Caring for Caregivers

LPNs and the COMPASS Program

LPN Award Winners

Case Management in Home Care

Criminal Record Checks
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BARB BANCROFT, RN, MSN, PNP

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Major Food-borne Illnesses & Their Sources; Treatment
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- 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

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- The Role of Sexual Transmission in Infections
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- Hepatitis Infections; Syphilis & Others

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- Zika: Worse Than We Thought & What You Need to Know
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Barb Bancroft is a widely acknowledged 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 Arizona, 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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From the College

Making Time for Wellness & Holistic Health

COVER STORY
Caring for Caregivers: LPNs and the COMPASS Family Caregiving Program
LPNs are playing an important role in delivering the COMPASS program, designed to support those who provide care at home to their loved ones.

RESEARCH
LPNs and Case Management in Home Care:
A Brief Synopsis of a Case Study

Proclamation of Resident and Family Council Act

Highlights:
2018 CLPNA AGM & Conference

LPN Awards of Excellence 2018

Make Space for the Suffering

Negligence Awareness in Nursing:
Developing Appropriate Professional Habits Right from the Beginning

The Operations Room
News for CLPNA members
The legalization of recreational cannabis expected this year comes with broad implications and policy challenges. Municipal and provincial governments are establishing policy related to selling and consuming cannabis, and communities are contemplating the effects of increased access to and use of cannabis. Employers are also revising their workplace policies to address recreational cannabis use, prompting many discussions about the potential impacts and implications for the workforce.

The significant issue for professional nurses relates to fitness to practice. Like fatigue, stress, some medications and alcohol consumption, cannabis use can impair your ability to work safely and competently. Intoxication or impairment on the job, regardless of the cause, impacts your fitness to practice, puts patients at risk and violates standards of licensed practical nurse (LPN) practice.

Recreational cannabis use can be compared to recreational alcohol use. Alcohol is legal, but in the healthcare workplace, it is not acceptable to have a beer or two on your lunch break. Similarly, it won’t be acceptable to consume recreational cannabis on your break.

If an LPN decides to use cannabis recreationally once it’s legalized, it is vital to understand the potential risks and ensure it is used in a responsible manner. As LPNs, you have a professional obligation to maintain your fitness to practice, ensuring the delivery of safe, competent and ethical nursing care. Additionally, if you decide to use cannabis you will need to understand applicable law and the employment policies of your workplace. Although assessment is a variable science, it’s important to be able to recognize cannabis impairment. Different forms of consumption may affect people differently and there are additional considerations when cannabis is used with prescription medications. LPNs will need to be able to identify signs and symptoms of impairment in a client or colleague, and in oneself.

Many resources are available to learn more about cannabis. We encourage you to access these and learn the facts. Your commitment to providing safe, competent and ethical care is supported by enhanced understanding of how legalization of cannabis may impact your patients, your colleagues and yourself.

Valerie Paice, President and Linda Stanger, CEO

As LPNs, you have a professional obligation to maintain your fitness to practice, ensuring the delivery of safe, competent and ethical nursing care.
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Visit MacEwan.ca/CPNE for a full listing of courses and programs.
As healthcare professionals, we often put others before ourselves, working long hours and balancing demands. Finding personal balance is invaluable and will affect every aspect of our lives. How do we find ‘balance’?

**Positive Psychology:** What life hands us, good and bad, doesn’t determine our happiness. It’s how we react to those events that will determine how they impact our lives. My dad always said ninety percent of the world’s problems are just inconveniences (and I’ve learned he’s rarely wrong).

Society has us naturally dwelling on negative factors and downplaying the positive. This means our successes are not driving the levels of dopamine in the brain that contribute to overall happiness. We are actually resisting the body’s natural ability to be happy.

Set goals and when you reach them, take joy in those triumphs. Celebrate your successes to get that needed dopamine surge.

**Evaluate:** Embrace a role that emphasizes what you are good at. Often we can make adjustments to our work lives to accommodate this. Ponder how to accomplish this through our incredibly versatile profession.

Understand your personal strengths and play to them. Surround yourself with those who have strengths to complement yours.

Learn to schedule in meditation, movement and me time just like you book the hair salon, dentist, or your kid’s soccer practice. Add it into your calendar at the start of the week. Build it into your routine!
**Reach Out:** Anne Frank said “No one has ever become poor by giving.”

Develop a habit of reaching out to others and recognizing their accomplishments. A little puff of dopamine will come over you! This positive behaviour is contagious. Build on positive energy whenever possible. A simple thank you, a nice note, or a gracious email goes a long way.

**The New SOB:** As nurses, when we think of shortness of breath, we think of someone in respiratory distress. For ourselves, factors like anxiety, pain and stress can all disrupt the flow of our breath.

The breath is one of the most powerful tools at our disposal for self-regulation, energy generation, and overall health. When we use the breath mindfully, we can support the sympathetic and parasympathetic systems. Deep diaphragmatic breathing can stimulate the vagus nerve, slowing the heart rate and relieving anxiety.

Conscious breathing is hugely beneficial, and it can help us restore energy and create healthy rituals for years to come.

**Creating New Habits:** Don’t give up! It can take the brain weeks and even months to create a new pathway in the motor cortex. Keep your goals precise and in focus. Identify what you are achieving, and solidify your focus every day.

And one more motivator from my wise dad: Whatever you do, “Don’t let fear stop you.”

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CARING for CAREGIVERS:
LPNs Facilitating the COMPASS Caregiving Program

By Mel Priestley
For Sherrilyn Lavoie, Licensed Practical Nurse (LPN), becoming a facilitator of the COMPASS program was a convergence of her personal life and professional career. She provides care at work and at home, as an LPN at the Aspen Primary Care Network (PCN) in Westlock and as a family caregiver for her mother and children. So when the opportunity arose to become a facilitator for the COMPASS Caregiving program, Lavoie jumped at the chance.

“As an LPN, I think that it’s a really good opportunity to educate,” she says. “[LPNs] have a lot of training... this is just a really good way to make it come full circle, make it really expand and utilize all of that education that we’ve received.”

COMPASS is a nine-module program that helps family caregivers to be supported in developing their emotional, mental and physical resiliency so as to maintain their own health and avoid dangerous levels of stress and burnout. The program is led by facilitators who understand the difficulties that caregivers experience; most are caregivers themselves. Topics include guilt and grief, managing stress, improving communication, navigating the healthcare system and planning for the future. COMPASS was designed by Caregivers Alberta, a nonprofit organization that provides support to caregivers. Since the program’s first pilot sessions in 2005, Caregivers Alberta has trained over 200 COMPASS facilitators in 140 communities across the province. Roughly 20 to 25 percent of those facilitators are LPNs.

COMPASS came to the Aspen PCN in May 2017. Lavoie took the facilitator training alongside Susan Dougans, Health Promotion Program Facilitator at the Aspen PCN, and Carol Kassian, Program Coordinator at Westlock and District Family and Community Support Services (FCSS). All three are caregivers: Lavoie cares for her aging mother as well as her children who have special needs; Kassian began caregiving as a teenager when her mother was ill with cancer and now provides care to her parents; and Dougans cares for her 92-year old mother.
The three of them facilitated their first COMPASS group in the fall of 2017, which was attended by four individuals from the Westlock community.

On a sunny afternoon in late April, Lavoie, Kassian and Dougans sat down with two of the graduates from that first group, Melanie Dunford and Amilda Teske. Dunford is a single mother whose son has multiple disabilities, while Teske is caregiver to her husband, who has cancer.

The two of them took the course because they were seeking support for the demands they faced as family caregivers, as well as a need to form connections with others going through the same thing. Both mention feeling isolated when they started the program – living in a small community means that there aren’t as many support programs in the immediate area addressing their specific needs. Isolation is also a common experience for many caregivers, as they often get so bogged down with their daily responsibilities that they lose touch with friends, family and community. The COMPASS program showed them that there were others who were experiencing the same thing, even if the details were a little different.

“Even though some of the challenges that we go through are different, or some of the systems that we’re navigating are a little different, it’s the same outcome for all of us, where we just need to take time for ourselves,” Dunford says. “I wasn’t sure what I was going to have in common with everybody because I thought I was going to come in and my situation
would be so different. But it’s not, and that’s beautiful.”

“It made me feel I’m not alone,” agrees Teske.

As they share their experiences, there’s an obvious closeness and esteem between the two women. This might seem a bit unusual to an outside observer, especially given the age difference between them, but that’s part of what makes the COMPASS program so successful: it allows connections and bonds to form between people who might otherwise never have reached out to one another. Those bonds continue long past the end of the program, too. Dunford and Teske continue to stay in touch with each other and the other two members of their group, whether it’s meeting for lunch or coffee, or even just a quick phone call.

By allowing participants to recognize that they’re not alone and realize the necessity of reaching out to others for connection and support, COMPASS encourages caregivers to continue developing and maintaining their internal resiliencies.

“For myself, I have reached out to three of my friends that have gone through this,” Teske says. “It’s been really good because they can relate back to me what they have done. These are all women that I’ve known for years, but I’ve never reached out to them in that same way, regarding being a caregiver.”

The facilitators have also formed their own connections. They note that this has been invaluable since all three are playing double-duty by working in a career of caregiving during the day and providing care to their families the rest of the time.

“We’ve actually created...our own support network,” Kassian describes. “We’ve sought each other out on several occasions to say I just need to talk; I just need your ear. It’s amazing, having that go-to person to listen to you, non-judgementally.”

“They don’t need to solve anything,” adds Lavoie. “They just need to listen.”

LPNs are perfectly suited to facilitating the COMPASS program. As front-line workers, they are often the health professional who gets the full picture of what’s going on in a patient’s life, especially how that person’s caregivers are coping.

“I think I offer a unique look at the patient,” Lavoie says. “They tell me things they would never tell their physician: I’m unable to take my medications at a certain time of day because I’m so exhausted; I’m up all night, looking after my husband or...
my spouse.’ Lots of times I’ll hear things that the doctor will never know, which is definitely going to impact how the doctor cares for them, as well.”

After becoming a COMPASS facilitator, Lavoie began integrating the course into her daily work at the PCN. “If a loved one comes in, I ask the questions now: ‘How are you coping? How are you caring for this? How are you managing?’” she explains. “Even if it’s not being able to give the full-blown course, I’m maybe able to take a 10-minute snippet out of it and help the patient with something that they’re struggling with, or [help] their spouse with something they’re struggling with… I think it works well with our community; it works well with the collaboration with the physicians and with the other resources we have like FCSS and Alberta Health Services.”

Caregivers Alberta estimates that there are over 700,000 family caregivers across the province. Only a fraction of them – between 2000 and 3000 annually – access the programs and supports offered through Caregivers Alberta. That leaves a huge gap, where family caregivers are often left completely alone to manage the mental, emotional and physical tolls that caregiving can place on a person. Combined with Alberta’s aging population, taking care of caregivers has to become a critical component of a patient’s care – lest the caregivers end up becoming patients themselves.

“So many times it is the caregiver that, through sheer exhaustion and overextension, ends up in the hospital, rather than the care recipient,” Kassian says.

“We know the burden because we are caregivers,” Dougans says, speaking about what the facilitators bring to the program. “We know what that burnout feels like.”

“When we talk patient-centred care, it’s really important to remember that it isn’t just the patient themselves,” she adds. “Patient-centred needs to include the caregiver.”

Debbie Cameron-Laninga, Program Team Lead with Caregivers Alberta, is responsible for training all of the COMPASS facilitators across the province. She regards LPNs as one of the key players in delivering this program and supporting family caregivers.

“From our perspective, LPNs have been very under-utilized in that area,” she says. “Especially if they’re doing more programming through PCNs and medical clinics and things like that, we really see that they could be one of the leaders in this area of caregiver support.”
Over the six years that she has been in her role, Cameron-Laninga has worked with many LPNs who took the COMPASS program. She receives consistent feedback about how COMPASS shifted the focus of their daily practice, which is part of a much-needed overall culture shift in the healthcare profession to include caregivers in the team of health providers.

“Some of the LPNs have come back to me and said, ‘Our focus for so many years has been on the person in the bed or the person receiving treatment, so sometimes we forget that there’s this family member tagging along who’s often in her own level of crisis or distress,’” Cameron-Laninga explains. “Just opening their eyes to that and having that awareness – some of them have indicated back to me that it just means they give a lot more complete care to the whole community that’s involved in that person, rather than just the client themselves.”

“Sometimes other healthcare professionals involved don’t know of all the programs and services that are out there, or don’t have the time to spend with the family caregiver,” she continues. “If the LPN is able to bridge that gap and be that resource, information, support person – and even if they’re not a facilitator themselves but can direct caregivers to programs that support them – to me, that’s ideal.”

Dr. Jasneet Parmar (MBBS, MCFP (CAC)) agrees that by becoming facilitators of the COMPASS program, LPNs have the opportunity to become leaders in shifting the healthcare culture to become more inclusive of all aspects of patient care. “If we are going to change the culture in the healthcare setting – where often family caregivers need to be acknowledged or included in care planning and decision making – I can see LPNs bringing that learning into the work environment,” she says.

Parmar has worked extensively in the field of caregiving on both a professional and personal level. She also became a caregiver for her parents after they emigrated from India six years ago. After experiencing her own stress and burnout caused by caregiving, she realized the need to foster resilience within herself. She notes how fortunate she was to be able to use her position to influence her professional circles and participate in the shift towards increasing supports for family caregivers.

While there’s still plenty of work to be done in the field of caregiving, simply spreading the message about support options like the COMPASS program is one of the biggest obstacles to be overcome.

“Increasingly in all our healthcare settings, whether it’s acute care, continuing care or home care, we are depending on LPNs to provide frontline care,” Parmar says. “They’re often the conduit for communication between the care recipients, caregivers and... other members of the team.

“In my mind, they have the real-time, real life experience when it comes to recognizing the caregiver role, the consequences of caregiving and they’re often in a good position to flag the issues and the need for supports,” she continues. “I think it would be extremely valuable if you have this kind of training and facilitation experience under your belt, because then you take it to your setting, where you work, and you spread it.”

Combined with Alberta’s aging population, taking care of caregivers has to become a critical component of a patient’s care – lest the caregivers end up becoming patients themselves.

Caregiving places the same demands on everyone, regardless of their professional background. Healthcare providers aren’t necessarily any better equipped to take on the challenge of becoming a family caregiver than someone from a non-healthcare background. That makes the COMPASS program all the more valuable to healthcare professionals like LPNs who are constantly working with family caregivers – and doubly so if they also happen to be caregivers. There’s no better way to learn something than to be immersed in it, and becoming a COMPASS facilitator means keeping this material top-of-mind to share with the community.

“I was able to see that as a working professional, I was exactly like my students,” Lavoie says. “I was on an equal playing field. Just because I’m a professional doesn’t mean that I’m immune, and that I have better ability to adapt and cope with being a caregiver. That’s not taught to you at school. That’s something that you have to learn.”
We conducted a research study to generate knowledge on the role and scope of the LPN in both home care and case management. We used a case study approach in three offices and implemented a survey with a broader sample across all 5 Zones. The study was approved by the Health Research Ethics Board at the University of Alberta and participating Alberta Health Service (AHS) Zones.

The survey (n=24) was based on the Canadian Core Competency Profile for Case Management Providers (NCMN, 2012) and the AHS Case Management Competency Framework (AHS, 2011). Surveys were distributed electronically or in person to LPNs and RNs from each case and self-selected nurses from the 2 Zones who were not part of the case study. Responses were measured on a 6-point Likert scale that ranged from “never” to “very frequently”. The mean age of LPNs surveyed was 46 and RNs was 40. The majority of respondents had been in practice for over 15 years, and most of the nurses surveyed had been Case Managers for 0-3 years. Moreover, there were no significant differences between RN and LPN in case management competencies categories.

The cases were from one home care office from each of the North, Edmonton, and Central Zones where LPNs were either in a designated Case Manager position or were performing case management functions but may not have been in a designated Case Manager position. Interviews (n=19) were conducted with both LPNs and a variety of other staff members. One focus group was conducted within each case.

At the time of our case study, we found it difficult to confirm who was actually in a formally documented designated Case Manager position. It varied depending on who we talked to and from the time the study was initiated to the point of data collection. Most LPNs who participated were carrying out case management functions as part of their...
LPNs play a significant role in both direct client care and case management. Role which was typically a direct care nurse. All of the 12 LPNs who participated in the survey, some of whom also participated in case study interviews, reported that they were in designated Case Manager positions. Ten of the Case Managers who were interviewed self-reported that they were in designated Case Manager positions. However, when we contacted respective managers to confirm the number of Case Manager positions their LPNs held, only 3 LPNs across sites were reported to be in designated Case Manager positions even though they were carrying out the role throughout most of their day. Our participants included Case Managers (LPNs and RNs), and leaders and managers.

LPNs play a significant role in both direct client care and case management. In general, LPNs conduct more direct care than RNs, but within that role, many are also performing case management functions such as assessments, care planning, collaboration with other healthcare team members, and follow-up. LPNs regularly assist RN Case Managers with their caseloads, particularly during busy periods. Work is often carried out in teams in a collaborative, negotiated environment.

The LPNs who were in Case Manager positions were often experienced LPNs who grew into the role over time. Some were assigned to the CM role in specific geographic locations, particularly where no RNs were available to fill the position. Some reported that as home care grows and clients are more complex, they are no longer assigning LPNs to after hours shifts, instead using RNs in those roles in case the LPNs faced situations that were beyond their scope of practice.

The reasons to no longer assign LPNs to Case Manager positions were often related to whether or not LPNs could maintain competency in doing Resident Assessment Instrument (RAI) assessments and because some client needs might be beyond their scope of practice. We found that misinformation or assumptions about the scope of the LPN was at least part of the decision to no longer assign LPNs to designated Case Manager positions. For example, some thought patients in palliative care, or on their first day home after cardiac surgery required an RN; others thought otherwise. There were also discrepancies and misinformation, later verified as incorrect, about the number of annual RAI assessments required to maintain RAI competency.

The role of the LPN on home care teams and also in case management is valued by both home care leaders and the RN Case Managers with whom the LPNs work. LPNs felt supported in their roles and believed they always had access to supervisors or other health professionals when consultation or mentorship was required. LPNs were cognizant of the limits of their scope of practice and did not hesitate to name their professional association as their main knowledge source when any scope of practice questions arose.

Participants in this study viewed many case management functions as inherently part of nursing. It was sometimes difficult for direct care nurses to extrapolate and articulate case management functions apart from their holistic nursing practice of home care clients. For instance, direct care nurses, in collaboration with the Case Manager, may coordinate care and make specific referrals such as when facilitating a change in a client’s wound care regime. The coordination and referral process is case management but LPNs in direct care roles viewed coordinating and updating a plan of care as ‘just what they do’ as a nurse. Even though things like updating a care plan or consulting with other members of the healthcare team are done in conjunction with the Case Manager, most participants did not articulate the case management component as distinct from their nursing role until prompted.

Case management typically is carried out by one individual in a Case Manager role assigned to specific clients. We found that case management was often a collaborative practice within a small team. The team is engaged with numerous case management functions for a given client such as assessment, care planning, problem solving, and care coordination, to name a few. Team-based case management also occurred for challenging situations or complex cases in meetings where cases are discussed as a group. Participants perceived that team problem solving often led to more creative ideas and solutions for better client care and engagement. The nurses on the home care teams we witnessed are committed to their clients regardless of their role. They do not hesitate to support one another in order that daily client needs and workloads are managed so that clients receive quality care.

There is role variation among LPNs in home care across the three sites in this case study. The variation is due to many influencing factors that are at several levels: micro or site level, meso or Zone level, and macro or provincial level. Most often funding and human resources were predominant factors reported. Role variation is not necessarily a hindrance to home care programs and the flexibility in the way LPNs are used is usually beneficial. However, a provincial perspective might streamline, and subsequently strengthen, the role of LPNs in home care and case management, particularly considering the needs and demands created by differing population densities and characteristics across urban, suburban, rural, and remote areas. A provincial approach
with different models in different settings might provide a more standardized, effective approach that is explicit to both providers and clients.

There is an opportunity to consider several recommendations based on our findings. From a practice perspective, a mentorship program for not only LPNs in case management, but also for others practicing case management would be beneficial. Although Zones have various approaches to mentorship, we found that mentorship was provided in an ad hoc manner that is dependent on daily workloads and busyness in the office. Formal mentorship would help to build competence, proficiency, and confidence for novice and developing Case Managers, regardless of their discipline.

There is an opportunity to enhance the role of the LPN and refine their role on home care teams. Case management competencies are part of the Competency Profile for LPNs (CLPNA, 2015) and with the growth in number and type of clients admitted to home care, new approaches have the potential to meet home care demands into the future. One example is the team-based collaborative nature of case management that is organically growing in some offices in order to meet client needs.

The unique needs of home care clients support different models of care. LPNs are the right type of nurse for direct nursing care for many home care clients with few exceptions due to their scope of practice and education, which has evolved over the years. LPNs carry out case management in two ways—either functionally as part of a home care team or in designated Case Manager roles. There is an opportunity for health systems to identify specific client groups that are appropriate for LPN case management.

In summary, we have found that LPNs, their colleagues, and their managers support LPNs in case management. Managers and colleagues valued the role of the LPN in both home care and case management and acknowledged the contributions of the LPNs. LPNs were aware of their scope of practice, felt supported in their roles, and believed they could access whatever advice and guidance they needed regardless of their role on the home care team.

Acknowledgement

We would like to acknowledge Alberta Innovates Health Solutions (AIHS) and CLPNA for funding this research. We also would like to extend our gratitude to all the participants who took part in this study.

References available on request.
On April 1, 2018, the Government of Alberta proclaimed the new Resident and Family Council Act (RFCA). The legislation guarantees residents and their families the right to establish a Resident and Family Council (RFC). The legislation applies to all long-term care facilities and licensed supportive living facilities with four or more residents.

The introduction of this new legislation will provide a platform for residents, families and operators to openly discuss ways to maintain and improve the quality of their lives during their continuing care experience in Alberta.

The RFCA has 18 requirements which can be found in Section 2 and 5 of the Act.

- Section 2 of the RFCA focuses on the operator providing information to residents on their right to form a council if they choose; it applies most directly where a facility does not have a recognized RFC. Requirements of an operator under this section include posting a notice and holding biannual meetings to inform residents of their right to form an RFC.

- Section 5 of the RFCA applies when a facility has an established RFC. Some requirements of the operator under this section include designating a facility representative for the RFC, providing administrative assistance to the RFC and establishing a process for addressing requests and concerns raised by a resident or family member.

As a Licensed Practical Nurse, working in an environment where the RFCA applies, you may be asked to assist with activities as part of the new legislation. Potential activities could include gathering information and resources, such as Alberta Health’s Resident and Family Council Act Toolkit, when there is an interest to form an RFC, encouraging residents and families to participate in an RFC and possibly assisting in addressing requests and concerns of residents and their families.

For more information about the new legislation, toolkit or operator information guide, visit the Government of Alberta’s website at https://www.alberta.ca/resident-family-councils.aspx. To view facility inspection results for compliance to the Act, visit Alberta Health’s Public Reporting website at http://standardsandlicensing.alberta.ca/.
More than 330 delegates attended the 2018 College of Licensed Practical Nurses of Alberta (CLPNA) AGM & Conference, May 9-11, at the River Cree Resort in Edmonton. The CLPNA’s Annual General Meeting opened the event with highlights from the 2017 Annual Report, and a look forward through the 2018-2021 Strategic Plan.

This year’s Conference theme of ‘Shifting Reality’ featured an exceptional line-up of keynote speakers addressing relevant and timely issues for LPNs and healthcare partners. A Conference app and Facebook Live stream of Friday’s concurrent sessions were added this year, allowing for increased interaction and real-time questions and comments.

Assistant Professor of Kinesiology at the University of Toronto, Dr. Greg Wells reminded everyone of the importance of striving for balance with his presentation, The Ripple Effect: Sleep, Think, Eat and Move Better for Exponential Health and Peak Performance. Wells shared health techniques and life strategies that have immediate impact on performance, overall health, and well-being.

Marni Panas, Senior Advisor Diversity and Inclusion, Alberta Health Services, delivered a moving account of her personal journey as a transgender woman and the need for Improving the Experience for Sexual & Gender Diverse (LGBTQ) People. “Understanding the lived and learned realities of transgender and gender diverse patients and clients helps us develop skills to create safe, supportive and nurturing environments for people of a sexual gender minority,” shared Panas.
Certified Image Consultant Joanne Blake helped attendees connect with each other, and take conversation and networking skills to a new level with her presentation, Connecting at Conference – Conversation to Connect. Audience participation was key, and delegates enjoyed putting into practice techniques that help us open up, and interact meaningfully with others.

A panel of experts gathered on Thursday afternoon to discuss Strategies in a Time of Crisis – Opioids and Harm Reduction, addressing audience questions directly through an interactive and engaging discussion. Thank you to: Dr. Francesco Mosaico, Medical Director, Boyle McCauley Health Centre; Detective Guy Pilon, Edmonton Police Service; Petra Schulz, Parent Advocate, Founding member of Moms Stop the Harm; and Marliss Taylor, Program Manager, Streetworks.

Glenda Tarnowski, CLPNA’s Director of Professional Practice, closed out the conference with a motivational account of her career path adventures with Worms 25 Cents a Dozen! and Empowered Professionalism? Tarnowski shared wisdom gained along the way, reflecting on moments of challenge and transcendence and the inspirational learning that directed her personal and professional journey.

The 2018 Conference was rounded out with engaging concurrent sessions featuring a number of topics from health careers for Indigenous peoples in rural communities, to care for the aging and those with perceptual deficits, to optimizing the LPN role in home care, and holistic health.

Delegates complemented full days of learning with an evening of music, mingling and a Mardi Gras theme at the annual Awards Dinner honouring excellence in the LPN profession. Thursday’s Silent Auction raised almost $6,000 towards LPN education grants, and the popular Exhibitors’ Reception and tradeshow gave delegates the opportunity to meet and learn more about community partners that contribute to the well-being of Albertans.
Passion for their clients’ health and their colleagues’ education defines this year’s Awards of Excellence winners. The winners and the nominees were celebrated May 10 during the Awards Dinner at the CLPNA’s 2018 AGM & Conference. LPN winners received a $1000 cash award.

**Pat Fredrickson Excellence in Leadership Award**

Honouring LPNs who consistently demonstrate excellence in leadership, advocacy, communication and a passion for the profession.

**Winner: Amber Sneddon, LPN**

Amber Sneddon is described as an LPN who always sets the bar high, displaying an unstoppable drive as a true proponent of the Licensed Practical Nurse profession.

A sincere, dedicated, straightforward approach has guided her 17-year career with Alberta Health Services at the Stollery Children’s Hospital, and inspires her ongoing commitment and devotion to the children and families she cares for.

Amber works with her team to provide the highest standard of care for patients. She is also actively involved in seeking out and implementing improved Occupational Health & Safety practices to ensure patient and staff safety in her department, and throughout the hospital.

Professionalism and accountability define her approach to ongoing learning and growth. Amber enriches her own practice regularly, and is enthusiastic about sharing her knowledge by supporting staff, and teaching and guiding students and novice nurses. As a positive role model, and contributing team member, Amber encourages others towards proficiency and a commitment to be the finest nurse they can be.
RITA MCGREGOR EXCELLENCE IN NURSING EDUCATION AWARD

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

Winner: Shelly Dugas, LPN

Shelly Dugas is dedicated to teaching and learning, student advocacy, and faculty and student mentorship. Creative, self-directed and dynamic, Shelly exemplifies professionalism.

As a clinical learning group leader and theory instructor in the Practical Nurse Program at NorQuest College, Shelly promotes and maintains a supportive learning environment, encouraging knowledge utilization and application to practice. She provides an interactive, competency-based classroom environment integrating dynamic teaching strategies that foster creativity and critical thinking. She encourages students to understand the relevance of nursing research, and to never accept knowledge that is unsupported.

She has a vast knowledge base and leads the onboarding of new instructors. She also provides student orientation to acute care. Shelly encourages self-direction and self-reflection, continuously advocating for and supporting students and instructors, contributing to their individual successes. She challenges students to pursue their dreams and to never give up on their desire to become a competent nursing graduate.

Leading by example, Shelly shows that lifelong learning is a means to success and encourages students to self-motivate for growth. She is a strong team member, developing exceptional professional relationships with students, colleagues, and stakeholders.
LAURA CRAWFORD EXCELLENCE IN NURSING PRACTICE AWARD

Honouring LPNs who display exemplary nursing knowledge, promote an atmosphere of teamwork, mentor team members, and show pride in the profession.

Winner: Angelica De Vera, LPN

With high praise from colleagues, this year’s Laura Crawford Excellence in Nursing Practice Award winner is described as calm, valiant and courageous, with comparison to Florence Nightingale as a “ministering angel” gliding quietly along the corridors with faces softening in gratitude at the sight of her.

Angelica De Vera is the Director of Care at Lifestyle Options Terra Losa in Edmonton. In roles as a new LPN employee, team lead, and health and wellness manager, she has shown a continual pursuit of clinical excellence. Angelica’s leadership is noted with contributions to policy development, quality and risk management, medication and clinical advisory, strategic planning, and the ongoing mentorship, training and support of her colleagues.

A natural leader with a patient-centred approach, Angelica involves residents and families, listening and following up, always focused on ensuring the best possible care, and taking a strong advocacy stand when challenges arise.

As a role model, Angelica is compassionate, empathetic, and generous, respected for her integrity, professionalism, and dependability. She understands that a good leader never stops learning, or advancing her education in support of her many roles and responsibilities.

NOMINEES:
Angelica De Vera
Joseph Kim Escuadra
Jithu James
Heather Johnson
Jennifer King
Debra Lesyshen
Judith Malel
Ashni Narayan
Janie Rose Paguntalan
Joseph Hansel Panes
Melody Ann Seranas
Melissa Oake
Jessica Travers
INTERPROFESSIONAL DEVELOPMENT AWARD

Recognizing non-LPN healthcare leaders who are instrumental in building quality practice environments.

Winner: Lynette Pearse, RN

Described as highly experienced, with excellent leadership skills, this year’s Interprofessional Development Award winner is intuitive to the needs of the team, and is always positive and encouraging. She is understanding and reassuring, and her nominators say that she makes you want to come to work. Lynette Pearse is a Registered Nurse at the Rocky Mountain House Health Centre. She has 40 years’ experience across three provinces, and is a strong advocate for the nursing team and the role of the LPN within that team.

Lynette listens, guides, and supports her colleagues; whether it’s a nursing skill, charting, critical thinking, or communicating effectively with patients and their families. Lynette always makes the time to help others feel more confident in their abilities as a nurse. She guides without making anyone feel incompetent, and she never judges when someone doesn’t know the answer or asks questions, supporting LPNs to ensure their success.

A nominator states, “After completing my first two shifts with Lynette in emergency, I’ve never felt so valued as an LPN. To hear encouraging and respectful words from Lynette made me remember why I chose to be an LPN in the first place.”

DAVID KING EDUCATIONAL BURSARY

Recipients: Ashley Cesar, Samantha Santoro, Nicole Stewart

Congratulations to all nominees & recipients!
I’ve had stumbles in my ordinary life—a divorce, big moves, lost jobs, and financial woes. When I’ve fallen, I’ve always slowly gotten back up. This year I have been brought to my knees, but this time I’ve struggled to rise again.

On February 6, 2017, I was diagnosed with breast cancer. I had invasive ductal carcinoma, early stage, which required surgery for a partial mastectomy and 20 rounds of radiation therapy.

When my doctor called that snowy day in February, I fell into a black hole of physical and emotional pain. Cancer starkly reminded me that nobody is guaranteed a pain-free life. Along with my diagnosis and treatment came suffering that was chained to my unexpected state of illness.

Previously, I had shunned the word suffering. I have a child with Down syndrome, and the phrase “burden and suffering” has been slapped onto the backs of people with disabilities for a very long time. I have strongly asserted that my son is not a burden nor has he been suffering. Society and systems remain his burdens. My own cancer has forced me to reconsider the notion of suffering.

Suffering is such a loaded word. If suffering means experiencing a threat to oneself, we all suffer at some point in our lives. In recounting my recent experiences in healthcare, I am struck by the many instances of unmitigated suffering that I endured in the hospital. I almost passed out from an unsedated fine wire insertion in my breast. A receptionist sternly scolded me. The nurse wouldn’t allow my husband in the room to hold my hand during an IV start. I unexpectedly had a needle full of blue dye injected into my nipple. A young radiation therapist chastised me. At the same time, I was struggling with my identity of suddenly being a sick person and looking my own mortality in the eye. I was often cold, in physical pain, and terribly alone.
Health professionals are taught to be fixers and heroes. My suffering seemed to make many clinicians uncomfortable. I was told, “You have a good kind of cancer.” “You are lucky they caught it early.” “Be positive.” “Be brave.” “Be strong.” I felt anything but strong: I was weak, vulnerable, and dependent. This is the unspoken nature of cancer and many other illnesses too.

My husband and daughter remind me how families are bound together through thick and thin. When a loved one hurts, the other loved ones hurt, but in their own unique way.

My husband tells me he wouldn’t describe his own experience with my illness as suffering, but watching me suffer has caused him to be upset, worried, and uncertain. He describes the time between diagnosis and surgery as terrifying. He settled down during my treatment because he felt I was being looked after. His emotional stress has recently resurfaced as I’ve grappled post-treatment with my own value and worth.

I realize that nobody ever asked my husband about his emotional pain. He came with me to all of my medical appointments. Except for introductions, no clinician spoke to him directly or asked him how he was doing. He often sat invisibly in the chair in the corner of the clinic room.

I call my daughter, who is now a third-year nursing student, to collect her thoughts on suffering.

“Suffering is a harsh word,” she muses. “But then I think suffering is part of being human.” She is wise beyond her 21 years.

“I was really sad when you were diagnosed,” she continues during our tearful conversation. “It is painful to see the ones you love suffer.” She says what helped her was when she had something to do—even small things, like sitting with me, helping me read my pre-op pamphlets, or changing my dressing after my surgery. She asks me to tell you, as nurses, how important it is for family members to feel acknowledged and useful.

The love of my husband and children has taught me that kindness is a salve for emotional suffering. There were small moments of kindness in my cancer experience in healthcare. The mammogram tech stroked my hair during my biopsy. The radiation therapist covered me with a warm blanket before treatment. My medical oncologist gave me an impromptu hug. My family physician randomly phoned just to see how I was doing.

In contrast, there seemed to be no space to acknowledge my pain within the hospital environment. I felt like I was just another generic middle-aged breast cancer patient. My breast surgeon had no time to see me after my surgery. I was in and out of my oncologist’s office within minutes. My radiation therapy appointments were only 12 minutes long. I was allotted only four counseling appointments with the therapist at the cancer hospital.

I was wholly unprepared for all of this. Not one clinician sat me down to say “This is hard.” My tumour was treated well, but as the person who carried the tumour, I was rarely considered. I thought I was losing my mind. It wasn’t until I finally spoke to a therapist that I was told: “All that you are feeling is normal.” “Really?” I said tentatively. “Yes,” she said firmly and added, “you are minimizing your own pain. Let’s talk about it.” “Let’s talk about it.” Four small words. I only began healing from cancer when I was given permission to feel again, to not be strong, and was allowed to acknowledge my own suffering. Avoiding pain does not make it go away. How I wish that I had encountered somebody that sat down, looked me in the eye, took my hand, and said to me, “How are you really feeling? Let’s talk about it.” That person could have been a nurse. It should not only be the mental health professionals who are tasked with acknowledging our emotional pain.

As nurses, you are healers. Healers turn toward patients and families during their pain. A warm gesture, kind word, or gentle touch reminds us that we are not alone and makes space for our suffering.

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<th>Healers turn toward patients and families during their pain. A warm gesture, kind word, or gentle touch reminds us that we are not alone and makes space for our suffering.</th>
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Entering into the field of nursing is an application of competence and abilities. Having a firm recognition of the Standards of Practice benefits the new nurse who is developing appropriate methods of care. Starting a career with optimal standards will likely produce habits that can be continued for the duration of a nurse’s career. It is important for new graduates to have the ability to identify a negligent act and react accordingly. This paper examines various ways of identifying negligence in the workplace.

According to Ausmed (2016), negligence can be defined as a failure to take reasonable care or steps to prevent loss or injury to another person. Ausmed (2016) explains that in healthcare, the nurse will be held to reasonable nursing standards of care, meaning that they will be judged against what other nurses in the same situation might have done. Negligence can occur in any aspect of nursing care including history-taking, giving advice, performing an examination or treatment, reporting or failing to report, testing or failing to report the results of a test, and documentation (Ausmed, 2016). For example, if a nurse is giving a chemotherapy treatment and the patient develops an allergic reaction, the nurse has a responsibility to recognize the signs and symptoms of an allergic reaction and to notify the doctor. Not reacting to such a situation would be negligence. Ausmed (2016) advises that documentation is crucial in disproving an accusation of negligence. When documentation is thorough and correct, it provides a written record of care that may protect the nurse in situations involving accusations of negligence (Ausmed, 2016).

The failure to make appropriate decisions can result in charges of malpractice (Yoder-Wise, 2015). Author Patricia Yoder-Wise explains that malpractice is a type of wrongful act that has been established in common law. Negligence that has caused suffering or injury may be legally actionable as a claim for damages (Yoder-Wise, 2015). Accusations of malpractice require an injured person to prove that there was an owed duty of care; that the care was not met or was breached; that there was reasonable foreseeability; that injury or damages were suffered because of the breach, and that the damages or injury would not have occurred but for the negligence (Yoder-Wise, 2015). Being aware of the consequences of negligent actions while nursing is a way of strengthening a new graduate’s resolve to avoid such situations.
Progression in the profession requires that the nurse also needs to adapt to changes in the environment while practicing within the code of ethics at all times.

But how does a nurse fresh to the profession know the proper course of action without having personal experience? The best method of staying within professional parameters is to be aware of the minimal standards for nursing competence and to work above that level.

According to Jacoby and Scruth (2016), regulatory bodies determine the minimum standards for nursing competence and authorization to practice. The nursing profession determines the scope of practice, and the code of ethics forms a central foundation for the nursing profession (Jacoby & Scruth, 2016). Jacoby and Scruth (2016) explain that the standards in the code of ethics are non-negotiable. Nurses who are not competent or chose to practice outside their scope of practice are breaking the law and place themselves and their employer at risk for malpractice claims (Jacoby & Scruth, 2016). Nursing practice is a scientific process, and it will evolve as healthcare advances and public policies change. Progression in the profession requires that the nurse also needs to adapt to changes in the environment while practicing within the code of ethics at all times.

As mentioned earlier, negligence is failure to meet accepted standards of nursing competence and scope of practice. It is not based on what a particular nurse deems appropriate in a situation, but instead whether the nurse acted with the knowledge and skill reasonably expected of someone with that nurse’s education and training (Jacoby & Scruth, 2016). Jacoby and Scruth (2016) refer to the importance for new graduates to realize that sometimes acting reasonably may mean referring to an advanced practice nurse who has specialty training to deal with the situation.

Just as no one person is perfect, it is true that no one nurse is perfect. The code of ethics states that nurses must recognize incompetent, unethical, illegal, or impaired practice that places the patient at risk (Jacoby & Scruth, 2016). The nurse is required to dutifully inform the appropriate person to mitigate the risk to the patient (Jacoby & Scruth, 2016). Jacoby and Scruth (2016) also advise that nurses must escalate to a higher authority if the reported issue is not dealt with, which includes reporting to professional regulatory bodies.

So where does a freshly graduated nurse find resources for standards of care and current code of ethics? In Alberta, the best source for reliable information is the College of Licensed Practical Nurses of Alberta (CLPNA).

The College of Licensed Practical Nurses of Alberta has the responsibility of establishing, monitoring, and enforcing standards of education, registration and practice. The Standards of Practice provide overall guidelines for the licensed practical nurse and describe the required level of actual performance that can be measured. Professional standards of practice are delineated into more specific expectations through the profession’s Code of Ethics, Regulation, By-laws, Competency Profile, and employer policies and procedures (CLPNA, 2008). It is the responsibility of individual LPNs to understand the Code of Ethics and Standards of Practice and apply them to their practice. The policies of employers do not relieve LPNs of accountability for their own actions or their obligation to meet these standards (CLPNA, 2008). The standard of accountability states that nursing care be delivered in a manner that is accountable for monitoring and maintaining one’s own fitness to practice (CLPNA, 2008). The standard of patient safety requires that potential adverse events are prevented or minimized through identification and reporting of situations that are unsafe or potentially unsafe for clients or health providers (CLPNA, 2008). The standard of leadership requires the nurse to evaluate safety and effectiveness when planning nursing care and/or assigning duties to unregulated providers in accordance with established CLPNA guidelines (CLPNA, 2008). The standard of continuing competence reminds nurses that they are required to continue expanding their professional development (CLPNA, 2008). The nurse does this by maintaining awareness of trends, issues and changes in nursing and healthcare (CLPNA, 2008).

In conclusion, while there are various opportunities for a nurse to make mistakes, new graduates are advised to evaluate actions for foreseeable consequences. Having a firm recognition of the Standards of Practice will benefit the new nurse to develop appropriate methods of care and prevent negligent habits from occurring. When a nurse performs within the scope of practice and to the best of their ability, the risk of negligent actions can become no more than a cautionary reminder of one’s desire to be a professional at their career.

References available on request.
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 has the authority under the Health Professions Act and the LPN Regulation to assess the good character of an applicant or a registrant during the registration process. Part of the overall assessment of good character may include a review of criminal history.

Currently, the CLPNA requires all applicants for registration to submit a criminal record check. All registrants must declare their criminal record history since their last renewal. If a criminal record is discovered through either process, more information may be requested such as a certified criminal record check with fingerprints, an explanation of the circumstances around the charge, police reports and/or court transcripts.

The Registrar considers these documents to determine whether or not the charges impact the character that is desired of an LPN and whether or not the reputation of the LPN profession will be affected through the process of providing registration to an LPN with the relevant charge.

Having a criminal record does not automatically mean that a person cannot become or practice as an LPN. Any consideration to refuse registration is not taken lightly. Many factors are considered before the Registrar makes this decision, including:

- The nature of the charge
- The number of charges
- The time period in which the charge(s) took place
- How long ago the charge(s) took place
- Whether or not there was a conviction
- Anything else that seems relevant

Determining someone's character is a complex process, so each charge needs to be looked at individually and in context. The CLPNA makes their decisions independent from what an employer or educational institution may decide.

Applicants and LPNs who obtain a criminal record are encouraged to disclose it to the CLPNA promptly to reduce registration delays. If you have any questions about this process or want more details regarding criminal record checks and how they are assessed, contact the CLPNA at registration@clpna.com, 780-484-8886 or 1-800-661-5877 (toll free in Alberta).
The 2017 Annual Report and 2018-2021 Strategic Plan provide an overview and highlights of work initiated, in-progress, or completed that support CLPNA’s vision; and the members’ commitment to quality, safe, competent, and ethical care in collaboration with clients, families, and other providers.

According to the Annual Report, the CLPNA saw an increase of five percent in registration (15,860 members), 1,390 Alberta graduate registrations, and a reduction of 17 percent in complaints received. Enhancement in regulatory guidance and research were seen as priorities, and significant gains were made in policy development and research activity.

The 2018-2012 Strategic Plan describes future direction of the CLPNA in seven areas: registration, conduct, competence, research, policy, communication, and organizational culture.

View the 2017 Annual Report and 2018-2021 Strategic Plan at www.clpna.com under “Governance” and “Publications.”

On April 30, the College of Licensed Practical Nurses of Alberta introduced billboard advertising to the spring/summer awareness campaign.

Just in time for National Nursing Week (May 7 – 12, 2018), these large-format outdoor ads complemented television and radio spots airing in April and May. Featuring profiles of Licensed Practical Nurses, 15 and 30 second public service announcements captured passionate, personal perspectives on the competent, committed care provided by today’s Licensed Practical Nurse.

Watch for updates on phase two of our public awareness campaign scheduled for the fall of 2018.

Listen to radio ads from the spring/summer campaign by visiting www.clpna.com under “News & Events” and “News Blog.”
Northern Council Reps Announced Soon

In May, recruitment for nominations to the CLPNA’s Council were underway for the Grande Prairie (District 6) and Fort McMurray (District 7) areas. At the time of this writing, it’s expected an election will be held in June between at least two nominees in District 6.

The small number of LPNs in District 7 sometimes makes this a challenging District for nominations. The CLPNA’s Bylaws states if two or more nominees are received for a District, an election is held. If a District receives a single nomination, the nominee becomes a Council member by acclamation. Results will be published on www.clpna.com.

The CLPNA is governed by a Council, which consists of members of the profession (LPNs elected by LPNs) and three government-appointed public members. Council regulates the profession and oversees the CLPNA’s management, actions, and policy development within the framework of the Health Professions Act.

450 LPNs Absorb New Culture Nursing

“Empowering… brought out the best of me as a nurse.”

In April, LPNs were asked to be the leaders of a new culture of care where people, not just policies, really matter. CLPNA hosted professional development workshops on ‘New Culture Nursing – An Approach to Person-Centred Care’ in Edmonton and Calgary.

Dr. David Sheard, Founder/CEO of Dementia Care Matters, struck a chord with many in attendance, from LPNs and HCAs, to RNs and even a chaplain. The workshop focused on strategies to improve organizational culture so that person-centred care is the priority.

Attendees were pressed to reflect on their own views regarding person-centred care – what’s best for the patient, the organization and the healthcare provider. Testimonials reveal an increased level of insight occurred:

“This…has really motivated me to…be the nurse that I dreamed of being.”

“We need to change the culture of nursing from tasks to real caring.”

“Great learning opportunity regarding how to connect with the people with emotional intelligence and promote quality of life.”

The CLPNA hosts these events as part of the Strategic Plan to educate and empower Licensed Practical Nurses for the future.
Recognizing Elder Abuse is Aim of Course

Interest is running high for the 11th course in the Study with CLPNA series. Perhaps this is because LPNs are often in a unique position to help identify danger signs and support the victims of elder abuse.

ELDER ABUSE SELF-STUDY COURSE

Elder abuse is a significant public health problem and everybody’s business. The Elder Abuse Self-Study Course was designed by the CLPNA as continuing education for LPNs who have an invested interest in recognizing, responding to and preventing instances of elder abuse and mistreatment. The main purpose of this course is to bring further awareness to the issue of elder abuse and offer strategies that can be used to support older persons where either abuse is suspected, or a person has disclosed that they are being abused.

The CLPNA’s Self-Study Courses are free, online education programs available from www.studywithclpna.com. All courses can be used to fulfill an LPN’s annual Learning Plan goals for the Continuing Competency Program. A printable Certificate of Completion is available after passing a final exam.

Changes Coming to Continuing Competence Program

Starting in 2019, nursing practice hours will be considered a Continuing Competence Activity for all CLPNA members. Specific details of the changes, implementation, transition period, and more are coming soon. LPNs are asked to keep checking their email and www.clpna.com for details.
What LPNs Need to Know About Providing Immunizations

As the health system gears up for flu season, it is important that Licensed Practical Nurses are prepared and knowledgeable about their role when it comes to providing immunizations.

Under the *Health Professions Act (HPA) - LPN Profession Regulation*, providing immunizations is a Restricted Activity that requires specialty training and authorization. LPNs who have received the immunization specialty may administer vaccines under the following conditions:

- the recipient of the immunization is 5 years of age or older;
- the employer has protocols respecting immunizations;
- an authorized practitioner is available for consultation while the restricted activity is being performed.

In order to receive the immunization specialty, LPNs must successfully complete an Immunization Certificate Course recognized by the CLPNA and submit their certificate to the CLPNA’s Registrar to obtain authorization and have it applied to their practice permit. The Immunization Certificate Course is available online via Bow Valley College. See the link at www.clpna.com under ‘Education’, ‘LPN Specializations’, ‘Authorized Courses’. Education Grant Funding is available through the Fredrickson-McGregor Education Foundation for LPNs at http://foundation.clpna.com, or email foundation@clpna.com.

There are some key differences LPNs should be aware of when they are providing immunizations in a public health setting versus a travel clinic. LPNs providing immunizations in travel clinics require a patient-specific prescription from an authorized practitioner before they provide the immunization. Public health settings follow Alberta’s immunization schedule and LPNs are able to administer the immunizations without patient-specific orders.

LPNs should also be aware of some of the other types of injections that require the immunization specialty in order to administer, such as tetanus, anti-allergens, and immunoglobulins.

Being prepared is the best defense against influenza and ensuring LPNs have the knowledge, skills, and competence surrounding their role in immunization administration will support in making this year’s immunization campaign a success.

For more, contact the CLPNA’s Practice Consultants at practice@clpna.com, 780-484-8886 or 1-800-661-5877 (toll free in Alberta).
Licensed Practical Nurses have been practicing from an interpersonal relationship, nurse-client relationship or client-centred approach to care. We often think of these as professional communication styles even though that wasn’t their initial intent. But have you heard of relational practice? It’s a modern philosophical approach focused on how today’s healthcare professionals engage with clients (patients) in a deeper, more mutual, more authentic and realistic manner than before. It’s a foundational approach to care that has evolved from its predecessors.

Relational practice is about how and why we need to truly partner with a client, significant others and supports, and every member of the care team. Try to imagine the client at the hub of a wheel and all of these individuals attached to and revolving around him or her. It sounds holistic, doesn’t it? It is. However, relational practice goes much further than this.

To promote optimal patient outcomes, LPNs will want to learn more about their clients in general, not just in response to a specific health event. All aspects of the human experience, past and present, influence how the client will respond to care now. In relational practice, coming to know the client as a whole person is essential to how the relationship unfolds and becomes health-promoting. Much more time is spent in client engagement and exploring his/her own very subjective experience with health, not only in the moment, but over a lifetime. Why? Attentive listeners will find that many other facets of an individual’s life and personality can have value to engagement in care, care planning and treatment. The LPN is more relational, demonstrating sincere interest in the person as a human being, not just a patient. It is important to remember engagement does not simply occur around interviews, activities of daily living (ADLs), treatment or medication times. More time spent coming to know the client is very important to this philosophical approach.

Relational practice includes the LPN’s engagement with all members of the client’s care team. Conflict is reduced and understanding is enhanced when each member keeps the client front and centre in the discussion. Meetings should value information learned about the client from engagements with him/her. Everyone is free to share. This is important information for all to know. It has implications for planning now and into the future as well. A client-first focus and a relational practice approach on the care team also improves an understanding of members’ roles in care and shines a light on shared scope. Respect is enhanced when the focus remains constant.

In sum, adopting a relational practice approach to care means you, the LPN, can be more effective in ways that are more meaningful, appropriate and perhaps even more suitable from your client’s point of view. And as with every theoretical approach to care, there is much more to relational practice than this.

The CLPNA’s Relational Practice Self-Study Course is designed to assist LPNs to practice and explore how to use communication skills in real-life practical nursing situations. The course consists of seven modules and includes learning activities, quizzes and study guide. A printable Certificate of Completion is available after passing the final exam. Discover this and many other free courses at www.studywith-clpna.com.

All of the CLPNA’s Self-Study Courses are suitable to help LPNs meet their annual Learning Plan goals of the Continuing Competency Program.
Audit: How the Continuing Competence Program assesses LPNs’ learning

From June to the end of the year, the CLPNA’s Competence Committee will review the learning activities of approximately 3,200 LPNs during the 2018 Audit. Formerly known as the Continuing Competency Program (CCP) Validation, the Continuing Competence Program (CCP) Audit aligns with other regulatory college language and is better understood by members and the public.

A continuing competence program is a formal system of assessing the ongoing knowledge, skills and judgment of any professional practitioner. Continuing competence programs are considered to be a best practice among regulatory organizations.

It is a requirement of the Health Professions Act (HPA) and the Licensed Practical Nurse Regulation that all regulated members comply with the requirements of the CCP. CLPNA ensures LPNs are participating in and meeting the requirement of their CCP through an annual audit process.

Selected members are required to complete an online Audit form and, if requested by the College, provide proof of learning documentation. LPNs selected for 2018 Audit are notified by email. Additional information and a video tutorial are available at www.clpna.com. For additional support, email the Professional Development Department at profdev@clpna.com.

LPNs May Distribute Naloxone Kits

Due to the ongoing efforts by the provincial government to combat the opioid crisis and increase access to Take Home Naloxone (THN) kits, in March, Alberta’s licensed practical nurses were permitted to distribute THN kits in Emergency Departments and Urgent Care Centres without an order from an authorized prescriber if the use of the THN kit is for the emergency treatment of opioid overdose outside of a hospital setting and the LPN has appropriate training and employer support.

The CLPNA updated their Fact Sheet: Naloxone and the Role of the Licensed Practical Nurse in Alberta accordingly.

Naloxone can be used to temporarily reverse opioid overdoses and the government has worked to unschedule the drug in community settings across Alberta in order to make it readily available. As an unscheduled drug in these settings, LPNs can distribute Take Home Naloxone Kits free of charge and without a prescription directly to clients in certain community agencies registered with Alberta Health Services.

Questions? Contact CLPNA’s Practice Consultants at practice@clpna.com, 780-484-8886 or 1-800-661-5877 (toll free in Alberta).
PRACTICE POLICIES (approved by Council)

Professional Responsibility and Accountability - February 2018
The purpose of this practice policy is to outline some of the key professional responsibilities to which LPNs, as regulated health professionals, are held accountable. Key considerations in the policy include: Professionalism, Abandonment of Care, Fitness to Practice (including reporting), Professional Boundaries, Professional Development, Duty to Report and Unprofessional Conduct.

Registration Requirements: Actively Engaged - April 2018 (A policy for New Applicants)
The purpose of this practice policy is to establish and clarify the CLPNA’s interpretation of the criteria on “actively engaged”. This policy intends to help applicable applicants (see below) meet the actively engaged requirement under s. 3(2)(c) of the LPN Regulation for general registration.

Council has approved the following criteria for consideration by the Registrar when determining whether an applicant has been actively engaged: provided one or more of the nursing services as described under Schedule 10 s. 3 of the HPA in accordance with their competence to non-family members and provided nursing services for a minimum of 1000 practice hours in the last 4 years, whether paid or voluntary.

Satisfying the criteria stated above means that the applicant has been actively engaged; however, these criteria are only a portion of the assessment for registration or reinstatement. The Registrar maintains discretion of a registration or reinstatement decision based on other requirements in the LPN regulation (e.g., good character, English proficiency) for a submitted application. If an applicant has applied for and/or is being considered for a registration category other than general registration, they are also required to meet the requirements under that registration category.

Documentation – April 2018
The purpose of this practice policy is to outline the CLPNA’s expectations of LPNs around documentation. Additionally, this policy highlights some of the legal implications and risks associated with poor documentation practices.

INTERPRETIVE DOCUMENTS

Incapacity under the HPA - May 2018
The purpose of this document is to provide applicants and regulated members with a clear understanding of incapacity as defined in the Health Professions Act, the authority of the Registrar and Complaints Director in assessing incapacity, and what can be done with the information collected during these processes.

PRACTICE GUIDELINE

Mobile Devices - April 2018
This practice guideline supports LPNs in the responsible use of mobile devices. It can be read in conjunction with CLPNA’s existing document on “Professionalism on Social Media.” This practice guideline also outlines strategies that LPNs can follow to safeguard Personal Health Information that may be contained in mobile devices.
RESEARCH: Update

- Dr. Jude Spiers and her team, funded by the Advancing Knowledge in Practical Nursing Grant, held focus groups for their study, *Enhancing LPNs’ Family Communication Skills to Reduce Potentially Avoidable Transfers of Continuing Care Residents to the Emergency Department*. Thanks to all the LPNs that shared their experiences around communicating with the families of residents in long-term care. An education workshop informed by what was learned in the focus groups will be piloted next. If you are an LPN working in long-term care, keep an eye out for information on how you might participate!

- The following papers have been accepted for publication in ongoing collaborative efforts to advance knowledge for the profession. *Building Capacity for Evidence-Based Practice: Understanding How Licensed Practical Nurses Source Knowledge* will be published in *Worldviews on Evidenced-Based Nursing* (co-authored with Melanie Neumeier, MacEwan University). *Information Literacy Skills and Training of Licensed Practical Nurses in Alberta, Canada: Results of a Survey* will be published in *the Health Information and Libraries Journal* (co-authored with Kelley Wadson, Bow Valley College).

- Congratulations to Dr. Carole Estabrooks and her team from the University of Alberta for their successful CIHR Patient-Oriented Research Collaboration Grant application, *Building Citizen Engagement in the Translating Research in Elder Care Program*. The CLPNA is excited to partner in this important initiative to ensure that research efforts to improve conditions in the long-term care sector include the voices of those directly affected (e.g., seniors living with dementia and their family/friend caregivers).

For more info on LPN research, contact the Research Department at research@clpna.com, or 780-484-8886.
Dig your WELL before you THIRST

-proverb-
What Every Nurse Needs to Know About...

Neurotransmitters

EDMONTON, October 15, 2018 • CALGARY, October 16, 2018
0830 to 1600 hrs.

BARB BANCROFT, RN, MSN, PNP
Neurotransmitters: Too Much, Not Enough, Or Just Right?
- Which Neurotransmitters, Where are They Located and Why Study Them?
- Indolamines: Serotonin & Melatonin
- Catecholamines: Dopamine, Epinephrine, Norepinephrine
- Anandamide: Endogenous Endocannabinoids, Acetylcholine; GABA

Serotonin - 17 Discovered Receptors and Counting!
- What happens when Serotonin is Blocked or Boosted
- Serotonin in Health and Happiness; Anorexia; Self Confidence
- Serotonin in Disease States: Depression, Eating Disorders, Impulse Control, Migraines, N & O
- Gastric Motility, IBS, FMD, Premature Ejaculation
- Substance Use & Serotonin - Cannabis, Hallucinogens, Opiates, Cocaine
- Depression, Suicide Ideation & the SSRI's SNRI's, Botox, & Ketamine

Dopamine - The Pleasure Activator; Its role in Addictive Behaviour
- Addiction in Teenagers - Why it's Different; Early Exposure Matters
- The Pentangle Problem and Other Illicit Drugs that Boost Dopamine
- Dopamine and: Meth, Cocaine, Cigarettes & Alcohol; Video games
- Dopamine and Sexual Function/Dysfunction & Prescription Drugs
- Smoking Cessation Drugs

Low Dopamine & Acetylcholine: Parkinson’s, Huntington’s
- Tardive Dyskinesia, Extrapyramidal Symptoms & Drugs that Block or Boost Dopamine
- Restless Leg Syndrome - Link to SSRI's and Other Causes
- Low: Dopamine & Norepinephrine - ADHD
- Role, Effectiveness & Caution re Prescription Stimulants in ADHD
- How Norepinephrine Works; Effect on Mood, Risk Posed by Serotonins

Excess Dopamine: Psychosis & Hallucinations
- Organic, Drug, & Infectious Causes; Olden, Acute, & Second Generation Drugs to Treat
- Side Effects, Weight Gain, Secondary Diabetes

GABA: Inhibitory Effect; Panic Disorders & GAD
- Use of Benzodiazepines, Anxiolytics & Hypnotics
- Seizures - Anti Convulsants and GABA, in Chronic Alcoholism

Acetylcholine & Cognitive Function: Alzheimers & New Drugs; Boosting Cognition

Legal Issues in Nursing

CALGARY, November 5, 2018 • EDMONTON, November 6, 2018
0830 to 1600 hrs.

CHRIS ROKOSH, RN, PNC(C)
Nursing Litigation and Canada’s Legal Landscape
- Definitions & Statistics, The History of Litigation
- Clinical Areas Most Likely to be Sued; Trends and Issues in Nursing Litigation

The Stages of a Lawsuit: From Date of Adverse Event to Trial
- How an Adverse Event Becomes a Lawsuit
- If You are Sued, What Happens to You and Your Job?
- What Part(s) of the Lawsuit Will You be Involved In?

The Four Factors Required to Prove Nursing Negligence
- Establishing the Nurses Duty
- Determining the Breach in the Standard of Care
- Identifying the Injury
- Establishing Causation

The Top Five Nursing Negligence Issues with Case Studies
- Nursing Assessment; Communication
- Medication Errors
- Use of Medical Equipment; Infection Control

Nursing Documentation that will Defend You in the Event of Litigation
- What the Experts say About Nursing Documentation
- What the Courts say that Your Documentation Must Show
- Examples of Bad, Good, and Better Documentation

** Don't miss one of our highest workshops! **

Does every nurse need to know about neurotransmitters? Absolutely! There is literally no brain or body function that we could survive without them. Inhibitory neurotransmitters like Serotonin and GABA contribute to a stable mood, calm the brain and help create balance; they also help regulate sleep, pain, digestion and cravings. Excitatory neurotransmitters like Norepinephrine and Epinephrine regulate stimulatory processes, heart rate and blood pressure; but also anxiety, decreased focus, stress and insomnia. One neurotransmitter has both effects – Dopamine – and it helps with both depression and focus (this one helps you find your keys)! All neurotransmitters can be affected, blocked, or boosted by imbalances, substances, and drugs and debilitating disease states can result. Join us for this fascinating tour of Neurotransmitters and how they affect your patients & clients.

WHO SHOULD ATTEND?
- Nurses who work in Acute & Continuing Care, Community & Primary Settings
- Neuro Nurses; Pediatric Nurses; Street Nurses; Allied Health Professionals
- Addictions and Mental Health Nurses, Mental Health Professionals
- Occupational Health Nurses; Educators & Managers

B arb 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 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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WHO SHOULD ATTEND?
- Nurses at All Levels of Responsibility
- Nurses in All Settings
- Risk Managers
- Managers, Educators

Chris Rokosh is a Legal Nurse Consultant and Certified Perinatal Nurse with over 34 years of experience. She is President and CEO of Connect Medical Legal Experts Inc., Canada’s first Legal Nurse Consulting firm. Connect Experts provides medical/legal education to health care professionals and nursing expertise to lawyers involved in medical malpractice and class action litigation. Chris is an invited lecturer at universities and conferences across Canada and the US. The Legal Nurse Consulting course she developed has been accepted as credit towards a Bachelor of Science in Nursing at universities across Canada. In 2010 she was named one of Canada’s top 100 entrepreneurs and has been nominated for the Royal Bank Women of Influence award.

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EXECUTIVE LINKS

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