018 calendar year. The delayed start date, which usually begins on October 1, is to accommodate questions arising from two redesigned websites, both CLPNA’s main website, clpna.com, and the member’s login at myCLPNA.com.

Members are asked to renew before the December 1 deadline to receive the lowest registration fee. Completing before November 1 for an Active Practice Permit will enter applicants in a draw for $350.

Members will notice that sleek, new updates have come to myCLPNA.com for this year’s Registration Renewal. The redesigned website include a clean design, a major login change, and, excitingly, the ability use a mobile device. The light, white style is easy on the eyes and simple to navigate. Logging in now only requires a member’s email address and password. (The previous system required a CLPNA registration number.) It’s even more straightforward to request a password reset. Long pages and dropdowns are redesigned to make the site completely mobile friendly for today’s smartphone and tablet users.

Initial notice about Registration Renewal will also be a bit different this year. The Registrar will send a letter by email directly. This will be followed by the usual email reminders.

Members must complete the annual Registration Renewal Application in order to:

- work in Alberta as a Licensed Practical Nurse in 2018 (with an Active registration type)
- change your registration type from Active to a non-practicing Associate
- notify CLPNA you are not renewing for 2018
- receive all regulatory and practice information
- keep registration in good standing

For complete info, go to www.CLPNA.com, “I Am a Member”, “Registration Renewal”.

Don’t get fined; renew on time
Only those with a current CLPNA Practice Permit are authorized to use the title ‘Licensed Practical Nurse’ or ‘LPN’, or work as an LPN in Alberta, states Section 43 of the Health Professions Act. Those holding an Associate membership or without a current permit cannot use the title. Working as an LPN with an expired or invalid Practice Permit is considered unprofessional conduct and violation will subject the individual to disciplinary action, including fines of $500 and up.

Renewing Online
To begin the 2018 Registration Renewal application, login to myCLPNA directly (https://www.myCLPNA.com), or go to www.clpna.com and click on the blue “myCLPNA Login” link located in the upper right corner. Forgot your password? Follow the directions on the website to have it reset.

Before you login
Before beginning your online Registration Renewal process, have the following ready:

- Your email address and password for www.myCLPNA.com
- Nursing practice hours calculated for Jan 1 - Dec 31, 2017
- Continuing Competency Program (CCP) Learning Plan for 2018
- Current employer information
- Payment information
Registration Renewal Fees & Deadlines

2018 REGISTRATION FEES FOR ACTIVE PRACTICE PERMIT

<table>
<thead>
<tr>
<th>Fees Paid</th>
<th>Fees Paid</th>
<th>Fees Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>October 2 - December 1</td>
<td>December 2 - 31</td>
<td>After December 31</td>
</tr>
<tr>
<td>$350</td>
<td>$400</td>
<td>$400</td>
</tr>
</tbody>
</table>

Fees may be paid online by credit card (VISA or MasterCard), or by previous enrollment in our Pre-Authorized Payment Plan (PAP). All fees will change at 12:00am (midnight) on the dates listed. CLPNA Payment Policy: Registration Fees are not pro-rated and are non-refundable. All fees are in Canadian dollars. To pay using a different method, contact CLPNA during business hours before starting the online Registration Renewal Application.

Renewing Registration between Oct 2 - Dec 1
Members are urged to renew before the December 1 deadline for the lowest fees and most support. Renew by November 1, 2017 to be automatically entered into our draw to win $350.

Renewing Registration between Dec 2-31
The Registration Renewal fee rises to $400 for those renewing between December 2-31. Please renew before December 1. Renewal support is only available during CLPNA office hours. The CLPNA will be closed December 25-26, and January 1.

Reinstating Registration after Dec 31
On January 1, the Registration Renewal system will close. Those still wishing to register should go to www.clpna.com, “For Applicants”, “Previously Licensed in Alberta”.

Practice Permits
After completing Registration Renewal, most members will receive immediate access to their Practice Permit & Tax Receipt. Exception: Pre-Authorized Payment Plan (PAP) subscribers will receive access to their Practice Permit in late-November after their final payment is processed for November 2017.

Associate Membership
Members who, for any reason, do not plan to practice as an LPN in Alberta in 2018 but may return to practice in the future are encouraged to renew as an Associate for $50 and continue receiving CARE magazines, practices updates and renewal notices. Associate status does not allow you to work as an LPN.

Members Not Renewing
Members who, for any reason, do not plan to practice as an LPN in Alberta in 2018 and do not plan to return to practice in the future, should provide formal notification to CLPNA on their 2018 Registration Renewal, by changing their desired 2018 registration type to “Inactive”. This will ensure the member’s practice hours for 2017 and Continuing Competency Learning Plan completion are on file. If Registration Renewal is not completed, further reminders and suspension/cancellation notifications will be sent to the member as required by the Health Professions Act.

Proof of Registration on Public Registry
The CLPNA strongly encourages employers who require proof of LPN registration status for 2018 to use CLPNA’s Public Registry at www.clpna.com. The Public Registry shows an LPN’s current and future registration status, specialties and restrictions.

Prepaying 2018 Registration Renewal Fees
The Pre-Authorized Payment Plan (PAP) is a CLPNA payment option that allows members to pay their 2018 Registration Renewal Fee using automatic bank withdrawals of $35/month for 10 months. Go to www.clpna.com, “For Members”, “Registration Renewal”, “Pre-Authorized Payment Plan”.

Questions?
Contact CLPNA at registration@clpna.com, 780-484-8886, or toll-free at 1-800-661-5877 (toll free in Alberta only).

CLPNA HOLIDAY HOURS

<table>
<thead>
<tr>
<th>Regular Office Hours</th>
<th>Mon – Fri, 8:30am – 4:30pm</th>
</tr>
</thead>
<tbody>
<tr>
<td>October 9</td>
<td>CLOSED</td>
</tr>
<tr>
<td>December 25-26</td>
<td>CLOSED</td>
</tr>
<tr>
<td>January 1, 2018</td>
<td>CLOSED</td>
</tr>
</tbody>
</table>

Early Renewal Contest

Complete your 2018 Registration Renewal by November 1 to be entered in our draw and you may win $350. *Prize is equivalent to Active Registration Renewal Fee. To be eligible, members must submit a complete 2017 Registration Renewal for an Active Practice Permit by November 1, 2017. The winner’s name will be publicly announced.
Edmonton, Calgary and Northern Alberta Election Results to CLPNA Council

LPNs voted like never before! More than 2000 ballots were cast in June’s election resulting in one new and three incumbent representatives to CLPNA’s Council for the next term.

The Edmonton area chose a new District Representative in May Mejia, LPN. Calgary’s LPNs voted for a second term for Jean Collins, LPN in a race between four candidates. The remaining two representatives from District 6 (Grande Prairie and area) and District 7 (Fort McMurray and area) were elected by acclamation.

Congratulations were extended by the College of Licensed Practical Nurses of Alberta to the new and returning Council members.

Council Members (l-r): Jean Collins, LPN; May Mejia, LPN; Sara Schmidt, LPN; Joyce Rossiter, LPN.

CLPNA 2017 COUNCIL ELECTION RESULTS

3-Year Term
  •  DISTRICT 2: CALGARY (& area) – Jean Collins, LPN (2nd term)
  •  DISTRICT 4: EDMONTON (& area) – May Mejia, LPN (1st term)

1-Year Term
There was a single nominee for both Districts 6 and 7, which happened to be the current District Representatives. As per CLPNA Bylaws, the Council approved the nominees by acclamation.

  •  DISTRICT 6: NORTH WEST (Grande Prairie & area) – Joyce Rossiter, LPN (2nd term)
  •  DISTRICT 7: NORTH (Fort McMurray & area) – Sara Schmidt, LPN (2nd term)

The different term length are a result of the Council Terms of Office Transition Plan. By 2018, all Districts will be on a staggered schedule of three-year terms.

To learn more about the District Representatives, view their Profile including their nomination video on the Council Members page. LPNs voted in Council Elections from June 14-30. Ballots were emailed to LPNs residing in Election Districts and voting took place online.

The Council is the governing body of the College of Licensed Practical Nurses of Alberta (CLPNA) consisting of Licensed Practical Nurses elected from each of the seven CLPNA Districts, plus the President, and government-appointed public members.
Are You Engaged in Continuing Competence?

Participation in CLPNA’s Continuing Competency Program (CCP) is a mandatory part of every Alberta LPN’s professional nursing practice. Each year as part of Registration Renewal, Licensed Practical Nurses participate in the CCP to maintain eligibility to practice and support their professional development.

The Registration Renewal application process requires LPNs to complete two important components of the Continuing Competency Program:

1. **Confirm** completion of the Learning Plan you developed for 2017.
   - Key Consideration: If you have completed learning that does NOT match your 2017 Learning Plan, you must change your Learning Objective to accurately reflect what WAS completed. Use the drop-down menu on the Registration Renewal application and your Competency Profile for LPNs (3rd Ed.) to select your new Learning Objective.

2. **Develop** a new Learning Plan for 2018 using the following steps:
   - Assess your professional nursing practice through self-reflection. For guidance, use the Self-Assessment Tool available on www.clpna.com, under “For Members”, “Continuing Competency Program”.
   - Create a Learning Plan by selecting a minimum of two learning objectives intended to improve your knowledge, skills, and competence. Use your Competency Profile for LPNs (3rd Ed.) to assist you with this step.

The Continuing Competency Program supports LPNs to be engaged in competent, ethical and safe nursing practice. The program is self-directed and focuses on individual learning goals throughout one’s nursing career. Through annual participation in the program, LPNs maintain knowledge and enhance skills and attitudes through professional development. Although everyone participates in the same program, nurses develop an individual set of competencies, depending on their role and responsibilities in practice.

Questions? More information about the Continuing Competency Program can be found at www.clpna.com, “For Members”, “Continuing Competency Program”. Or contact a Professional Development Consultant at profdev@clpna.com, 780-484-8886, or 1-800-661-5877 (toll free in Alberta).
The operations room

Developing the LPN Profession in China
What Possibilities!

Imagine a country with a land mass slightly less than Canada and a population 38 times larger. This is China, which has 1.388 billion people compared to 36.6 million in Canada. Like other countries, China struggles with a rapidly aging society, but has its own complexity due to policy decisions of the past.

In an article published in the National Geographic, Clarke (2015) speaks to the impact the one child policy has had on China. China’s population by 2030 will include 219 million citizens over the age of 65, and one quarter of the population will be over 65 by 2050. Also imagine the majority of healthcare historically provided by physicians, with nurses at diploma and degree level only recently becoming a slightly larger percentage of care providers.

These facts are some of the reasons the Guanghua International Nursing Alliance (GIEA) has been formed in China. Building collaborations with other countries, GIEA is working to construct collaborative teaching and training opportunities; internationalize nursing specialty; create mutual recognition credit; integrate employment and education; develop teaching staff and promote research cooperation between the alliance colleges and universities in China and countries abroad. The GIEA has made several trips to Alberta to examine the health system, teaching and learning strategies in nursing and self-regulation of the LPN profession. One goal of the GIEA is to collaborate internationally in preparation for the development of an ‘LPN like’ profession in China.

Dino Roppo, Manager International Education and Intergovernmental Co-ordination with Advanced Education, states, “This is an exciting opportunity to situate Alberta as a priority partner within this quickly developing Chinese interest in the delivery of and application of practical nursing and will allow for further collaboration, mutually beneficial outcomes, as well as potential economic, trade and investment opportunities for Alberta business.”

The GIEA has investigated LPN base education curriculum, standards of practice, code of ethics, competencies, certifications and specializations.

In July, a CLPNA team working through an interpreter with a delegation from GIEA, provided a series of presentations on the LPN and self-regulation. CLPNA
collaborated with Alberta Health Services (AHS) to arrange tours of sites where LPNs practice. The goal of these tours was to provide a glimpse of healthcare facilities in Alberta and to witness the LPN role within the interdisciplinary team. Staff from the University of Alberta Hospital, Westview Health Centre and the Glenrose Rehabilitation Hospital were featured, showcasing state of the art technology, patient centered care and interprofessional collaborative practice in action. These visits highlighted LPN competencies and the dynamic roles of the LPN.

GIEA delegates were particularly interested in understanding how Alberta manages home visits and rehabilitation care, as well as the level of complexity involved in the LPN role. CLPNA sends 'Thanks' to all participants who took part in the tours, and a special thank you to the AHS team for arranging the tours.

CLPNA is excited about this collaboration as China examines the potential for developing their diploma nurse to a practical nurse level. Linda Stanger, CLPNA CEO, states, “This is a great opportunity for CLPNA and China to share and learn from each other. Collaborative efforts can bring such strength and promise to nursing practice and have great influence on the patient experience.”

This collaborative presents an extraordinary opportunity for Licensed Practical Nursing to be modelled and for LPNs to contribute to quality care at an international level. Stay tuned for more updates as this project continues.

REFERENCE
Di did you know that the way you speak – your tone, accent, word choices and sentence structure all tell people something about you? Did you also know that some research studies have found that colleagues and clients make judgements about health providers with poor language skills? They deemed them less intelligent or less educated. (Moceri, 2014; Horani, 1995). Socio-culturally, research also shows that health care colleagues with limited language and medical language skills or heavy accents tend to be misunderstood by peers and will voluntarily isolate alone or with same-language groups for comfort. This again can lead to othering and stigmatization by those with better language skills (Kawi and Xu, 2009). In health care, proficiency in medical language is just as important in communicating who we are as are uniforms or titles and credentials on an employee identification card.

Did you know there is a difference between Medical Language and Medical Terminology? Think of Medical Language as the language of our work. This includes how we speak to each other as colleagues and members of the interprofessional care team. It includes our very own health care jargon, too. For example, in Canada we use terms such as crash cart, Foley and Semi-Fowler’s. These are terms not easily found in an English dictionary! They are, however in our medical dictionaries. Medical Terminology is an incredibly important part of Medical Language. Even so, it’s a vocabulary of words and learning Medical Language helps LPNs know how to use those words, in all of their forms.

At work, there are expectations everyone is using a common, career-specific language. Borderline or poor medical language proficiency (including knowledge of medical terminology) can be a factor in adverse events and errors in care (Hull, 2016, 2013(a); 2013(b), 2010; Arumugam and Kaur, 2011; Xu et al., 2010; Horani, 1995). Evidence has shown that when care teams are made up of staff with mixed language skills, the possibility of these and other misunderstandings is certainly possible (Hull, 2016; Siemsen et al., 2012; Robinson et al., 2010; Divi et al., 2007). For example, there might be miscommunication in identifying signs and symptoms accurately. Imagine the difference in reporting a patient is bleeding profusely versus bleeding a lot or even hemorrhaging. Or there might be misunderstanding in taking orders over the phone. Word accuracy and specificity are so important to patient care!

Perhaps you have self-appraised or feel self-conscious about your career-specific language abilities? The CLPNA is here to help! To promote and support proficiency, CLPNA is offering a new online course: Medical Language and Terminology Self-Study Course.

This interesting, exciting self-study, self-paced course is open to all LPNs and candidates. LPNs will find this course immensely helpful and interesting. It’s full of authentic case studies and important information about practical nursing in Canada. There are lots of audio exercises, self-quizzes and a variety of learning activities. And LPNs will be pleased to know this full course is recognized as Continuing Competency. A certificate is available as well. Check out the Medical Language and Terminology Self-Study Course at www.StudywithCLPNA.com.

References available upon request. Contact care@clpna.com.
I pledge to...

#ChangeDayAB

Make your health-related pledge to commit to change in Alberta.

“I pledge to ask my patients, “What matters to you most?” — Someone awesome!

It’s fun, it’s free - and the smallest change can make a big difference!

“I pledge to organize a potluck once a month with my team at work.” — An amazing co worker!

So invite your friends, family and coworkers to be part of Change Day this year!

One thing. Anything. It begins with you.

HOW DO I PARTICIPATE?

STEP 1 : Make a pledge using the template provided above.

STEP 2 : Take a photo with your pledge. Don’t be shy!

STEP 3 : Register your pledge at CHANGEDAYAB.CA

STEP 4 : Tell your colleagues and share share share!

Pledges being accepted now!

NOVEMBER 17th : Campaign celebration!
How to Address Unprofessional Conduct of Co-workers

Licensed practical nurses play an integral role in the healthcare system in Alberta, and LPNs are obligated to deliver safe, competent, and ethical nursing care. The mandate of the College of Licensed Practical Nurses of Alberta is to serve and protect the public. To accomplish this, LPNs must adhere to the Standards of Practice and Code of Ethics; this is their professional responsibility.

These standards are reasonable expectations placed on LPNs by CLPNA and by the profession to ensure LPNs provide the type of care that satisfies and protects the public interest. There are times when you may witness a fellow LPN’s practice or behaviour that is below the standards expected, which may affect patient safety or may place the patient at potential risk of harm. Inadequate practices or poor behaviour will also affect the integrity of the profession.

Recently, the Complaints Department has been receiving inquiries about the need of reporting a fellow LPN when there are concerns about their conduct. How do you deal with situations when you are aware of an LPN’s poor nursing practices or their unprofessional behaviour on your unit? For some, it may be easier to ignore the conduct, which may help avoid gossip or conflict, but is not the right choice when it comes to unsafe and/or unethical nursing practices. Although it is difficult to report a co-worker or friend, there is an obligation for you to put your concerns into the proper perspective and report if the situation warrants it, as you are the advocate for patients.

Taking the necessary steps for the protection of the public becomes vital. It is your professional, ethical, and legal duty to report a situation involving an LPN’s practice or behaviour for the protection of the public - the mandate of CLPNA. You are required to report a concern to the appropriate authority. This may be to your employer, CLPNA, the police, or other external agencies such as Protection for Persons In Care (PPIC). Take the time and review CLPNA’s Interpretive Document, Duty to Report, to enhance your understanding and obligations as an LPN.

If you are reporting your concerns of an LPN breaching the Standards of Practice and Code of Ethics of the profession to CLPNA, you must submit a letter which is signed and dated. Be assured, CLPNA takes all concerns seriously.
To address your concerns of unprofessional behaviour and incompetent nursing practices, Conduct proceedings will commence. The Complaints Department does its due diligence by investigating, analyzing, and resolving your concerns as set out in the Health Professions Act, Part IV. These proceedings ensure CLPNA is protecting the public from unsafe nursing or unprofessional behaviour, and instilling public confidence in our profession.

For further information on the process of submitting your concerns, refer to CLPNA’s website, www.clpna.com, and search for ‘Complaints’. Or contact a Complaints Consultant at 780-484-8886 or 1-800-661-5877 (toll free in Alberta).

Fredrickson-McGregor
EDUCATION FOUNDATION
For LPNs

LPNs Supporting LPN Education
Needs Volunteers

Are you passionate about LPN education? Are you creative about fundraising? Why not combine your interests and help raise funds for LPN education grants?

If so, the Fredrickson-McGregor Education Foundation for LPNs needs you! Consider joining the Foundation's Board of LPNs from all over Alberta. There are opportunities for one and two year terms. Complete details at http://foundation.clpna.com.

Please send your resume with cover letter to Donna Doerr, Foundation Assistant at ddoerr@clpna.com, or contact 780-484-8886 for info.
CHALLENGES are what makes LIFE INTERESTING; OVERCOMING them is what makes LIFE MEANINGFUL

- Joshua J. Marine -
SARAH ALLEN BENTON, MS, LMHC, LPC

High-Functioning Alcoholic Narrative
• Personal Story of Alcoholism and Recovery as Case Study
• Active Addiction and Recovery: First Person Journal Entries

Understanding & Treating High-Functioning Alcoholics & Addicts
• Unique Characteristics & Treatment Challenges of High-Functioning Alcoholics/Addicts
• DSM-IV-TR vs DSM-5 Diagnostic Criteria
• Challenges in Diagnosing and Treating Young Adult Clients
• Treatment Strategies for Working with a High-Functioning Population

Shame as a Barrier to Addiction Treatment
• Research about Addiction Treatment and Shame
• Impact of “Stereotype” on Identification with Alcoholism and Addiction
• The Anonymous People: A Movement Towards Recovery Pride

Non-Traditional Addiction Treatment Modalities
• Levels of Addiction Treatment Care
• Various Treatment Options, Availability and Relevance

Effective 12-Step Integration for Dual Diagnosis Treatment
• Evidence-Based Integrated Dual Diagnosis Treatment Approaches
• Benefits and Challenges of Dual Diagnosis Clients Utilizing 12-Step Programs
• Navigating 12-Step Programs and Literature
• 12-Step and Clinical Models Concepts and Language

$179.99 + $9.95 GST = $187.95 Early Rate (on or before October 16, 2017)
$189.99 + $9.45 GST = $198.65 Middle Rate (on or before November 14, 2017)
$199.99 + $9.95 GST = $209.65 Regular Rate (after November 14, 2017)

Infectious Diseases Update
Shampoos, Tattoos, and Barbeques: What’s New in the World of Infectious Disease?

Immunizations And Vaccines: The “Need To Know” Info
• Pediatric & Adult Immunizations, Herd Immunity, Pertussis
• Tdap, Zostavax, HPV Vaccines
• Meningococcal Vaccine

Global Warming, Global Travel, & The Patient With Travel History
• The Implications of Migration of Mosquitoes Away From The Equator
• Infectious Diseases and Airplanes – What’s The Risk?
• Transportation of Food Across Borders - Is There a Problem?

Major Food-borne Illnesses & Their Sources; Treatment
• The Dreaded E. Coli O157:H7; Salmonella
• Campylobacter Jejuni; Listeria Monocytogenes

The Perils Of Antibiotic Misuse, Overuse, & Abuse
• Increasingly Dangerous Drug Resistant Bacteria, MRSA, CRE, VRE
• Mutations Of Bacteria - the Difficult C. Difficile, Antimicrobial Stewardship

Infectious Disease Trends Throughout the World that Show Up in Your Patient Population
• The Role of Sexual Transmission in Infections
• HIV Infection; HPV Infection
• Hepatitis Infections; Syphilis & Others

Will I Know It When I See It? The Presentation, Pathophysiology And Rx of Specific Infectious Diseases
• Zika: Worse Than We Thought & What You Need to Know
• Avian Flu, MERS, SARS

Fido, Boots, & Rex: The Risk Of Infectious Illness From Pets
• Exotic Pets; Dogs from Puppy Mills; Pocket Pets; Reptiles; Bites

Alcohol and Substance Use Disorders have recently increased in prevalence leading addiction specialists to focus on learning about and developing relevant treatment modalities. However, it is important to consider the level of functioning of the client, existence of shame and to tailor treatment appropriately. Connecting with individual narratives has been an important part of the history of addiction recovery and also useful for those working with alcoholics and addicts. Almost two-thirds of clients with addiction also have a co-occurring mental health disorder and 12-Step programs are the most commonly utilized self-help groups. Therefore, it is imperative that these clients are effectively guided in the integration process of the clinical and 12 Step models. During this one-day workshop both challenges and treatment strategies will be discussed with case examples and a video segment.

WHO SHOULD ATTEND?
• Mental Health & Addictions Nurses, Psychologists, Psychiatrists
• Therapists, Addiction Counsellors, Social Workers
• Selected Staff in: Harm Reduction, Group Homes, Family Social Service Agencies, Family Violence Programs
• Occupational Therapists, Occupational Health Nurses

Sarah Allen Benton, MS, LMHC, LPC is a Licensed Mental Health Counselor and Co-Owner of Benton Behavioral Health Consulting, LLC. She is currently the Director of Clinical Services at Aware Recovery Care home-based addiction treatment in North Haven, CT and Clinical Consultant for The Strawmahan House transitional sober living for men in Boston, MA. She worked previously as an outpatient therapist specializing in addiction treatment at Insigh Counseling in Ridgefield, CT; Turnbridge young adult male addiction treatment in New Haven, CT; and at McLean Hospital at McLean Brook transitional living program for dual diagnosis in Belmont, MA. She is author of the book, “Understanding The High-Functioning Alcoholic” and has been featured frequently in the media including the NY Times and has appeared on The Oprah Winfrey Show, The Today Show, The CBS Early Show, NPR and is a blogger for PsychologyToday.com. She has been in long-term recovery since 2004.

BARB BANCROFT, RN, MSN, PNP

** Updated With New Content! **

Few areas in healthcare are changing as rapidly as infectious diseases. This one day seminar provides an up-to-the minute update on current issues in infectious diseases. Major infectious disease trends will be reviewed, including: global warming and travel, antibiotic resistance, food-borne illnesses, infectious agents and their relationship to acute and chronic disease. New vaccines, new diseases, and new drugs will also be reviewed. A seminar you don’t want to miss for both your patients and your own benefit!

WHO SHOULD ATTEND?
• RNs, RPNs, LPNs; All Front Line Nursing Staff
• Infection Control, Public & Occupational Health Nurses
• Educators, Managers, NPs, & Telehealth Nurses

Barb Bancroft is a widely acclaimed nursing teacher who has taught courses on Advanced Pathophysiology, Pharmacology, and Physical Assessment to both graduate and undergraduate students. Also certified as a Pediatric Nurse Practitioner, she has held faculty positions at the University of Virginia, the University of Arkansas, Loyola University of Chicago, and St. Xavier University of Chicago. Barb is known for her extensive knowledge of pathophysiology and as one of the most dynamic nursing speakers in North America today. Delivering her material with equal parts of evidence based presentation, clinical application, and humour, she has taught numerous seminars on clinical and health maintenance topics to healthcare professionals, including the Association for Practitioners for Infection Control, The Emergency Nurses’ Association, the American Academy of Nurse Practitioners, and more.

$169.96 + $8.45 GST = $177.45 Early Rate (on or before October 23, 2017)
$179.96 + $9.95 GST = $189.65 Middle Rate (on or before November 20, 2017)
$189.96 + $9.45 GST = $199.65 Regular Rate (after November 20, 2017)