The Therapeutic Use of Medical Cannabis

MARY LYNN (ML) MATHRE, RN, MSN, CARN

Historical Overview of Medical Cannabis
• From Ancient Records to Use in 1999
• The Marijuana Prohibitions: Current Situation

Cannabis the Plant
• General Description and Varieties; Cannabinoids; Terpenes & Flavonoids

Discovery of the Endocannabinoid System (ECS)
• Major Components of the ECS; Function of the ECS

Safety & Pharmacology of Cannabis
• Toxicity; Metabolism
• Potential Risks: Pulmonary, Addiction, Cognition, Pregnancy, Prohibition
• Whole Plant vs. Cannabinoids

Indications for Use
• Range of Therapeutic Effects from Infants to End of Life
• Endocannabinoid Deficiency; Nutrition and Health Maintenance

Dosage & Methods of Administration
• Dosage
• Smoking & Vaporization; Extracts – Oils & Tinctures
• Pills or Capsules; Topicals; Edibles
• Fresh Raw Products

Nursing Implications
• Patient Advocate
• Cannabis & Opioids; Cannabis and Poly-pharmacy
• Roadblocks & Barriers; Patient Education
• The Nurse at Patient

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$189.95 + $9.45 GST = $199.45 Regular Rate (after January 15, 2018)

Diabetes Update!

With BARB BANCROFT, RN, MSN, PNP

The Differences Between Various Types of Diabetess:
• Type 1, Type 2, Gestational & Secondary
• Risk factors associated with each
• Pathophysiology associated with each
• Clinical manifestations associated with each

Long-Term Health Implications of Each Type of Diabetes
• Complications of Type 1 Diabetes—Microvascular Disease
• Complications of Type 2 Diabetes—Macrovascular Disease
• Complications of Gestational Diabetes—What is the Risk of Developing Type 2 Diabetes? Implications for the Fetus
• Long term complications of Secondary Diabetes

Controlling Blood Sugar for each Type of Diabetes
• Exercise, Diet, Weight Loss in Type 2 Diabetes
• Types of Insulin Regimens: Types of Oral Hypoglycemic Drugs
• Drugs Classified as Insulin, Sensitzers
• Control of Diabetes During Pregnancy

Prevention and Treatment of the Long-Term Complications of each Type of Diabetes
• Nephropathy in Type 1 and Type 2 Diabetes
• Coronary Artery Disease in Type 1 and Type 2 Diabetes
• Neuropathy in Type 1 and Type 2 Diabetes
• Retinopathy in Type 1 and Type 2 Diabetes

Discuss the Various Tests used to Follow All Types of Diabetess
• Serum glucose monitoring; Hemoglobin AIC
• Urinary Albumin; Microalbuminuria
• Lipid profiles
• Neurological testing for neuropathy
• Yearly eye exams

Health Canada has recently revised the laws around the Therapeutic Use of Medical Cannabis. Since then, there has been an uptick in both the numbers of prescriptions for medical cannabis for a variety of medical conditions and the numbers of patients already taking medical cannabis arriving into care settings. This has been a challenge for nurses who have had little or no education about cannabis in their nursing programs. This workshop aims to provide a comprehensive review of medical cannabis and offer a valuable stepping stone to nurses in the need for knowledge to provide care of the patient using medical cannabis. In this one day workshop, we will review the history and current therapeutic uses of medical cannabis, the endocannabinoid system in the body, the safety and pharmacology of cannabis, toxicity, potential risks, indications for use, the range of therapeutic effects, dosage and methods of administration, and nursing implications.

Who Should Attend?
• Nurses in All Areas, especially: Medical-Surgical & Pain Settings
• Nurses in Oncology & Palliative Settings; Geriatric Settings
• Nurses in Primary Care, Mental Health, Maternal Child & Pediatrics
• Nurse Practitioners, Managers, Educators, Pharmacists, Dieticians

Mary Lynn (ML) Mathre, RN, MSN, CARN has more than 40 years of experience as a nurse and has specialized in addictions nursing since 1997 and cannabis education since 1996. Ms. Mathre is a co-founder and President of Patients Out of Time (inc. 1995) 42 non-profit organization devoted to educating health care professionals and the public about the therapeutic uses of cannabis (www.medicalcannabis.com). She is the editor of Cannabis in Medical Practice: A Legal, Historical and Pharmacological Overview of the Therapeutic Use of Marijuana (1997) and co-editor of Women and Cannabis: Medicine, Science and Sociology (2002). Ms. Mathre has authored several chapters and numerous peer-reviewed articles on the topic of medical cannabis; and written resolutions for several organizations in support of patient access to medical marijuana, including the Virginia Nurses Society on Addictions, the Virginia Nurses Association, the National Nurses Society on Addictions, and the American Public Health Association. She has served on the planning committee for Patients Out of Time’s accredited biennial National Clinical Conference on Cannabis Therapeutics series since it began in 2000, now an annual event since 2015. Ms. Mathre is also a founding member and Past President of the American Cannabis Nurses Association (www.cannabisnurse.org).

With Barb Bancroft, 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 b.r. extensive knowledge of pathophysiology and as one of the most dynamic nursing spears in North America today. Delivering her material with equal parts of evidence based practise, 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 Nursing’s Association, the American Academy of Nurse Practitioners, and more.

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<table>
<thead>
<tr>
<th>Page</th>
<th>Contents</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>From the College</td>
</tr>
</tbody>
</table>
| 6    | Reduce Your Risk of a Fall  
Strategies older adults can use to  
protect themselves. |
| 8    | COVER STORY  
Better Together  
Nurses in the CLPNA Mentorship program  
share their experiences together for support,  
growth and to ‘create new possibilities’. |
| 13   | All Nurses are Leaders |
| 14   | TECHNOLOGY  
DR. GADGET:  
Made-in-Alberta Consumer Health Websites |
| 16   | Empowered Professionalism  
in Practical Nursing  
Attributes, Barriers, and Possibilities |
| 19   | NEWS  
Training for Mental Health  
First Aid for Seniors |
| 20   | 2018 CLPNA AGM & Conference |
| 22   | Why Cancer Survivors Need  
to Move More  
Building an Alberta Exercise Program |
| 27   | The Operations Room  
News for CLPNA members |
Over the last decade we have spoken of change in literally every issue of CARE.

Invaluable technologies like the internet and smartphones top the list when thinking of significant change that has affected our lives. And just as these technologies have disrupted and changed our normal life, so too will other disruptive technologies impact our ways of doing and being.

This year’s Think Tank focused on technology and innovation, and some of the most profound learning was related to the future of autonomous vehicles. Although the connection between autonomous vehicles and nursing for most of us isn’t immediate, it is certain that this advancement will impact every industry and all people including how nurses live and how we work.

The more responsive and adaptable driverless car is expected to result in less trauma from motor vehicle accidents. These increased safety factors mean a definite impact on ER visits and follow-up therapies. Think about our aging population, our youth and the disabled who cannot currently drive. With access to autonomous vehicles, mobility and independence will be increased significantly, allowing people to manage living in their own homes more effectively.

Increasingly, care will be delivered in the community. Consider this: driverless diagnostic pods called to your home to remotely perform assessment and testing, providing remote connection with a professional for diagnosis, an immediately dispensed prescription, and ongoing monitoring or follow up over the next several months. The nurse caring for these patients remotely will have well-developed critical thinking, excellent nursing knowledge, be comfortable and adept with technology, and be able to convey empathy and caring remotely. This is one small example of how things are expected to change.

The autonomous car has been tested in Edmonton for some time now, driving the Anthony Henday along with the rest of us, relatively unnoticed. It is predicted that by 2026, a mere nine years away, driver-owned combustion vehicles will no longer be readily available. Automated, connected and electric vehicles will become mainstream transportation and ownership of vehicles will transition to leasing or hiring services when needed. The cost of purchasing or maintaining your own vehicle will disappear and be replaced with a one-touch driving service at your door at any hour. Think of the possibilities!

Autonomous vehicles will bring more than just a new way of transportation to the world. They will bring about major societal change which most assuredly will impact us and test our resilience. The autonomous vehicle is only one of many innovations we read about daily. They are coming…and coming fast.

We encourage each of you to engage in learning about new technologies. Be curious. Consider the implication on health and healthcare and how your role may change. Understanding and anticipating is half the work in honoring our responsibility to be prepared, and resilience is key to navigating this rapidly approaching and very different future.

Valerie Paice, President and Linda Stanger, CEO
Recognize a Shining Star by nominating them for an Award of Excellence in the following categories:

Given to an LPN for consistently demonstrating excellence in leadership, advocacy, communication and passion for the profession.

*Pat Fredrickson Excellence in Leadership Award*

*Laura Crawford Excellence in Nursing Practice Award*

Given to an LPN nursing educator or a designated preceptor in a clinical setting who consistently demonstrates excellence in providing education in the workplace.

*Rita McGregor Excellence in Nursing Education Award*

*Interprofessional Development Award*

Given to an LPN who displays exemplary nursing knowledge, promotes an atmosphere of teamwork, mentors team members, and shows pride in the profession.

Winners will receive a $1000 cash prize and will be honoured at the Awards Dinner at the CLPNA’s 2018 AGM & Conference in Edmonton, Alberta on May 10, 2018.

Nominations open until February 16, 2018

NOMINATION FORMS

from www.clpna.com, foundation@clpna.com, 780-484-8886

Winners are chosen by the selections committee of the Fredrickson-McGregor Education Foundation for LPNs.

Only complete nomination applications will be considered.
Falls are the leading cause of injury in Alberta seniors. The good news is that there are steps that seniors can take to prevent falls.

“One in three Alberta seniors will fall every year,” said Dr. Kathy Belton, Associate Director of the Injury Prevention Centre. “With the support of healthcare providers and programs like Finding Balance, we can show seniors that there are proven ways they can reduce their risk of falling and stay active in their communities.”

KEEP ACTIVE

Seniors should try to do 30 minutes of moderate to vigorous intensity physical activity five days a week. Activities like tai chi, dancing and cross-country skiing are lots of fun, and great ways to strengthen arm and leg muscles!

Seniors should do activities that focus on four key areas:

- Balance: exercises in a standing position or tai chi;
- Strength: wall push-ups, stair climbing or exercises with weights or bands;
- Endurance: walking, dancing, cycling or cross-country skiing;
- Flexibility: stretching, yoga or tai chi.

CHECK YOUR VISION

Seniors may notice changes in their vision. What sort of changes should seniors be looking out for? Eyes might take longer to adjust to changes in light. It may become harder to identify objects. Judging the distance between objects may become difficult, especially at night, and conditions like cataracts, glaucoma or macular degenerations may develop.

What can seniors do?

- Visit the eye doctor yearly for an eye exam. Alberta Health Care covers the cost of eye exams for adults 65 and older.
- Keep rooms well lit.
- Use a nightlight with a motion sensor in the hallways and bathroom.
- Wear sunglasses, year round – winter time, too!

REVIEW YOUR MEDICATIONS

Some over-the-counter medications, vitamins and herbal supplements may increase the risk of falling.
Seniors should visit their doctor or pharmacist yearly, or when medications change to reduce their risk of a fall.

Here are some important questions to ask the doctor or pharmacist:

1. What is the medication used for?
2. Will it cause dizziness or drowsiness as a side effect?
3. Will it cause blurred or double vision?
4. What should I do if I have side effects?
5. What should I do if I miss a dose?
6. Should I avoid alcohol, or other foods and beverages?

“Falls are not a normal part of aging,” said Dr. Belton, “Together we can motivate seniors to take action to prevent falls and enjoy getting older, injury-free.”

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.

Mental Health Recovery Practitioner

This 8-month post-diploma certificate builds upon your previous training and experience in the health and human services field.

Learn about the effects of health and social systems on services to individuals with mental health issues, and explore how mental illness affects family dynamics.

A 4-month practicum is included!

Start in January
Apply today
norquest.ca/mhrp

www.findingbalancealberta.ca
We are in constant movement. We tip in a direction. Circumstances change. We tilt again in a different direction.

In rare moments our directions come to rest. We balance in beautiful perfection. A mentor/mentee relationship is like this, where shared experiences become a sum greater than the parts.
Imagine picking up your nursing life in Iran and transporting it 10,000 km to Canada. You have to get comfortable with the uncomfortable. The only known is the unknown.

You re-train to nurse in Canada. Now a graduate, you have no professional support network to help make the connections you need to find a job. Then there’s the broader mountain to climb around a new work culture, and social adaptation.

For Mina Dehghany, the CLPNA Mentorship Program has opened doors – literally – to a new future. “I didn’t have a network and I didn’t know how the process of finding a job worked in Alberta.” Mina says, as she describes being a new graduate from Bow Valley College who needed help. “I also wanted to explore an area of nursing – dialysis – that I have a long-term career interest in.”

Enter Kristina Maidment, LPN, a self-described ‘warm blankets person’ she says with a laugh, as she refers to how she is known to her patients in her effort to bring comfort. Kristina had heard about the emerging Mentorship Program at a CLPNA conference. Subsequently invited to an initial CLPNA workshop to introduce the program, Kristina was determined to be first out of the gate in wanting to be a mentor.

“I know how tough it is to get into a stable nursing career,” Kristina says. “I wanted to help someone
else be successful. I had a range of experiences and wanted to share them.”

One can think of mentorship as being like a see-saw. Mentorship first needs two equal participants. One has a need. The other has something to offer.

Kristina describes the pairing process for a mentor/mentee relationship as a matchmaking process. “I had six potential candidates,” she says. “Mina stood out for me because of our mutual interest in dialysis,” Kristina adds as she notes her many years of experience as a renal nurse and her desire to help Mina reach her career goals.

Any new relationship will always be tentative compared to where they migrate to. For Mina and Kristina, first email exchanges evolved to text messages, then face to face get togethers in coffee shops.

First task: solve Mina’s employment challenge. As Mina notes, Kristina was very helpful with resume writing pointers, then a push to have Mina knock on the doors of supervisors at each of the Children’s and Foothills hospitals where Mina was volunteering, with a resume in hand to ensure that she was more than just a name in a computer. An interview with Foothills came along. “Team Maidment-Dehghany” then got to work on interview preparation.

Success! After 10 months of looking, in May, 2017 Mina was hired into Foothills Unit 62 (Medical).

The mentor/mentee relationship has evolved. As Mina entered the workforce, she appreciated the ability to send a text here and there to ask Kristina for some advice about clinical and relationship aspects of the job she was encountering.

“That I had a sounding board and a confidante was really re-assuring,” Mina says, as she notes that there’s lots of pressure as a new nurse and it’s nice to have an off-site advisor on the other end of a quick text message. “You are not alone,” Mina states. “That’s the feeling I get from Kristina.”

Then there’s the additional conversations about how to open doors to realize Mina’s desire to be a renal nurse, including Kristina bringing dialysis training materials for her to read. Kristina has had conversations with Mina about talking to Kristina’s manager about any renal positions that might become available, and advised on courses in immunization and IV therapy to highlight when applying. Mina says...
Can I accelerate an ability to learn and grow while bringing some peace of mind to the journey? That’s what a mentor can bring to the table for someone.

Kristina keeps telling her “Just keep applying. It will pay off.”

Pathways enabled. Doors opening…

“Kristina is just so motivational,” Mina says. “She gives the best advice. Her messages always come from the heart, like sunshine in the day. How helpful it is to always have someone in your corner with ‘you can do it’ messages.”

“For me, the mentorship relationship asks that I do my part to achieve ‘better faster’,” Kristina notes. “Can I accelerate an ability to learn and grow while bringing some peace of mind to the journey? That’s what a mentor can bring to the table for someone.”

Who can be a mentor? Who should consider being a mentee? Kristina says “anyone.” “If you are willing to open up your life a bit to new experiences, the mentorship program can benefit you on your path of professional and personal growth.”

Kristina and Mina agree on three key mentor characteristics that work well: listening, and to be non-judgemental, and to consider the relationship a relationship of equals. Mina describes the benefits to her as a mentee: motivation, sense of optimism, ability to persist, and increased knowledge and understanding.

Kristina notes that the mentor/mentee relationship benefits from not being located in the same workplace, so as to avoid any biases that might come from direct context. “Ultimately what matters is what’s in the heart,” Kristina says. “The important point is that you just have to make it about someone else, not you.” Kristina adds, and she notes that the mentor has to be purposeful in focusing on the mentee’s issues and goals.

On the matter of commitment of time and energy – which those who consider serving as a mentor or participating as a mentee might worry about, Kristina is quick to say that it doesn’t take a lot of time to make a big difference in someone’s life. Both Mina and Kristina say it’s important to respect each other as equals and have professional etiquette. “We respect the fact that we are both busy,” Mina says. “We don’t want to wear out the relationship, and so we are careful to avoid being intrusive while still getting value out of the relationship.” Kristina adds that there’s a confidence that one can own as a mentee in knowing that a mentor is always there in spirit if not in direct contact. That kind of benefit of spirit might remind one of Star Wars, where Luke carries Yoda’s wisdom…and “the force” as a motivator to trust in self and instinct, and to reach with ambition.

This said, the relationship has deepened. “We are good friends now,” Kristina says. “You don’t quit friendship,” Mina adds.

Kristina was brought to tears at this year’s CLPNA conference, surprised to see a quote from Mina about how thankful she is for Kristina up on the conference screen. “I have felt like I could have done more, but it’s so special to know you have helped,” Kristina observes.

One might think that the mentor/mentee relationship has a single direction, where the “student”...
absorbs learnings from the “teacher.” Kristina and Mina are quick to tell you that it’s more layered – and better – than that. There is reciprocity in the relationship. The process of working to improve trajectory for someone else changes you as a mentor for the better. You get back a sum that is greater than what is given. Both sides of the relationship grow. The see-saw becomes a partnership…that balances in unity.

Perhaps there is symbolism in Kristina’s garden tomatoes that she frequently brings to Mina. The mentor/mentee relationship is like tending to a garden = helping it grow well.

“In choosing to participate in the CLPNA’s Mentorship Program, you have an opportunity to invest in your professional development and create new possibilities for your career. There is nothing more powerful for our profession than LPNs engaging and empowering LPNs. It can take just one conversation to help change the trajectory of someone’s life. When that ‘ah-ha’ happens transformational results can occur.”

Sharlene Standing, LPN, Director of Professional Development, CLPNA

About the CLPNA

Initiated in 2016, the CLPNA Mentorship Program is designed to help nurses support each other in their professional and personal growth. Mentors share their knowledge, expertise and wisdom while benefitting from new knowledge, different perspectives, and newer generational issues mentees provide. For the mentee, acquiring a mentor can provide additional support and guidance that facilitates achievement of career goals. The mentor is more experienced, has good connections and can access information more readily than a less experienced mentee. In addition, when mentees are able to be more effective in their role, clients benefit. Organizations also benefit because when staff are satisfied in their role they are most likely to stay with the organization, be committed to the organizations goals and to continue to grow and develop.

The Mentorship Program is based around a Five-Phase Mentoring Relationship Model developed by donnerwheeler in collaboration with Integral Visions Consulting Inc. The Model’s Phases include: articulating a purpose for the mentoring relationship based on your career goal; engaging in a process to find or be a Mentor (Mentee); developing an agreement and action plan; identifying progress on the plan and the relationship; and celebrating accomplishments, redefining the relationship and examining next steps.

The CLPNA is actively seeking Mentors and Mentees. Those who are interested complete an application, following which there is a matchmaking process to ensure compatibility. The Program includes webinar/workshop orientation sessions that the mentor and mentee participate in together. The CLPNA provides on-going support throughout the duration of the mentorship relationship as required.

The Mentorship Program is designed to benefit anyone, including seasoned LPNs, IENs, LPNs from other provinces, and new graduates. The Program has been funded, in part, by Alberta Labour to assist internationally educated LPNs with transition into the profession. To date, 89 mentors and 89 mentees have applied to the program, and 29 mentor/mentee matches have been made.

See www.clpna.com under the Education section for all Mentorship Program info, applications and resources.
As we get into 2018, let’s remember that we are all leaders, no matter where we work, the patient populations that we care for, or our role in nursing. As nurses, we lead every day – some of us at the bedside or in the clinic, some of us in the classroom, some of us in patients’ homes, some of us in the boardroom – there are too many places to list! For 2018, I’d like to focus on you – as a leader in nursing – no matter where you are. Hopefully, you already realize that you are a leader every day, but if you do need a little convincing, through the course of this year we’ll make it clear to you.

So how are you a leader? Ask yourself the following questions…

1. Are you an expert?
Think of the things that your colleagues come to you for repeatedly. Maybe it’s a question about a certain diagnosis or patient population. Perhaps you’re the go-to person for placing I.V.s when there is a patient who is a difficult stick.

2. Are you an educator?
Do you teach students? Do you ever precept new or new-to-your-unit nurses? Do you teach colleagues from other disciplines about the unit where you work? What about patient education? (We all do this one!)

3. Are you an advocate?
Do you speak up for your patients and their families? How about for yourself? Your colleagues? The nursing profession?

4. Are you a role model?
Do you take on the charge nurse role? Are you a team player? Are you a nurse that others strive to be like? Do you model healthy behaviors for patients and the public?

5. Are you a voice for our profession?
Are you educated about the global issues affecting nursing and health care? Are you a committee member at your institution? Are you a member of a professional nursing organization? Are you involved in local, state (Editor’s note: province), or national boards?

6. Are you a nurse?
We know we are trusted by the public – in fact, we’ve been voted the most trusted of all professions for the past 15 years in a row! (Editor’s note: U.S. statistic) How often do family members and friends come to you with a health-related question or advice? The title ‘nurse’ signifies leadership to those around us.

If you answered yes to any of the above, then you are a leader!

Stay tuned as we dig deeper into each of these areas throughout the year. We’ll share resources, advice, and personal stories, and some helpful strategies as you continue to develop the nurse leader within.

Have a great year!
A
n April 2017 Google search showed that WebMD is the most popular consumer health website, with an estimated 80 million unique visitors each month. This is not surprising as this excellent, well-marketed USA based website includes a symptom checker, top stories, a message board, news and health tips relevant to many Americans. It also features information and articles from experts on medication, common medical conditions, healthy living, family and pregnancy. Unfortunately, a significant amount of the information may not apply to Canadians in general or Albertans in particular.

Alberta alternatives emphasize local conditions and resources

Fortunately, several less well-known but equally excellent websites are available specifically for Albertans. MyHealth Alberta (myhealth.alberta.ca), developed by the Government of Alberta and Alberta Health Services (AHS), provides all the WebMD features with an emphasis on Albertans and local conditions and resources. It also includes patient handouts, a large video library, a list of AHS advisories, current wait times in hospitals and urgent care centres, travel health advisories, information about tests and treatments, and a health care locator.

The site is maintained by health care experts across the province and it is adding new information regularly. It will also soon house a patient-managed personal health record, which will have the ability to track height, weight, allergies and medical conditions, and the ability to retrieve personalized information from the pharmacy network to more effectively track medications. These features and others make this website an excellent recommendation to our patients.

Health sites fill education gaps for parents

No matter how well educated we think we are, almost all of us feel overwhelmed when our first child graces our home. This insecurity results in many visits to health care providers in an effort to understand the complex psychological, social and physical effects introduced by that noisy, smelly and wonderful bundle of joy. Healthy Parents Healthy Children (healthyparentshealthychildren.ca) is a well-designed website which includes decision-making tools around pregnancy, labor and delivery; clinical calculators; and summaries of information on parenting, immunization, feeding babies and small children, family health, common childhood health concerns, safe infant
Prepare for career advancement.

Advance your career with continuing education courses and programs for LPNs. Achieve personal and professional growth by gaining practical skills and relevant knowledge.

Courses are available via a variety of delivery methods focusing on areas such as Leadership for Licensed Practical Nurses as well as Health and Human Services Management. At Bow Valley College’s School of Health and Wellness, you’ll build a healthy career and a healthier Alberta.

Bow Valley College, proudly working with the CLPNA for over 10 years.

bowvalleycollege.ca

We need to make our patients aware of the excellent local resources and tools available to them.

Childhood immunization has been the center of controversy for many Albertans for several years, generating many questions for parents which can result in sometimes prolonged visits to their health care providers. Immunize Alberta (immunizealberta.ca) contains the current immunization schedule, vaccine information sheets and detailed answers to common questions such as the difference between native immunity and vaccine immunity or the persistent but unfounded rumors of a possible link between vaccines and autism. The website, which was developed by AHS based on insight and feedback gathered from Alberta parents, states: “Whether it’s a simple question about the childhood immunization schedule or what to expect after your child gets immunized, uncertainty about the real risk of diseases, or concerns about immunization safety: immunizealberta.ca has the info you need.” Links to Immunize Canada (immunize.ca) and the excellent app associated with that website are also provided. Those who use the app (available on iOS and Android) will find an outbreak tracker as a new feature, along with other tools.

These excellent local resources do not come up as the first choice in a typical Google search, and they may not even make the top 10, yet they provide valuable context-based information for Albertans. As physicians, we need to make our patients aware of the excellent local resources and tools available to them.

Reprinted with permission from Dr. Wesley Jackson, the Alberta Doctors’ Digest and the Alberta Medical Association.
Empowered Professionalism in Practical Nursing
Attributes, Barriers, and Possibilities

What is at the Heart of the Story?

Reflections on an organizational leadership project by Glenda Joyce Tarnowski, MA, LPN(OR)
Have you ever wondered what is at the heart of the story when it comes to empowered professionalism in nursing? Have you reflected upon your own level of professionalism in practice lately? In a review of the relevant literature related to how professionalism in the context of nursing practice has been defined, conceptualized, and rationalized, one prominent theme becomes evident: the concept of professionalism in nursing goes far deeper than the attire and image long associated with the occupation, albeit this is an important factor of the public’s impression of the nursing profession and its representation.

As an LPN for more than three decades, I have witnessed many changes in the healthcare landscape and the manner in which care is provided. I have always held the firm belief that professionalism in practice is directly related to quality care delivery and the perception of the nursing profession as a whole – and key to overcoming challenges in order for a nurse to reach their full potential. As partial fulfillment of a Master of Arts in Leadership (Health) Degree at Royal Roads University I had the opportunity to conduct a research study within the professional membership of the CLPNA, and explore what contributes to excellence in practice and empowerment within the Licensed Practical Nurse (LPN) profession in Alberta.

The following is a brief summary of the study method, the findings, and recommendations of this ethics approved organizational inquiry which aimed to explore the principal research question: What are the contributors to professionalism and empowerment within the Licensed Practical Nurse (LPN) profession in Alberta?

Action research through an appreciative stance was the methodology chosen to govern this project. Study participants were engaged through surveys and a subsequent small group conversation that identified the contributors to empowered professionalism in practical nursing practice in Alberta and provided a deeper understanding of the current and desired state of the phenomenon. The project focused on the attributes, barriers, and possibilities expressed by participants from a purposive sample of LPNs selected based on their nomination for and/or receipt of an LPN Award of Excellence within the past five years. The participant group represented a cross section of LPN practice in Alberta, including front line providers of care and LPNs who have advanced into administrative roles, providing a broad snapshot of knowledge and experience to inform the inquiry.

From the study data collected four principal findings emerged, from which the following three conclusions were drawn:

1. Four prominent contributors facilitate empowered professionalism in practical nursing practice: (a) the attributes (virtues) of the empowered professional practical nurse include accountability, trustworthiness, autonomy, advocacy, and assertiveness; (b) a commitment to lifelong learning and continual competence development are foundational to self-actualization, self-regulation, engagement, and empowerment as a practical nurse; (c) the promotion of an inclusive, collaborative, and respectful workplace culture supports empowered professionalism and acts as a catalyst to creating positive system-wide change; and (d) professional identity is largely determined by LPNs’ ability to work autonomously to full scope of practice and their self-concept as competent members of the healthcare team.

2. CLPNA has an established strategic focus to engage and empower professionalism of its members and aims to support initiatives directly related to the four prominent contributors.

3. LPNs acknowledged that further inquiry is required to determine how LPNs, relevant stakeholders, and CLPNA can facilitate the desired state of empowered professionalism across the LPN profession in Alberta.

The conclusions drawn from this study provide an understanding that many factors contribute to professionalism and empowerment within the LPN profession in Alberta. Notably, self-concept, individual attributes and values, professional image, practice environment and work culture, and competence in practice were deemed the primary contributors. These conclusions led to three recommendations to the CLPNA:

1. Establish a performance improvement process and supports for empowered professionalism,
which encompass the four contributors to empowered professionalism identified in this study.

2. Continue to influence the entry-level practical nursing program curriculum to facilitate empowered professionalism of future LPNs by supporting the inclusion of professionalism and personal leadership capabilities.

3. Offer an online certificate course and a network of support focused on professionalism and the development of personal leadership capabilities.

This inquiry provided valuable insight into the contributors to empowered professionalism in practical nursing practice in Alberta. It offered CLPNA an understanding of actions that will enhance LPN professionalism in practice and empower this nursing provider group into the future. This inquiry was well timed and aligns with CLPNA’s strategic goals, providing insight to specific focus areas that may inform the organization’s future strategic planning and provide multiple growth opportunities.

REFERENCES


Free Training for Mental Health First Aid for Seniors

The Government of Alberta is providing Mental Health Commission of Canada training without charge to strengthen the addiction and mental health system in Alberta.

This training is available to Licensed Practical Nurses and will assist to build skills to recognize and effectively respond to an emerging mental health problem or crisis, until the situation is resolved or appropriate treatment is found.

The 14-hour session will train users to recognize the symptoms of mental health problems or crises as they develop; provide initial help when dealing with a mental health problem or crisis; guide a senior and/or caregiver toward appropriate professional help; and provide strategies and resources to support both seniors and their caregivers.

Crisis first aid interventions for:
- Substance overdose
- Suicidal behaviour
- Panic attack
- Acute stress reaction
- Psychotic episode
- Delirium

Topics covered include managing disorders from substance-related, mood-related, anxiety and trauma-related, and will also cover dementia, delirium, and psychosis.

To enroll or become an instructor, visit alberta.cmha.ca/events/mental-health-first-aid-seniors or contact mrowan@cmha.ab.ca or 587-525-6088.
In this decade, the world of healthcare is changing at an amazing pace, faster than ever before.

New legislation and emerging technologies challenge Licensed Practical Nurses and other health professionals, regulators, and employers on a regular basis. Integrating these variables and the impact on health system policy into daily practice requires professionals who are flexible, multi-skilled and resilient.

This two-day event provides opportunity for learning and networking as we scan the multifaceted current and future reality of nursing and healthcare, examining key trends, exploring the authentic reality in each of us, and looking closer at emerging and future realities as we prepare for tomorrow.

May 9-11
Edmonton Marriott at River Cree Resort
In this decade, the world of healthcare is changing at an amazing pace, faster than ever before. New legislation and emerging technologies challenge Licensed Practical Nurses and other health professionals, regulators, and employers on a regular basis. Integrating these variables and the impact on health system policy into daily practice requires professionals who are flexible, multi-skilled and resilient.

This two-day event provides opportunity for learning and networking as we scan the multifaceted current and future reality of nursing and healthcare, examining key trends, exploring the authentic reality in each of us, and looking closer at emerging and future realities as we prepare for tomorrow.

Greg Wells is a Human Physiology Scientist. His expertise is in helping listeners understand the mind/body connection and how to master our responses to challenging situations.

His presentations educate, inspire and lead people towards better performance and health by motivating them to sleep deeply, eat smarter, move more, think sharply and to perform better. He believes it is possible for anyone to have better health, energy and performance.

The 2018 speaker lineup includes other engaging topics such as: professional presence, cannabis legalization, LGBTQ awareness, disruptive technologies and harm reduction… just to name a few!

AGM Reception • Silent Auction
Awards Dinner • Exhibitors

www.clpnaconference.com
Why Cancer Survivors Need to Move More: Building an Alberta Exercise Program

By S. Nicole Culos-Reed, PhD, ACE Study Co-Lead; Tanya Williamson, BKin, CEP, Calgary ACE Coordinator; Christopher Sellar, PhD, ACE Project Coordinator; Margaret McNeely, PT/PhD, ACE Study Lead

Introduction
Improvement in cancer treatment is increasing the number of cancer survivors, with approximately 100,000 Albertans living with, or beyond, a diagnosis of cancer. This growing population highlights the long-term impact of cancer and its therapies on the body, mind and overall health of survivors. Within survivorship care, there is a need to focus on how to live in the aftermath of intensive therapy with an altered body and possible mental or emotional changes. We need to take action to improve both the life expectancy and quality of life of cancer survivors across Alberta.

Survivorship care and exercise
As the focus continues to grow on the “what happens after cancer treatment” questions, the role of lifestyle behaviours is becoming paramount. Lifestyle behaviours include such things as nutrition, sleep, stress-reduction and exercise, and they have been the focus of growing research. Within the cancer and exercise research specifically, there is consistent and supportive evidence of a positive impact on fitness, physical and psychosocial outcomes, quality of life, and in some cases, survival, for cancer survivors who engage in exercise during survivorship.

SUMMARY
Although research evidence has shown strong benefits from exercise for cancer survivors, exercise programming has not been part of the care provided to survivors in Alberta until recently. This article highlights the Alberta Cancer Exercise (ACE) study, which aims to build a clinic-to-community model that ensures exercise becomes part of cancer survivorship care.
Despite the known benefits of exercise, including the prevention of secondary cancers, less than one third of cancer survivors self-report that they are meeting the minimal public health guidelines for physical activity. This level is below the self-reported estimates of the general population (52%) and likely overestimates the true proportion of survivors who are physically active.

Based on estimated cancer incidence rates in Alberta and self-reported physical activity rates among survivors, it is likely that over 70% of newly diagnosed cancer survivors in 2015 would have been classified as inactive prior to initiation of cancer treatment.

Recent Canadian estimates on the direct healthcare costs of physical inactivity related to the development of breast and colon cancer are reported at $24 million and $61 million respectively. Thus, the economic burden of physical inactivity following a diagnosis of cancer is undoubtedly significant.

**Work to date**

Building upon the research, the next step involves knowledge translation — taking the evidence and implementing it into practice. Currently, there exists a gap between what the health system supports (i.e., healthy lifestyle behaviours) and what is delivered in the community (i.e., services). While cancer survivors are advised by healthcare professionals to engage in exercise, and guidelines for exercising in cancer survivorship exist, there is a lack of cancer-specific exercise programs and cancer-trained exercise specialists in Alberta outside of the research setting.

Our initial implementation work has included:

- the development of the Breast Cancer Survivors Engaging in Activity while Undergoing Treatment (BEAUTY) program offered in Calgary,
- the TrueNTH Lifestyle Management (LM) program for prostate cancer survivors available nationally,
- and most recently, the Alberta Cancer Exercise (ACE) pilot study (funded by the M.S.I. Foundation) and current ACE implementation study (funded by Alberta Innovates) being rolled out provincially.

While BEAUTY and TrueNTH LM were designed specifically for breast and prostate cancer survivors, respectively, both the ACE pilot and ACE implementation studies are for survivors with all types of cancers.

ACE is a 12-week free exercise program open to any cancer survivor who is within 3 years post-treatment. ACE is designed to be delivered in a community setting in a group-based format with exercise that is adapted and tailored to the needs of the participants, and it is led by trained fitness instructors. On the research side, ACE includes baseline, post-intervention and 2 follow-up (24 weeks and 1 year) assessments, plus an evaluation of physical fitness, cancer-related symptoms, and health-related quality of life outcomes. In addition, an economic analysis of the program (costs and savings) will be completed.

ACE programming began in January 2017, with the successful implementation of multiple sites in both Calgary and Edmonton. Key community partners in these initiatives include the City of Calgary Recreation, YMCA Calgary, YMCA Edmonton and Wellspring cancer centres (Calgary and Edmonton). To date, 199 Alberta cancer survivors have enrolled in ACE. The next ACE program sessions begin in the Fall 2017 (Editor’s note: began in Fall 2017), in Calgary, Edmonton, Medicine Hat and Red Deer. Future plans include offering ACE resources (education and/ or community-based programming) in Grande Prairie, Lethbridge and Fort McMurray.

**Clinic-to-community model**

Several key factors are essential in the development of a clinic-to-community model to facilitate a sustainable ACE program. First, education of the healthcare providers (HCPs) must occur. This ensures that there is a base knowledge of the role of exercise in cancer survivorship, which facilitates referral from the HCP to the exercise professional.

Second, an exercise professional must be available to proceed with referral, further screening, and triage to an appropriate ACE program. The ACE coordinators at the two sites facilitate this role as Certified Exercise Physiologists (CEPs), and they are working with community fitness professionals to build strong communication from the clinic to community personnel and settings.

Third, education of fitness professionals in the community is a requirement. Specifically, ACE fitness professionals must be trained on how to adapt exercise for cancer survivors. It is clear that while the guidelines provide the generalities of exercise in cancer survivorship, to be truly impactful, the professionals implementing programs must be able to further tailor and individualize programs to meet the unique needs of cancer survivors. These include factors beyond the exercise prescription per se, including physical concerns (e.g., tissue restrictions in movement due to surgery or symptoms of cancer-related fatigue), psychosocial factors (e.g., dealing with stress, anxiety or depression, enhancing mood and self-esteem), and practical concerns (e.g., how to address barriers to engaging in regular activity).
ACE utilizes Thrive Health Services online training (www.thrivehealthservices.com) plus provides additional in-person support for delivery of the ACE program. Finally, ACE requires building community partnerships with fitness facilities that can host the ACE program. This ensures that ACE can be offered in communities close to the survivors’ homes, reducing access barriers and facilitating longer term maintenance of an active lifestyle. The aim of ACE is to build a clinic-to-community model that ensures exercise becomes part of cancer survivorship care. For participants, the goal of ACE is to support safe and effective exercise and provide the resources to enable continued exercise participation — at their ACE facility or wherever they choose — and thus, provide a means for participants to experience better quality of life in cancer survivorship.

For more information, contact ace@ucalgary.ca for information about Calgary and area programs, or ace@ualberta.ca for information about Edmonton and area programs.

ABOUT THE AUTHORS

S. Nicole Culos-Reed, PhD, is the ACE Study Co-Lead and a Professor in the Faculty of Kinesiology at the University of Calgary.

Tanya Williamson, BKin, CEP, is a Certified Exercise Physiologist and the Calgary ACE Coordinator.

Christopher Sellar, PhD, is the ACE Project Coordinator.

Margaret McNeely, PT/PhD, is the ACE Study Lead and an Associate Professor in the Department of Physical Therapy, Faculty of Rehabilitation Medicine at the University of Alberta.

REFERENCES


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Ford Escape draw date is January 5, 2018. Prizes may not be exactly as shown.

BONUS DRAW
We’re giving away 3 ADDITIONAL TRAVEL CERTIFICATES worth $10,000 on April 6, 2018.

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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
The College of Licensed Practical Nurses of Alberta was pleased to welcome the Dr. Carl Amrhein, departing Deputy Minister of Alberta Health to open the 5th Annual Think Tank in front of 300 keen healthcare professionals on October 5 at the Sutton Place Hotel in Edmonton. Hosted by the CLPNA’s Council, the event supports the evolution of a quality health system for Albertans and provides leadership within the profession.

PRESENTATION SUMMARY

Transformation of Alberta’s Health System through Technology and Innovation | Alberta Health
The challenges of improving Alberta’s electronic health records and taking them to the next level was shared by the deputy minister. Ultimately, the result puts Albertans at the centre of their own healthcare.

The Health System as an Engine for Innovation and Economic Diversification: Planning for the Future | Alberta Innovates
The cost of care in Canada is becoming unsustainable and requires ideas from all involved to overcome. When clinical care teams share their frustrations and inefficiencies, industry partners have real-life and local examples to better refine solutions in efficiency and patient care.

Health Care will not be the same: Future of Genetic Research and Translational Medicine | McMaster University
The forefront of genetic research includes the hope of better identifying those with high risk for disease and customizing preventative treatments.

Gamma Knife Surgery and Other Innovations in Surgery | University of Alberta Hospital
Fifteen years after the initial ideas was floated, the University of Alberta Hospital has a Gamma Knife to perform brain surgery using radiation instead of a blade. The result is cutting edge technology attracting a stronger group of local health professionals and resulting in improved client care.

More Effective Primary Health Care: Why it’s the Most Strategic Aspect of Health Care System Innovation | Dalla Lana School of Public Health
The Commonwealth Survey indicates primary health care in Canada doesn’t measure up to comparable countries. Primary health care can make the whole health system more efficient through better prevention, curative and rehabilitation services. Small teams including licensed practical nurses are key to making these differences.

Will the Culture of Innovation and Technology Pay Off in an Organization? | Glenrose Hospital
For the Glenrose, creating a culture of innovation stands on three pillars: a clear strategy, continuous learning, and collaborative partnerships.

Made in Alberta: New Health Technologies and Innovations | Alberta Innovates
‘It’s not the idea; it’s what you do with it that creates value.’ Alberta Innovates works with entrepreneurs to build relationships and get feedback from potential users.

The Technology Tidal Wave | Canadian Automated Vehicle Centre of Excellence
After thousands of years using horse-drawn carriages, it only took 13 years for cars to take over. Are we on the precipice of another dynamic shift in transportation to driverless cars? How could this change healthcare?
NEW CULTURE NURSING
- An Approach to Person-Centred Care

The College of Licensed Practical Nurses of Alberta is pleased to partner with Dr. David Sheard, Founder/CEO Dementia Care Matters, to offer a workshop focusing on Person-Centred Care coming this January to Edmonton and Calgary.

In his passionate, challenging, and emotional presentation style, Dr. Sheard will call on LPNs to be the leaders of a new culture of care where people, not just policies and procedures, really matter. This workshop can be the starting point for LPNs who want to improve organizational culture so that person-centred care is priority.

Benefits/Learning Objectives:

- Understand the definition and importance of “new culture” nursing
- Recognize the value of emotional intelligence in person-centred care
- Learn about attachment theory and its relationship to leadership and professionalism
- Learn how to lead, model, influence and implement person-centred care using practical approaches and tools

$50 Registration Fee (incl. GST) includes continental breakfast, lunch, coffee breaks and parking.

Payment is due upon registration. Eligible LPNs (those with an Active Practice Permit and living in Alberta) may qualify for fee reimbursement through the Education Grant Program (http://foundation.clpna.com).

WORKSHOPS

EDMONTON
January 10, 2018
8:30 am - 4:00 pm

CALGARY
January 12, 2018
8:30 am - 4:00 pm

REGISTRATION

To register, contact profdev@clpna.com, or register by phone at 780-484-8886 or 1-800-661-5877 (toll free in Alberta) using your VISA or MasterCard.

Your registration confirmation will be sent by email. Please allow 3 business days for processing. Notice of cancellation must be made in writing to cтурkington@clpna.com on or before January 3, 2018. After January 3, no refunds will be given.

The College of Licensed Practical Nurses of Alberta hosts these events as part of the Strategic Plan to empower Licensed Practical Nurses for the future.
Diagnostic Tests & Assessment Courses Prove Popular

The latest CLPNA-developed self-study courses launched with a bang in October, proving more popular than ever. Over 4500 Licensed Practical Nurses visited the educational websites in the first few weeks and over 700 took the courses’ final exams. The free courses are part of ongoing education under the ‘Study with CLPNA’ moniker. They are designed specifically for Alberta’s LPNs.

A printable CLPNA Certificate of Completion is available upon passing the Final Exam. All courses may be used to help LPNs meet the Learning Plan goals of CLPNA’s annual Continuing Competency Program.

**DIAGNOSTIC TESTS & LABORATORY VALUES SELF-STUDY COURSE**

Every Licensed Practical Nurse should understand the rationale for conducting specific diagnostic and laboratory tests when delivering care, as well as the implications of the results of those tests.

The Diagnostic Tests & Laboratory Values Self-Study Course lists common diagnostic and lab tests and values in an organized manner, with opportunities for participants to test their knowledge through short case studies and interactive quizzes. The course includes four different learning modules and learning apps to review and refresh knowledge on this very important topic.

**HEALTH ASSESSMENT SELF-STUDY COURSE**

The Health Assessment Self-Study Course is designed to review health assessment and its components and discuss the integration of these into holistic nursing practice.

The course follows the various types of assessments LPNs practice and provides a review of the theory and content from the nursing sciences and arts. It includes 11 different learning activities, quizzes, checklists, videos and a Health Assessment App.

‘Study with CLPNA’ courses help meet the CLPNA’s Strategic Plan goals under education and competence. Contact CLPNA’s Professional Development Department with questions at profdev@clpna.com, 780-484-8886 or 1-800-661-5877 (toll free in Alberta).
Thousands of LPNs have already renewed their registration for 2018 on our sleek, updated online system. Those remaining have a little time left before their practice permits expire on December 31, 2017.

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 a LPN in Alberta, states Section 43 of the Health Professions Act. Working as a LPN with an expired or invalid Practice Permit is considered unprofessional conduct and this violation will subject the individual to disciplinary action, including fines of $500 and up.

Get Started
Login to https://www.myCLPNA.com, or go to www.clpna.com and click on the blue “myCLPNA Login” link located in the upper right corner.

Registration Renewal Fees and Deadlines

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<th>Fees Paid</th>
<th>October 2 - December 1</th>
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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. Registration Fees are not pro-rated and are non-refundable. All fees are in Canadian dollars. To pay using a different method, contact CLPNA before starting your Registration Renewal Application.

Reinstating Registration after Dec 31
On January 1, the Registration Renewal system will close. Those still wishing to register must contact CLPNA about reinstating their registration. The CLPNA office is closed January 1.

Associate Membership
Members who, for any reason, do not plan to practice as an LPN in Alberta but want to continue receiving CARE magazine, practice updates & renewal notices are encouraged to renew as an Associate for 2018. An Associate membership is non-practicing and Associates wishing to return to work as an LPN in the future must meet all registration requirements when reinstating.

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 2018 registration type to “Inactive”.

Proof of Registration on Public Registry
Need proof of LPN registration status for 2018? The CLPNA’s Public Registry of LPNs on www.clpna.com shows an LPN’s current and future registration status, specialties and restrictions.

Questions?
Contact CLPNA at registration@clpna.com, 780-484-8886, or 1-800-661-5877 (toll free in Alberta).
$350 WINNER

Congratulations to Jessica Mercier, LPN on winning $350 in our Early Renewal Contest.

Thanks to the thousands who completed their 2018 Registration Renewal by November 1 and were automatically entered in our draw.

CLPNA HOLIDAY HOURS

Regular Office Hours
Mon – Fri, 8:30am – 4:30pm

December 25-26 CLOSED
January 1, 2018 CLOSED

TV Ads Share Art and Science of Caring

“What makes me passionate about nursing is the art and science of caring.”
Donna-Lee Wowk, LPN & Practical Nurse Educator

This fall, CTV Two television broadcast two new ads filmed with the CLPNA. Taped on location in Drayton Valley, the 30 second and one minute ads are part of the Alberta Campus Connectors series. The ads were watched by nearly 800,000 Albertans from Sept. 18 – Oct. 8. The ads can be found by searching ‘TV ads’ on www.clpna.com.

The CLPNA thanks practical nurse educator Donna-Lee Wowk, LPN, and Mark Veran, LPN, for sharing their patient-focused hearts during this production. Donna-Lee and Mark originally volunteered for a casting call a few years ago, so are familiar faces of the profession.
Diabetes and pre-diabetes has reached epic proportions in Canada. Who’s at risk? And are you up-to-date in your understanding of assessment and current drug management for diabetes?

The CLPNA and Barb Bancroft are pleased to present an educational video on “Diabetes and Health Assessment”. The 60-minute video covers the diagnosis and assessment of patients with Type 1 and Type 2 diabetes. Learn the myriad of risk factors associated with Type 2 diabetes as well as the “few” risk factors for Type 1. Diabetes is a systemic disease; therefore the assessment of the patient includes all systems — cardiovascular, neurologic, GI/GU, skin and more.

Barb Bancroft RN, MSN, PNP is a widely acclaimed international speaker, noted for her humorous, entertaining and information-packed seminars.

More Diabetes Resources

LPNs have a key role to play in the prevention, treatment and management of diabetes. Use these resources to learn more about the complexities of diabetes and its treatment to improve your competence managing clients with this disease.

Diabetes Canada (www.diabetes.ca) has a wardrobe of rich resources that can help you further understand the complexities of diabetes and care of a diabetic client.

The Registered Nurses Association of Ontario (www.rnac.ca) have several Nursing Best Practice Guidelines that includes a “Reference Guide for People with Diabetes” and other documents related to footcare and the diabetic client.

For more resources, contact CLPNA’s Professional Development Dept at profdev@clpna.com, 780-484-8886 or 1-800-661-5877 (toll free in Alberta).
POLICY: Update

Evolving Role for LPNs and Cannabis for Medical Purposes

The CLPNA has released an update to the LPN role in relation to cannabis for medical purposes. LPNs are now authorized to administer cannabis for medical purposes in certain care settings such as hospitals or long term care facilities. In home care settings, the LPN role remains limited to assisting the client with self-administration. For further information explaining the LPN responsibilities in this area please see the updated Fact Sheet at www.clpna.com under ‘Governance’, and ‘Practice and Policy’.

Updated Policy Documents on Emergencies or Pandemics

The CLPNA has released a more comprehensive policy on the expectations and obligations of LPNs during emergency situations to update and replace an outdated document specific to pandemic situations. The Practice Policy: Expectations and Obligations during Emergencies addresses standards of conduct and behaviour as well as registration requirements for volunteering during these situations. The policy was approved by Council in September and was released in conjunction with an explanatory Fact Sheet specific to Pandemic Characteristics and Response Measures.

Seeking Policy Review Volunteers

The CLPNA has put a call out for volunteers to take part in the review process for policy documents. LPN Policy Review volunteers will have the opportunity to share their knowledge and insight in order to support the development of clear and appropriate policies. The expertise our members have developed throughout their professional career is a valuable addition to the policy development process. LPNs who would like to sign up can go to www.clpna.com and search “LPN Policy Review Volunteers” for more information.

RESEARCH: Update

2-Year Research Report Released

CLPNA is pleased to announce the release of the report Advancing Knowledge for the Licensed Practical Nurse Profession: 2015-2017. The report highlights the results of the CLPNA research activities since 2015 and the impact of that work in the LPN community.

We look forward to continuing our work, and thank our Research Advisory Committee for coming together in September to share their valuable input on the direction for CLPNA research activities over the next year. Members of this committee include academic researchers, health policy experts, LPNs, and CLPNA staff from the departments of research and practice.

LPN Research Grant Decision Soon

For the second time, the CLPNA, in partnership with Alberta Innovates Health Solutions, accepted applications for the Advancing Knowledge in Practical Nursing Research Grant. The grant supports projects that build knowledge about the practical nurse profession. This round of applications focused on dementia care and primary care for seniors. Applications were submitted in September with funding decisions expected by January 2018.

Evidence-Based Practice Survey Shared

Practical nurse educators in the province were invited to participate in a survey focused on evidence-based practice (EBP). We met with educators to share findings from the survey that aimed to better understand how practical nurse students are first introduced to EBP and to identify the resources needed by educators to enhance and support their teaching.
The consequences of trauma are far reaching and can be directly or indirectly linked to mental illness, addictions, chronic disease, suicide, and overall, a failure to thrive.

Every day, LPNs interact with people who have been affected by overwhelming stress or traumatic experiences. Traumatic experiences change a person and can create turmoil within a person and in their life. This is especially true if the trauma happens in childhood. Being aware of how common trauma is and what a trauma response might look like helps nurses adjust their practice in many ways – from how you approach people to the language you use.

The CLPNA recently partnered with Early Childhood Development Support Services (ECDSS) to host a professional development webinar focusing on Trauma-Informed Care, which is now available as a video. The video, hosted by Mental Health Facilitator Chelsea Hobbs, unpacks the concepts including:

- The types of trauma and how common they are
- The significant impact trauma can have on an individual’s life
- The principles of trauma-informed care
- How to apply a trauma-informed approach to your nursing practice

ECDSS is dedicated to the advancement of best practices, research-based professional learning and community engagement for all who work with children and families.

To watch the video, search ‘trauma’ on www.clpna.com or go to CLPNA’s YouTube channel (www.youtube.com/clpna).

More Resources

Alberta Health Services (www.albertahealthservices.ca/tic) offers resources designed for individuals who help those impacted by trauma to understand how to provide patient-centred care. Access a wide array of learning activities such as an eLearning module, newsletter, and resources.

Study this topic further through a previously-recorded webinar ‘Trauma-Informed Practice with Indigenous Peoples across the Life Span’ hosted by the Centre for Research & Education on Violence Against Women & Children’s Learning Network (www.vawlearningnetwork.ca/knowledge-hub). The presentation describes ‘how to assist Indigenous peoples in understanding and improving their coping responses to daily triggers including the impact of experiences of racism, poverty, sexism, and colonialism’.

For more from CLPNA, see ‘Trauma-Informed Care in a Healthcare Setting’ in the Winter 2016 issue of CARE magazine. Or contact the Profession Development Dept at profdev@clpna.com.
Continuing Care Health Service Standards: How Do They Apply to LPN Practice?

What are Continuing Care Health Service Standards?

The Alberta Government’s Continuing Care Health Service Standards1 (Health Service Standards) are designed to ensure high quality health care is provided to clients of Alberta’s continuing care system. The continuing care system includes the Coordinated Home Care program, publicly funded Supportive Living facilities and Long-term Care facilities. The Health Service Standards were updated by the province in January 2016, and more updates will occur from time-to-time as the province sets out its expectations for quality health care services in an evolving continuing care system.

Although the Health Service Standards apply directly to operators of home care programs and continuing care facilities, Licensed Practical Nurses (LPNs) employed in continuing care practice settings have a professional responsibility to be familiar with them and to follow related employer policies and procedures. Operators are legally required to comply with the Health Service Standards.2

The Health Service Standards are made up of 19 standards containing 175 criteria, ranging from ensuring that a client’s health care needs are assessed using the appropriate InterRAI Instrument, to medication management, oral care and bathing, safe water temperature and using restraints, to name a few. At least once every two years, Alberta Health Services conducts routine audits to ensure operators are meeting the standards and criteria. Government’s Department of Health oversees the AHS audit process and conducts additional audits when needed.

Health Service Standards and Licensed Practical Nurse Practice

LPNs play an important role in continuing care clients receiving high quality care and in helping operators to meet the Health Service Standards. In 2016, 3,419 Alberta LPNs were employed in long-term care settings and 527 LPNs were employed in home care. In all, 32% of LPNs were employed in Alberta’s continuing care system.

LPNs are expected to follow operators’ Health Service Standards policies and procedures and as always, meet the Standards of Practice for Licensed Practical Nurses in Canada3.

Common areas where operators face challenges in meeting the Health Service Standards

There are a number of the health service standards and accompanying criteria that operators find most challenging to meet. Some of these challenging standards are listed in the accompanying tables and examples of LPN best practice in meeting the standards are included (see pg. 36). Because there are 19 standards and 175 criteria, only a few standards and criteria are presented.

LPNs are encouraged to read the entire Continuing Health Service Standards; they can be viewed online on the Alberta government’s website at http://www.health.alberta.ca/documents/Continuing-Care-Standards-2016.pdf as well as on the AHS “Continuing Care Desktop”.

Government developed a Health Service Standards Information Guide to support operators in successfully achieving compliance with the Health Service Standards. The guide gives operators clear examples of what evidence may be used to demonstrate their compliance with the standards. This guide is also a valuable tool for LPNs practicing in continuing care.


What happens if operators do not meet the Continuing Care Health Service Standards?

If AHS determines the operator to be "non-compliant" with a particular standard (or standards) AHS (and in some complex situations, Alberta Health) will work with the operator until the facility meets the Health Service Standards.
<table>
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<tr>
<th>Health Service Standard</th>
<th>What Auditors May Look For</th>
<th>Examples of LPN Best Practice</th>
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<tbody>
<tr>
<td><strong>Standard 1: Standardized Assessment and Person-Centred Care Planning:</strong>&lt;br&gt;- Operators must ensure that care planning begins when a client first starts receiving services provided in a home care program, or upon admission to a publicly funded Supportive Living facility or Long-term Care facility.&lt;br&gt;- Care plans must be kept up to date, be relevant to the client’s health status, and be revised based on a client reassessment by a regulated health provider.&lt;br&gt;- Clients or legal representative have opportunity to participate in care planning.</td>
<td>- A care plan was initiated on admission and is kept up to date.&lt;br&gt;- A client assessment or reassessment results are incorporated into the care plan.&lt;br&gt;- Assessments and care planning are completed by a regulated health provider such as an LPN.</td>
<td>- Meet with the client and their family to assess the client’s needs.&lt;br&gt;- Complete assessments and generate reports.&lt;br&gt;- Analyze data and create care plans. &lt;br&gt;- Communicate and provide a copy of the care plan to the client or legal representative.&lt;br&gt;- Communicate tasks to health care providers.&lt;br&gt;- Reassess as required by the standards or operator policies.&lt;br&gt;- Lead or participate in interdisciplinary team reviews.</td>
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<td><strong>Standard 12: Medication Management:</strong>&lt;br&gt;- Operators must establish, implement and maintain documented policies and procedures for medication Management, including the “8 Rights” of medication administration that health care providers must adhere to when administering or assisting with medication.</td>
<td>- Auditors may observe facility staff while administering medications to confirm whether health care providers are following the medication “8 rights”:&lt;br&gt;- Auditors may look at all medication records including error reports to verify medication administration practices or identify trends for improvement.</td>
<td>- Maintain a clean and organized medication cart.&lt;br&gt;- Cleaning hands before preparing medication and after administering medications.&lt;br&gt;- Follow the “8 rights” of medication.&lt;br&gt;- Look-up medications and their indication when unsure why it is being given.&lt;br&gt;- Ask the client if the medication was effective when administering PRN medications.&lt;br&gt;- Lead or participate in interdisciplinary team medication reviews.</td>
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<td><strong>Standard 14: Oral Care Assistance and Bathing Frequency:</strong>&lt;br&gt;- Operators must establish, implement and maintain documented policies and procedures for providing clients with a bath or shower of the client’s preference, at least twice a week, and&lt;br&gt;- Providing oral care twice a day or more frequently as required.</td>
<td>- Auditors may review care plans to confirm client’s preference and&lt;br&gt;- May look on task sheets, point of care charting, and in the progress notes for evidence of twice daily oral care, and client’s preference of bathing or showering at least twice per week, is being completed.</td>
<td>- Ask clients whether they prefer a bath or shower.&lt;br&gt;- Determine what are the client’s oral care needs.&lt;br&gt;- Document in the chart and client’s care plan what has been agreed upon.&lt;br&gt;- Communicate tasks to other health care providers when required.&lt;br&gt;- Check back with the client and or legal representative to make sure the client’s needs are being met.</td>
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<td><strong>Standard 15: Safe Bath and Shower Water Temperature:</strong>&lt;br&gt;- Requires operators to have documented policies and procedures regarding safe bath and shower temperatures (between 38 and 43 degrees Celsius).</td>
<td>- Auditors will look to see if the operator is meeting this standard by looking at care plans, log books, and task sheets.</td>
<td>- Document in the care plan if the client prefers a cooler temperature.&lt;br&gt;- Review the clients care plan for specific bathing or showering requirements.&lt;br&gt;- Communicate tasks to other health care providers as required.&lt;br&gt;- Follow the safe bathing procedures set out by the operator.&lt;br&gt;- Document following a client’s shower or bath.</td>
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<tr>
<td><strong>Standard 16: Restraint Management:</strong>&lt;br&gt;- Requires operators to have documented policies and procedures regarding restraint use.&lt;br&gt;- A physician’s order must be in place within 72 hours of initiating restraint.&lt;br&gt;- Information on use of restraints must be provided to the client or legal representative.&lt;br&gt;- Document in both the client’s chart and care plan the behavior that put the client or others at risk, supportive interventions that have been considered and tried, reasons for initial use of the restraint, method and frequency for monitoring the client when the restraint is in use and the physicians order.&lt;br&gt;- Restraint use must be reviewed by the Interdisciplinary team.</td>
<td>- Observe clients in the facility who have a restraint in use or identify clients on chemical restraints using the MAR.&lt;br&gt;- Review assessments, care plans, restraint tracking, care conferences, risk agreements, physician orders, and progress notes related to the restraint.</td>
<td>- Review and assess whether the restraint is required and what other interventions have been considered prior to initiating of a restraint.&lt;br&gt;- Communicate with the client and family regarding the restraint.&lt;br&gt;- Obtain a physician’s order.&lt;br&gt;- Document all Health Service Standards requirements in the client’s care plan.&lt;br&gt;- Communicate tasks to other health care providers as required.&lt;br&gt;- Document and monitor the client while in the restraint.&lt;br&gt;- Prepare and gather information for restraint reviews.&lt;br&gt;- Lead or participate in the interdisciplinary team review of the restraint.</td>
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CLPNA Standards of Practice and the Continuing Care Health Service Standards of Practice

The CLPNA Standards of Practice require LPNs to practice within applicable legislation, regulations, by-laws and employer policies — this includes the Health Service Standards. As with the Health Service Standards, the CLPNA Standards of Practice require LPNs to document and report care, collaborate in the development, review and revisions of care plans, and provide client centered care.

For the expert review of this article, the CLPNA thanks Mandy N. Parent, L.P.N., Health Compliance Officer, Compliance and Monitoring Branch, Alberta Health.


2 Operator compliance with the Health Service Standards is mandated through the Nursing Homes General Regulation, the Co-ordinated Home Care Program Regulation and Ministerial Directive under the Regional Health Authorities Act.


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If we’re GROWING, we’re ALWAYS going to be OUT of our COMFORT ZONE.

John C. Maxwell -
Heart Failure Update

**Register early to avoid disappointment!**

CHRISTOPHER COLTMAN, RN, BScN

**Topics:**

- Heart Failure: A Downward Spiral
- A Review of Relevant Cardiac Anatomy and Physiology
- A Review of the Continuum of Heart Failure
- Risk Factors for the Development of Heart Failure

You Take My Breath Away

- A Review of Physical Assessment of the Heart Failure Patient
- Life in the Big Apple - New York Heart Association Classification Review
- Methods of Heart Failure Diagnosis

Slowing the Spiral

- Current Therapies and Treatments for Heart Failure Optimisation
- Cardiac Resynchronisation Therapy (CRT) Explained
- Overview of Home Care Management

Crash & Burn: What do we do now?

- Profiles of Advanced Heart Failure: INTERMACS Scoring Explained
- A Review of the Treatment of the Patient in Cardiogenic Shock
- Mechanical Circulatory Support Including the Latest Ventricular Assist Devices Or More

When All Else Fails...

- Indications and Techniques of Cardiac Transplantation
- Palliative Care and the Heart Failure Patient

Heart failure is a common, disabling and deadly disorder and is thought to be one of the most costly cardiac disorders in terms of annual hospitalization costs and morbidity, despite the tremendous benefit that ACE inhibitors have offered. The dramatic deterioration in quality of life and prognosis when a patient progresses from asymptomatic left ventricular dysfunction to overt heart failure is a major challenge for physicians and nurses. This on day workshop focuses on the recent and more comprehensive nursing and medical interventions that are improving outcomes and quality of life for the heart failure patient.

**Executive Links**

- Medical, Surgical, Cardiac, ICU, and ER Nurses
- Home Care & Long Term Care Nurses in Rural & Urban Settings
- Primary Care Nurses; Allied Cardiac Staff; Educators
- Dietitians, Rehabilitation Staff with an Interest in Heart Failure

Christopher Coltman, a graduate of the UofA Bachelor of Science in Nursing program, has been engaged in cardiac and cardiovascular surgical nursing for over 20 years. He has worked in a variety of settings and countries, including Montreal, London (England) and in Riyadh, Saudi Arabia. He has extensive experience in the area of acute coronary syndrome, heart failure and cardiovascular surgery. Chris is well known as an excellent teacher, having over 12 years of teaching experience, and has taught a number of sessions on a variety of topics where his passion for teaching and cardiac care shows. He is currently the Clinical Nurse Educator in the Cardiovascular Intensive Care Unit at the Foothills Medical Centre in Calgary.

Oncology Update

**What Every Nurse Needs to Know About Cancer**

**Register Early to Avoid Disappointment**

BARB BANCROFT, RN, MSN, PNP

**The Big C - From the Beginning**

- The Definition of Cancer
- Embryology - Differentiation and Maturation of Cell Lines
- The Role of Oncogenes in the Loss of Control of Maturation and Differentiation
- The Role of Anti-angiogenesis in the Development of a Malignant Tumour
- The Role of Growth Factors and Hormones in Oncogenesis
- The Role of Chronic Inflammation

**Benign & Malignant Tumours - Nomenclature & Characteristics**

- Understanding the Nomenclature
- Characteristics of Benign and Malignant Tumours
- Understanding the Grading and Staging of Tumours
- Understanding Tumour Markers: CA-125, HER2, BRCA, ALK, CD20, CEA, PD-L1
- What is “Triple Negative” Breast Cancer?

**Environmental Causes of the Loss of Control of Maturation and Differentiation**

- Viruses, Bacteria
- Radiation
- Obesity; Hormonal Triggers
- Age; Genetics
- Smoking

**Treatment & Prevention of Cancers**

- The “Old” Standbys
- The New “Targeted” Therapies - Monoclonal Therapies, Checkpoint Inhibitors, PARP Inhibitors, Tyrosine Kinase Inhibitors
- Old Drugs with New Indications - Thalidomide, Aspirin
- Hormonal Therapies

**Notes on Specific Cancers - What's New, What's Old, What's in the Future**

- Breast Cancer, Colorectal Cancer, Lung Cancer, Prostate Cancer
- Malignant Melanoma

**Register Early to Avoid Disappointment**

- Acute Care Nurses in All Areas
- New Oncology Nurses; Palliative Care Nurses; Geriatric Nurses
- Primary Care, Home & Community Health Nurses; Tele-Health Nurses
- Nurse Practitioners, Transition, Outpost & Occupational Health 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 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.

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