Culturally Competent Care

LPN Regulation Amendment
A Clinical Look at...

Supplements & Alternative Therapies

EDMONTON, February 24, 2020 • CALGARY, February 25, 2020

YOUR PATIENT OR CLIENT ASKS YOU: SHOULD I JUST TAKE A MULTIVITAMIN? OR SELECTIVE IN MY VITAMIN REPLACEMENT?

• The Clinical Uses of B Vitamins: B1 to Prevent Alcohol-Induced "Opisthotonos"
• B6 to Supplement INH and Other Drugs to Prevent Peripheral Neuropathies
• Does R7 Slow the Progression of MS? What Crucial Lab Tests R7 Shines
• Effectiveness of B12 for the Prevention of Anemia, Cognitive Decline, and Neuropathy
• Does Vitamin C Really Boost the Immune System?
• What are the Clinical Implications of Vitamin D Toxicity and Deficiency?
• What are the Clinical Manifestations of Magnesium and Zinc Deficiency?
• How to Advise Patients & Clients to Naturally Replace these Minerals?

THE WORLD OF "PRE" BIOTICS AND PROBIOTICS

• Relationship of Pre and Probiotics to Maintaining the "2nd Brain": the Microbiome
• Are There Antibiotic-Resistant Probiotics? Which Ones Should Your Patients Take?
• Do Probiotics Promote Weight Loss? Which Organisms Should Be Included?

Can Supplements Interfere with Drugs and Lab Tests? Which Drugs and Which Lab Tests Are Important to Monitor?

CLINICAL EFFECTS OF SELECTED SUPPLEMENTS, NUTRACEUTICALS, HERBAL PRODUCTS, & THERAPIES

• Anti-Inflammatory and Anti-Oxidant: Omega 3 Fatty Acids; Turmeric
• Clinical Uses of Melatonin have Been for Sleep... Can a Help Treat Sunlighting?
• Should Q10 Be Used when Patients Are Taking a Statin Drug?
• Milk Thistle for Liver Health; Menopausal & Menopausal Symptoms Including Hot Flashes and Urinary Tract Infections
• Honey for Wound Care & Cough: What Does the Evidence Support?
• Using Light Therapy for Seasonal Affective Disorder: Does Time of Day Matter?
• Does St John's Wilt Help Depression & Insomnia?

PSYCHOPHARMACOLOGY UPDATE

EDMONTON, April 6, 2020 • CALGARY, April 7, 2020

BIOLOGICAL PSYCHIATRY – A COMPLEX SCIENCE

• Neurotransmitters: Theoretically, the Emotional Signalling Chemicals of the Brain
• Limitations of the Research and Potential Risks

DSS-M/5 And Psychotropic Medication Use In Depression

• Antidepressants: How they are Thought to Work
• Cyclobenzaprine; Sertraline: Other Common Antidepressants – and Why They are Used
• Side Effects and Risk Factors; Herbal and Depression
• Best Options for Treatment-resistant Depression

IMPROVING PATIENT COMPLIANCE WITH MENTAL HEALTH MEDICATIONS

• Potential Risks & Limitations of the Research, What You & Your Clients Should Know

THE BIPOLAR SPECTRUM AND MEDICATIONS

• Medicating Bipolar Disorder: Current "gold standard" Treatment And Side Effects
• Anticonvulsants and Antipsychotic Use in Bipolar Disorder; Anticonvulsant Side Effects
• Risks of Medication Non-compliance
• What’s New And What’s Controversial Concepts In Treating Bipolar Spectrum

THE MANY FACES OF ANXIETY

• How Effective Is Medicating Anxiety? Benzodiazepines; Non-benzodiazepines
• Using Antianxiety Safely; Side Effects of Antianxiety; Medications to Treat Insomnia

SCHIZOPHRENIA

• How Antipsychotic Medications are Thought to Work; Conventional Antipsychotics
• Second Generation Agents; Antipsychotic Side Effects; Relapse and Non-compliance

CONTESTED RE: ANTIDEPRESSANTS FOR CHILDREN & ADOLESCENTS

• The Facts on Antidepressants And Suicide in Children; Medicating Anxiety in Children
• Is “Disruptive Mood Dysregulation Disorder” the New Pediatric Bipolar Disorder?

ADHD MEDICATIONS – THE EVOLUTION OF PSYCHOSTIMULANTS

• What’s New, What’s Old; Stimulants, Non-stimulants, and Some Surprises

KEY THINGS TO KNOW ABOUT ALZHEIMER’S MEDICATIONS

LOOKING AHEAD: NEWLY APPROVED MENTAL HEALTH MEDICATIONS

WHO SHOULD ATTEND?

• All Regulated Health Personnel in Direct Care Roles
• RN’s, RPN’s, LPN’s in Acute Care, Critical Care & Special Care Areas
• Professional Staff in Geriatric, Home, Community and Primary Care settings
• Dietitians, Physiotherapists, Pharmacy Staff etc.

The use of dietary supplements, such as vitamins, minerals or herbs, and alternative therapies has become a routine part of the Canadian lifestyle. Nurses and Allied Health Care Professionals are relied on by patients and clients to have accurate information about the uses and effects of these products. But often, these items are marketed as having benefits that are unsubstantiated, do not carry adequate warnings when they interfere with lab tests, and may be misused by the client because they are “natural”. Using evidenced-based research, Barb will present the current clinical findings and safety of the numerous OTC products used for various medical and psychological conditions.

WHO SHOULD ATTEND?

• Physicians, Psychologists, Mental Health Nurses, Therapists
• Social Workers & Allied Professional Staff in Psychiatric Settings
• Primary Care Physicians & Nurses; MH Staff in Community Settings
• Intake & Frontline Staff; Mental Health Managers and Educators
• Mental Health Nurses and Staff in Correctional & Forensic Settings
• Nurses in Pediatric Mental Health and Psychogeriatric Settings

To register: Call toll-free 1.866.738.4823 or visit NursingLinks.ca

B AR B BANCROFT, RN, MSN, PNP

Barb Bancroft is a widely acclaimed nursing teacher who has taught courses on Advanced Pathophysiology, Pharmacology, and Physical Assessment to both graduate and undergraduate students. Also certified as a Pediatric Nurse Practitioner, she now has 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.

To register: Call toll-free 1.866.738.4823 or visit NursingLinks.ca

D R. A NTHONY TOBIA, M D

Having trained in a dual residency in Internal Medicine and Psychiatry at West Virginia University, Dr. Anthony Tobia currently holds titles of Professor of Psychiatry and Clinical Professor of Internal Medicine at Robert Wood Johnson Medical School. Dr. Tobia has dual appointments in the Division of Geriatric Internal Medicine and Department of Psychiatry where he serves as the Vice Chair of Education. Dr. Tobia is also certified by the Board of Psychosomatic Medicine (2010) and is currently the Director of the Division of Consultation Psychiatry at Robert Wood Johnson Barnabas Health in New Brunswick, NJ. Dr. Tobia’s educational interests include the merging of popular culture and the field of Psychiatry. In addition to the curriculum he developed at RWJBarnabas, he directs the monthly Participatory Cinema at the Rutgers Center of Alcohol Studies; is a blogger for Psychology Today; hosts a continuing education webpage on MyCME.
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On October 17, the Government of Alberta announced a comprehensive amendment to the Licensed Practical Nurses Profession Regulation. This opens up new possibilities for a broader range of nursing services by Licensed Practical Nurses enhancing continuity of care for Albertans.

“These amendments support over 16,000 nurses to better assist a rapidly evolving healthcare system well into the future,” enthuses chief executive officer, Linda Stanger, of the College of Licensed Practical Nurses of Alberta (CLPNA). “Through optimization, more efficiency is possible.”

The changes include authorization and increased clarity around the administration of blood or blood products; dispensing certain drugs based on a prescriber’s instructions; providing ultrasound for bedside nursing assessments; administering intravenous nutrition; and administering medication by an invasive procedure, such as a central venous line.

The amended regulations come into force on February 1, 2020.

“The LPN profession is dramatically different today than it was 17 years ago when the regulation was first proclaimed under the Health Professions Act. LPN education has expanded significantly since then. These amendments reflect the current reality in healthcare and the future needs of Albertans,” explains Valerie Paice, an LPN and the CLPNA’s president.

A strategy addressing the impact to educational programs, registration requirements, and nursing practice is under development. The CLPNA will develop new standards of practice, an updated competency profile, and supporting documents to assist nurses, employers, educational institutions and affiliated health professions through the transition.

For more, see www.CLPNA.com or contact practice@clpna.com, 780-484-8886, or 1-800-661-5877 (toll free in Alberta).
Practical nursing students use virtual reality tools in new, high-tech lab

Bow Valley College is embracing technology in education with a new virtual reality lab. Students in the Practical Nurse diploma program will use virtual reality to assess competency in the lab setting while using digital avatars. This technology gives our nurses of tomorrow the skills they need before they see patients in the real world.

bowvalleycollege.ca/VRlab
Vaccine hesitance is a delay in acceptance of vaccines or a refusal to vaccinate despite the availability of vaccine services. According to the World Health Organization (WHO), vaccine hesitancy is now one of the top 10 threats to global health despite robust evidence showing the effectiveness and safety of vaccines. The WHO acknowledges that healthcare professionals are amongst the most trusted resources of information when parents make decisions regarding vaccination.

As professionals with a code of ethics and standards of practice, LPNs should have a comprehensive understanding of vaccination-related health supported by validated, science-based evidence. There are many social influences regarding vaccinations that are not scientifically-based, negatively impacting the global perception of vaccinations. As a result, decisions not to vaccinate are being made based on non-scientific opinion which has negatively impacted the perception of vaccination safety.

LPNs have a professional responsibility regarding informed decision-making. It is important that LPNs do not influence the decision-making process of clients or patients by sharing personal opinions regarding vaccinations. All information shared must be based on current, relevant and evidence-based science from a reputable and validated resource. Any misunderstandings or misinformation must also be corrected. LPNs must inform those served accurately, safely and completely.

EVIDENCE-BASED IMMUNIZATION SOURCES

To ensure that all LPNs have access to the most recent and valid vaccination information, here are some key Canadian-based sources:

- Government of Canada – Vaccines and Immunization
- Immunize Canada
- Canadian Paediatric Society
- Provincial and Territorial Ministries of Health
- Canadian Vaccination Evidence Resource and Exchange Centre (CANVax)

For more on this topic, contact the CLPNA’s Professional Practice team at practice@clpna.com, 780-484-8886 or 1-800-661-5877 (toll free in Alberta).
Recognize an exceptional LPN or supportive non-LPN by nominating them for an Award of Excellence

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

Pat Fredrickson Excellence in Leadership Award

Rita McGregor Excellence in Nursing Education Award

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

Laura Crawford Excellence in Nursing Practice Award

Interprofessional Development Award

Recognizes non-LPN healthcare leaders who are instrumental in building quality practice environments. Nominees are chosen by LPNs.

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

Nominations open until February 15, 2020

NOMINATION FORMS
from 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.
Culturally Competent Care: Healing in Maskwacis

By Kristin Baker

Photography by Nancy Critchley

On the ledge of an office window, a partially burnt sweetgrass braid lays in a shallow dish alongside a book of matches. Adjacent to the ceremonial smudging materials, a printed Sweetgrass Prayer is taped to a cabinet door. These were recently used in a smudge performed by the staff of this busy health centre to pray for a coworker who experienced unexpected surgery complications.

Jo Ann Buffalo, licensed practical nurse (LPN), explains that in Indigenous cultures, it is believed that when smoke from the sweetgrass rises, it carries a prayer to the Creator. “We smudged and we said a prayer together,” Jo Ann says. “For things like that, it’s our go-to.”

Jo Ann works at Maskwacis Health Services (MHS). It’s a full-service medical centre that serves the four bands of Maskwacis: Samson Cree Nation, Louis Bull Tribe, Ermineskin Cree Nation, and Montana First Nation. She’s part of a large interdisciplinary team that provides culturally competent care to Maskwacis residents through all phases of life.

MHS staff approach healthcare in a way that maintains respect for their patients’ cultural and spiritual beliefs, as well as their life experiences. “When we first meet with a patient, we let them know we offer patient-centred care,” says Jo Ann. “You’re the one that’s knowledgeable about what’s going on with yourself.”

Many of the LPNs at MHS wear a beaded, four-colour pin representing a medicine wheel. It symbolizes a person’s physical, emotional, spiritual and mental states. Balance between all of them is required for wellness, while
disruption in even one aspect can cause illness.

This holistic view is incorporated into the delivery of services. Staff provide contemporary physical and mental healthcare, but they also respect other facets of wellness.

MHS is located about 90 kilometres south of Edmonton, just off Highway 2A. It’s a busy hub serving the area’s approximately 18,000 people. The main goal of the centre is to provide patients with as many services as possible in their home community.

The bustling facility houses many medical professionals, including LPNs, health care aides, occupational and physiotherapists, counsellors, doctors, nurse practitioners and registered nurses. The centre offers a collection lab, as well as optical, dental, pharmacy and home care services.

“We have a wonderful group of staff that are very passionate about providing the best service possible to the patients of Maskwacis,” says Erinn Bailey-Sawatzky, MHS’s manager of home care and mental health. “There’s also a cultural component to the work we do, and our First Nations nurses’ knowledge and experience is imperative to our team’s success with patients and the positive outcomes that they achieve.”

There are currently 16 LPNs at MHS, 10 of them in home care. Many of the LPNs live within the community and identify as Indigenous themselves. Jo Ann, originally from B.C.’s Shuswap Nation, is one of them.

Jo Ann started at MHS as a receptionist soon after the centre opened in 1987.
Jo Ann educates people about where their pain stems from and how they can start to move forward. “We don’t have a magic wand, but we try to shed some light that we’re here to help them help themselves.”

As an example, the weekly pain clinic offered at MHS can help with more than just physical pain – it also provides patients with counselling, acupuncture, massage, herbal medicines and physiotherapy.

Terri Potts, LPN, worked in home care for 13 years before moving into the medical clinic. There, she assists physicians with patient care and collects samples for the lab (she has her phlebotomy certification). Being an LPN at MHS, she says, has opened doors and provided her with a lot of knowledge.

Nursing also gives Terri a way to help Maskwacis’s most vulnerable people. It’s something that is very personal to her as she has a brother who lives on the streets.

“Since he started living in that lifestyle, my passion has moved towards helping our vulnerable population,” she says. She makes a point of connecting to

She later attended a unique Indigenous LPN pilot program offered in the community and graduated in 2002, along with coworkers Jacqueline Whirford, Terri Potts and Lynnette Buffalo. (The program, offered in conjunction with Maskwacis Cultural College, has not been repeated.)

Jo Ann now works in MHS’s home care clinic where she provides hands-on, in-home care to many Maskwacis residents. Along with her nursing expertise, she offers guidance to her co-workers about Indigenous knowledge; she’s happy to share traditional Cree cultural protocol and practices with the team.

Jo Ann is passionate about helping those in Maskwacis, especially those haunted by traumatic past experiences. “Intergenerational trauma affects our people’s health,” she says.

Maskwacis is a community deeply affected by this intergenerational trauma. Jo Ann cites residential schools, oppression and assimilation as just some of the causes. The community also struggles with issues related to gangs and violence. To dampen the pain of these experiences, some residents use drugs and alcohol.
people living with addictions by being present and listening to them.

“Lots of people won’t give them the time of day because of their issues,” she says. “Sometimes it’s just hearing that one person say, ‘You helped me’.”

She’s also proud of the difference that the lab has made to the health and wellness of the community. “Opening the lab collection site gave people in Maskwacis the opportunity to come get lab work done here instead of travelling,” Terri says. “It’s made a huge impact in getting people monitored properly.”

Lynnette Buffalo, LPN, splits her time between home care, and the wound care and pain management clinics offered by MHS. She is obtaining her IV certification and will work in MHS’s newly created antibiotic IV clinic as well. For Lynnette, being an LPN at MHS is a way to connect with people.

“I like working with my community members,” she says. She appreciates the opportunities to work to her full scope of practice at MHS as well as its environment of teamwork. “It used to be that if you were in home care, you just did home care… they’ve changed things around so we’re all working together now,” she says.

Danielle Lynch, LPN, is the first practical nurse to be hired in the centre’s community health clinic. She started in 2018 after completing her education through NorQuest, but it wasn’t her first time at MHS. Her mother worked in administration at MHS for 13 years, so Danielle grew up surrounded by the staff and patients here.

“I went into nursing because of Maskwacis Health,” she says. “I got to see how happy clients and staff were, and how they made a difference in people’s lives.”

Danielle’s schooling was sponsored by the Ermineskin Cree Nation; working here is how she gives back to the community that supported her.

Danielle is responsible for immunizations and vaccine control. She also works with the centre’s Maternal Child program, where she provides
information, education and support that positively affects the health of mothers, babies, children and families. She acknowledges that it can be challenging, though, especially when she does home visits.

“With maternal child health, a lot of issues arise when it comes to trust. People have a fear of having their children taken away because historically, the child welfare system often removed Indigenous children from their families,” Danielle says. “It can make families apprehensive of community health nurses coming into their homes, for fear that we will contact Child Protective Services.”

She says slowly building trust with program participants has had tangible results. Clients know they can ask her for help, whether it be for extra food, a car seat, or household items like a hot plate.

“It’s really nice to be able to help people when they feel vulnerable or scared,” she says. “We’re not here to judge.

We’re here to make sure you’re healthy and you’re safe.”

Corina McMurrer, LPN, works in home care with Jo Ann. She came to MHS in 2018 after nursing in a hospital setting in Camrose. “I was nervous about coming because I’d never done home care before,” she says. “But I love the people, the culture and my workmates.”

Corina, who is not Indigenous, says there was a big cultural learning curve when she started working with Maskwacis’s patients. “In the hospital, it was more task-oriented, but out here, you’re not only doing home care, you’re doing cultural care,” she says.

She relies on the Aboriginal nurses’ knowledge of culture to guide her in how to respect the customs, values and beliefs of her patients.

“Jo Ann is my teacher. I go to her for everything cultural,” Corina says. “I want to make sure patients feel safe.” When a client is first referred to MHS, they are evaluated by a registered nurse who does an initial assessment and interview. If the client is not acutely ill, they are matched to an LPN who is then responsible for their case management.

Case management is a new role for the LPNs. It’s a change they are excited about since it will allow them to spend more time with clients.

“Being able to expand our scope will increase the health and wellbeing of the clients we look after,” says Jo Ann.

Corina, Jo Ann and the other home care nurses are busy as soon as they arrive at work. Every morning, they consult ‘the book’. It contains the names of clients to be seen in their homes that day.

The LPNs research the client to ensure they visit with the right equipment and supplies. Then they load one of the home care trucks and make their rounds.

Not every appointment goes according to plan, though. The nurses sometimes
encounter situations where clients may have been using drugs or alcohol.

“The community members have enough respect that if things are not good that day in their home, they will come to the door and say, ‘Today is not a good day, can you come back tomorrow?’” explains Corina. “That shows me so much respect, that they don’t want to put us in a situation where it’s not safe.”

This ongoing respect between the nurses and their patients is one of the reasons the LPNs say they work at MHS. “You always hear the bad things about Maskwacis,” says Danielle. “But I’ve heard from numerous staff members that they feel more safe and comfortable working here than they ever did working in other facilities. It’s because everyone affords us the same respect we have afforded them.”

“People recognize us right away when we’re out there,” says Jo Ann. “They’ll say, ‘You helped my child or my kokum [grandmother].’ It stays with them forever that you’re a helper.”

Since many residents don’t have a car, phone or internet, it can sometimes be challenging for clients to contact MHS or vice versa. The home care team will often do a drop-in ‘wellness check’ to make sure their clients are ok if they haven’t been heard from for a while.

“They know we’re there to help them with their health and respect us for that,” says Jo Ann.

The LPNs mainly provide wound care, medical assessments, health education, diabetes management, and post-operative support. But they also provide something else critical to patients’ well-being – human connection.

“You meet a client once and make a connection,” says Corina. “When you go back the next time, you might be there for an hour because when you’re done your care, you’re not just talking, but listening.”

One of Jo Ann’s patients connected with her, which helped him feel safe enough to tell her about his experiences in a residential school. “I just held his hand and let him cry,” says Jo Ann. “It’s the start of a journey of healing.”

The nurses at MHS often develop lasting relationships with their clients and are personally affected when one passes away. To honour those who have passed, the staff are planning to hold an annual traditional feast for late clients’ families.

“This is how we honour the families and ourselves as well,” says Jo Ann.

By delivering care that focuses on the whole person, these LPNs combine progressive healthcare skills with timeless respect to achieve the best outcomes for their patients and the system, as well as deep satisfaction for themselves. Just as the medicine wheel brings all the aspects of health into one balanced whole, the nurses at MHS are working to bring wholeness to their community, the culture in which they work, and the patients at the centre of it all.

The Elders Program

When long-term care space is not available in one’s own community, elderly people may be forced to find medical treatment far from home. For the Elders of Maskwacis, that might mean a visit from LPN Gloria McKnight.

Gloria, who speaks fluent Cree and has been an LPN for close to 50 years, brings her considerable nursing and cultural skills to the bedsides of those receiving care outside the community. In addition to regular home care, Gloria visits clients in hospitals and long-term care facilities, providing a valuable link to their community. This becomes especially vital if the Elder’s family lacks the resources (a vehicle, the time or the money) to visit. Maskwacis’s Elders Program, and Gloria’s bedside care, provide a connection that may heal as much as any prescription.
Work stress is pervasive across all healthcare professions.¹ Research on work stress in the nursing profession dates back to the 1960s. Over the past few decades, nursing work has become more complicated and stressful because of the shifting demands of the health system, increased use of technology, and pressures to be more cost-effective. Increased demands mean increased risk for unsafe nursing practice. Many nursing researchers are studying these types of work stressors to see if they lead to a phenomena called ‘nurse burnout’.

The term ‘burnout’ was coined by Herbert Freudenberger in 1974. Freudenberger used the term to describe responses of individuals experiencing chronic emotional and interpersonal stress at work. Burnout is so prevalent that the 11ᵗʰ Revision of the International Classification of Diseases (ICD-11), included it as a distinct occupational phenomenon. As a syndrome, it has three core characteristics:

(1) emotional exhaustion,
(2) depersonalization, and
(3) feelings of low personal accomplishment

These characteristics represent feelings individuals have about their work. Individuals experiencing burnout may
feel emotionally overextended and tired, feel detached or cynical towards others, and have a reduced sense of professional accomplishment and efficacy.3

**Causes**

Healthcare settings are stressful places. Factors commonly associated with burnout include: excessive workload, constrained professional autonomy, and perceptions that there is a lack of adequate resources to support safe, high-quality patient care.4,5 An increased number of patients with high expectations and chronic, complex conditions can intensify feelings of burnout.4 Attention to the wellness and engagement of nurses is crucial in a health system facing stressors including an aging population and anticipated nursing shortages.

**Risk to Patients**

When a nurse is feeling ‘burnout’, their emotional and physical well-being is compromised.2 Prolonged and heightened feelings of stress affect the neuroendocrine system leading to physiological responses that can contribute to illness.1 Organizational, feelings of burnout lead to increased sick time and high rates of staff turnover.1 This, in turn, can disrupt the functioning of the healthcare organization and results in lost institutional knowledge, rising costs, strains on the efficiency of the healthcare team,4 and ultimately, affects the quality of patient care.

Research studies on nurse burnout show associations with negative patient outcomes such as patient dissatisfaction, increased frequency of critical incidents, and higher mortality rates.1 Understandably, given the adverse consequences for patients, many consider addressing burnout to be a healthcare priority.

**Strategies**

As a key strategy to address burnout among nurses and other healthcare providers, organizations across Canada and internationally are directing their attention to improving provider wellness. These occupational health and safety programs focus on early intervention, monitoring, and prevention.9

As a means to reduce the risk of burnout, organizations are offering mindfulness and resilience training for care providers. Mindfulness refers to “the practice of learning to focus attention and awareness on the moment-by-moment experience with an attitude of curiosity, openness, and acceptance”.2 Resilience focuses on building the nurse’s capacity to successfully respond and adapt to changing circumstances.3 In combination, mindfulness and resilience help nurses manage their workplace demands while remaining fulfilled in their professional and personal lives.

Burnout interventions improve nurse retention, reduce errors, and enhance patients’ experiences.2 Organizations like Alberta Health Services (AHS) prioritize provider wellness. AHS includes supporting the health of their workforce as one of their four foundational strategies to provide safe, high-quality healthcare.

In addition to provider wellness, healthcare organizations are using nurse engagement as an indicator for the level of commitment and satisfaction nurses feel towards their job, their organization, and the nursing profession itself.7 Nurse leaders who are perceived as highly capable and compassionate foster nurse engagement and positive work environments, both of which can decrease burnout.4 For example, workplaces with leaders who empower nurses to attain the best outcomes for their patients have lower levels of burnout.2 Nurses that feel more empowered report less emotional exhaustion and cynicism and a greater sense of personal accomplishment at work.1

To effectively respond to the risk of burnout, interventions should address both the individual nurse and the workplace. The Institute for Healthcare Improvement acknowledges that while individuals are responsible for their own wellness related to their work, it is equally important for organizations and their leadership to promote provider engagement.9 Additionally, studies from the Mayo Clinic indicate that workplace wellness initiatives are more effective when they do not solely focus on the resilience of individual providers but also target stressors at the organizational level.6 Therefore, it is critical to not only foster resiliency, but also resilient work environments, where nurses can “anticipate, cope with, recover, and learn from unexpected activities, while handling patient loads”.2

To date, researchers have done a
considerable amount of work to understand and address burnout among nurses and other healthcare providers; however, there is opportunity for further work. For example, it would be of great value to examine exactly how workplace stress and burnout influence patient safety.

Furthermore, a considerable amount of the literature on burnout focuses on the acute care setting. With a large part of the nursing workforce practicing in community health and continuing care, it would be useful to expand the current knowledge specific to these practice settings.


Connect Care has launched in parts of Edmonton and soon it will be approaching other areas where LPNs work, so there is no better time to know where your digital skills stand and enhance them. Creating a learning plan to do so can help you outline your learning objectives and a pathway to achieve them. The HICAT self-appraisal allows you to assess different skills, such as your familiarity using basic computer equipment like a mouse and keyboard, as well as your understanding of how to find and apply information in computer systems relevant to your work in AHS.

To develop a personalized learning plan, consider:

- Of the skills and knowledge areas in the self-appraisal, where did you rate yourself least experienced?
- What are your goals related to developing your abilities? Is your primary objective to gain proficiency in order to use Connect Care, or do you have other goals, like becoming a technology champion in your area?
- What is your current level of proficiency, and what level do you want to achieve?

A basic skill level represents being able to apply your skills and knowledge to situations with minimal guidance from others, with a goal of increasing your independence. This level of understanding will provide you with skills and knowledge to assist you with the transition to Connect Care and other electronic systems. Once you have applied your basic skills on the job through regular, consistent use of electronic information and communication technologies, you may be ready to progress to an intermediate or even advanced level in some areas, meaning you can apply your skills independently and assist and coach others.

If your self-appraisal suggests multiple areas for enhancement, consider prioritizing what you will focus on improving. Consider which of these will be most important in your daily role. To achieve success, start by getting to know the tools you will be using and take your learning forward from there.

Where can you go to participate in learning activities to achieve your objectives based on your starting point and goals?

- To develop hands-on basic computer skills like using a mouse and keyboard, access free tools from any computer with the help of a colleague or mentor to get you started. One web resource is at: https://edu.gcfglobal.org/en/topics/computers/
- Alberta Health Services offers a series of introductory eLearning modules. Each are 20-30 minutes in length and can be accessed from My Learning Link, CLiC, Traccess and the eHealth Competence Insite page. The only pre-requisite skill is the ability to point and click a mouse.
- Other nursing partners have established learning modules related to digital health, such as the Canadian Association of Schools of Nursing and Canada Health Infoway, available at https://digitalhealth.casn.ca
- Training on the Connect Care program specific to your role and responsibilities will be provided to you prior to its implementation in your work area
- Managers, leaders and educators may be able to connect you with mentors, Super Users and on-the-job learning opportunities

Alberta Health Services eHealth Competence program is one of the supports available to LPNs for their continuing professional development in preparation for Connect Care and beyond.
The College of Licensed Practical Nurses of Alberta’s Education Forum distills the essential elements applicable to all nurses, from practice to regulation to conduct. Workable knowledge for the most experienced to the newest graduate from experts in their fields.

The dynamic one-day event is held in two places at once, thanks to a hosted live webcast in Calgary of the Edmonton in-person forum.

Both locations feature interactive technologies to connect with the speakers and engage with the content.

Get comfortable with a steaming coffee, a delicious lunch and wholesome refreshments throughout the day.

And say ‘Hello Forum’ to a whole new learning experience!
The College of Licensed Practical Nurses of Alberta’s Education Forum distills the essential elements applicable to all nurses, from practice to regulation to conduct. Workable knowledge for the most experienced to the newest graduate from experts in their fields.

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Get comfortable with a steaming coffee, a delicious lunch and wholesome refreshments throughout the day. And say ‘Hello Forum’ to a whole new learning experience!

Chris Rokosh, President/CEO, Connect Medical Legal Experts

Chris’s 40-year nursing career has seen all of the good and all of the bad that healthcare has to offer. She also realized that nurses were making some of the same mistakes over and over again.

Chris became Canada’s first Legal Nurse Consultant based on the belief that accurate, unbiased, scientifically-based medical knowledge can positively impact healthcare, law, industry and individual lives. Her recent book ‘Shift. Change. Empowering Nurses with Medical Legal Knowledge’ does just that. Chris has trained some of the top medical legal experts in North America.

Chris is a humorous, warm and engaging speaker who brings a wealth of experience to the healthcare world. She has been featured in national media, including the Globe and Mail, Canadian Nurse, Chatelaine and the Lawyer’s Weekly.

CLPNA’s ANNUAL GENERAL MEETING

Friday, May 8, 2020
9:00 - 9:30 am
Holiday Inn Edmonton South
Evario Events

Resolutions may be filed until May 4, 2020
Resolution Forms available by request at info@clpna.com or 780-484-8886

Your Profession, Your College
www.clpna.com

www.CLPNAEducationForum.com
Opioid-related deaths in Alberta continue to climb. Licensed practical nurses are among the many healthcare professionals who see the results of this crisis in their practice.

Alberta Health reviewed the files on all unintentional opioid-related deaths in 2017. These 653 cases give us a clearer picture of the people most at risk for opioid overdose and death, which will help LPNs better understand and care for those who are touched by this crisis. Stigma or negative views about people who use opioids can prevent them from speaking out, or seeking supports or treatment. They may be more likely to use alone, overdose alone and die alone, as was the case in 66 of the deaths in 2017.

In 2017, most of the people who died opioid-related deaths were male (77 per cent), had regular, stable housing (75 per cent) and had at least one family member or friend who was aware of their drug use (84 per cent). Previously being in provincial custody or medical diagnoses for psychiatric conditions or chronic pain were other common factors.

81% of individuals who died from opioid poisoning in AB in 2017 had a lifetime diagnosis of anxiety, mood, or psychotic disorder, compared to 42% of the general population of Alberta in 2017.

Note: Percentages are of the individuals linked to administrative health data (n=653). For those individuals who died in hospital, the last emergency department visit is excluded from these totals. The number of emergency department visits ranged from 0 to 48 in the 6-months prior to death.

Note: Percentages are of the total number of decedents (n=653). *Anatomical Therapeutic Chemical (ATC) code N03A antiepileptics or anticonvulsants, excluding benzodiazepines and barbiturates (e.g., gabapentin, pregabalin, topiramate, valproic acid, phenytoin, carbamazepine).
Improving the Quality of Care for Seniors? There’s an App for That!

By Rebecca Ihilchik, Canadian Healthcare Technology

We live in an app-ified world — and seniors’ care is no exception. Among the many seniors’ apps available on the market, some digitize or simplify tasks for a caregiver or health professional, while some allow older adults to access entirely new activities that can inform, entertain, or enrich their lives.

For the elderly, apps can provide a sense of agency when it comes to managing their healthcare needs. And apps offer a way for those who are homebound to more readily access a helpful resource when they need it.

A solution accelerator in the longevity sector, the Centre for Aging + Brain Health Innovation (CABHI), powered by Baycrest, helps Canadian and global innovators test, develop, and validate their promising products, practices and services. Among more than 210 projects, CABHI supports a number of apps that are impacting the lives of older adults and their care teams. Here are four of them – all developed and tested in Canada:

Health promotion for seniors:

We tend to engage with healthcare reactively – by diagnosing a problem or treating a symptom. Nova Scotia-based educational non-profit Fountain of Health is disrupting the ‘disease model’ of healthcare by proactively promoting the ways seniors can embrace health and wellness in their everyday lives.

The non-profit’s free Wellness App helps older adults adopt healthy habits based on five key actions: positive thinking, social activity, physical activity, brain challenge, and mental health. The app allows users to set goals and helps them achieve those aims by providing reminders and encouragement.

The app was developed by Dalhousie psychiatry professor Dr. Keri-Leigh Cassidy and is based in current science on healthy aging and cognitive behaviour therapy. With CABHI support, Fountain of Health is now scaling the app and other educational materials to healthcare providers across Canada. The Wellness App is available at fountainofhealth.ca.

Helping to deprescribe:

But in some cases, medications that worked well in the past are not the best choice now. In those circumstances, an intensive drug regimen is at best not helpful; at worst, it’s downright dangerous. In response, many healthcare professionals are shifting toward deprescribing – re-evaluating their patients’ medication intake and reducing or stopping to prescribe particular drugs.

Deprescribing guidelines are available online and in print, but not in a manner convenient for busy healthcare professionals. With CABHI support, Dr. Barbara Farrell, a scientist at Bruyère Research Institute, led a team that developed an interactive smartphone app for use at patients’ bedsides and in pharmacies. The app uses guidelines and algorithms to help healthcare professionals evaluate medication regimens and recommend structures for deprescribing.

For instance, the app’s deprescribing tool allows healthcare providers to consider the potential risks and benefits of each medication, as well as patients’ preferences and health goals. The app is designed to be used as a conversation starter with patients, facilitating open communication about medication use and helping to identify opportunities for deprescribing.

With CABHI support, Dr. Farrell’s team successfully tested the app with healthcare providers and patients in a series of pilot studies. The app has also been adapted for use in long-term care facilities, where deprescribing is of particular importance.

The results have been promising. Healthcare providers who used the app reported feeling better equipped to engage in meaningful discussions with patients about medication use, and patients expressed satisfaction with the app’s ability to support informed decision-making.

As the world of healthcare continues to evolve, apps like these have the potential to revolutionize the way we approach care for our aging population. By leveraging technology, we can empower seniors to take control of their health and wellness, while providing healthcare professionals with the tools they need to make informed decisions that benefit the whole person.
professionals decide when and how to reduce medications safely, and how to monitor their effects. The app is available at deprescribing.org.

**Support for caregivers:** Up to 90% of people living with dementia will experience behavioural and psychological symptoms that will affect their caregivers – such as physical or verbal aggression, wandering, agitation, or resistance to support, in addition to others. These symptoms can cause stress for caregivers that is itself associated with early or frequent admission to hospital and long-term care for the person living with dementia.

Dementia Talk App is a tool for caregivers to track behaviours and develop a care-plan to manage their loved ones’ symptoms. The app’s six features – a behaviour tracker, behaviour care plan, ‘My Team’ sharing feature, medication list, calendar, and ‘Caregiver Corner’ – act as a cohesive one-stop shop for a caregiver’s needs.

The app was created with CABHI support at Sinai Health System by Einat Danieli, a former occupational therapist who was inspired by her own experiences working with caregivers to create a technological solution that addressed their concerns.

Dementia Talk App is available on the App Store and on Google Play.

**Non-verbal communication assistance:** One of the biggest life changes for those living with advanced dementia can be the loss of ability to communicate verbally. The Linggo app, developed with CABHI support by Seneca College professor Ling Ly Tan, is an effective and affordable communication system for non-verbal individuals. Linggo uses intuitive visual representations to allow the user to select phrases or build sentences, which it then communicates in words onscreen and out loud.

The app incorporates machine learning to adapt to the individual user by learning their daily needs and preferences, making it highly customizable. Linggo not only helps non-verbal individuals to communicate, but also to maintain a sense of agency and independence. Users can include not only older adults living with dementia, but those who are non-verbal due to stroke or autism.

With support from CABHI, Linggo is being tested and will be made publicly available in the future.

Making Quality A Part of Practice
Improve Communication with QuRE

By Alberta Health Services’ Access Improvement Team

Think about the last referral or consult letter you read. Was it clear? Did you have all the information you needed to take care of the patient? Did the letter clearly indicate expected next steps in the patient’s care?

If you said “no” to one of the questions above, you’re not alone. Most Canadian medical schools have not offered formalized training on how to write referral or consult letters. This means there is no standard practice for what’s included in a letter, and too often, key information gets left out.

“Inadequate communication leads to delayed access to care, patient frustration, poor compliance and is ultimately a patient safety issue,” says Annabelle Wong, chair of the QuRE Committee. “This is where Quality Referral Evolution (QuRE) comes in to help. Our commitment is to enhance clinician learning, increase access to care and improve patient safety. Through our evidence-informed resources and connections, we’re bringing the importance of quality communication to the forefront.”

QuRE (think “cure”) was created in 2015 by a dedicated group of physicians and professionals from Alberta Health Services, the University of Alberta and the University of Calgary to help improve communication between clinicians and patients, and enhance the consultation/referral processes in Alberta.

One of the resources created by the committee is the QuRE Checklist. This handy, pocket-sized resource helps physicians and specialists ask the right questions when creating their referral and consult notes. A user-friendly template named “QuRE Consultation-Referral Request and Response” is also available in four commonly used EMR systems: QHR Accuro, TELUS Wolf, TELUS MedAccess and TELUS Practice Solutions. QuRE also provides educational workshops to medical residents at the University of Alberta and the University of Calgary, and has had more than 180 residents attend the workshops since March 2018.

Building connections with other provinces has been an initiative QuRE is passionate about. In 2018, Saskatchewan Health adapted the QuRE Checklist for their physicians and is planning to make workshops mandatory for all resident students across the province. QuRE is also starting work with health regions in British Columbia and Ontario, and hopes to spread the initiative nationally.

Earlier this year, QuRE expanded their focus and began working on patient resources. Their Patient Handbook and Patient Resources are currently under development, and will be valuable tools to help patients navigate the consultation/referral process.

“Navigating our healthcare system can be daunting,” says Gordon Jones, Clinical Design Lead, AHS Access Improvement. “The QuRE patient resources will help patients feel confident to ask questions about their health and feel included in their care journey.”

As valuable members of the care team, we encourage you to share QuRE with your colleagues. Why? Whether you work in primary care with physician colleagues who generate referrals, or with specialists who write consult letters, you have an opportunity to help make improvements to your clinic’s consultation/referral practices. These small changes make a big difference – and one that patients will appreciate!

To learn more about QuRE, visit www.ahs.ca/QuRE or email access.eReferral@ahs.ca. The QuRE Checklist can be found at https://www.albertahealthservices.ca/assets/info/hp/arp/if-arp-qrue-digital-checklist.pdf.
Safe and healthy expression of sexuality is a right and a lifelong aspect of human flourishing. The CLPNA’s Competency Profile for LPNs identifies gender identity and sexuality as concepts of personal health and wellness.

Yet how prepared are you to address resident sexual expression in a continuing care home? What kinds of supports are available to you, residents and family members? In the absence of provincial policies or standards on this topic, we designed an Alberta-wide, multi-phase, qualitative study to understand how people navigate these issues and what implications this has for staff, residents and family members. The study findings offer a range of perspectives on sexual expression in Alberta’s continuing care homes, as well as descriptions of how resident sexual expression is complicated by the interpersonal, physical, and social features of congregate living.

In Phase 1, we interviewed continuing care managers and the health professionals whom they consult about these matters (e.g., clinical ethicists, best practice teams, geriatric specialists and social workers). Our Phase 1 participants provided broad definitions of sexual expression and its place in continuing care homes. They said that sexual expression can include a wide range of identities, practices, acts, and relationships. This can include kissing, hugging, bed-sharing, fantasizing, emotional intimacy and sexual acts. Participants were unanimous that sexual expression has a place in continuing care, but had different ideas about what that place should be.

We heard that current resources are not adequate to anticipate, support, or navigate expressions of sexuality. We also heard that features such as policies, education and the physical environment influence how managers navigate residents’ sexual expression. In the absence of provincial standards and sector-level guidelines, most managers said that they “just wing it”. The problem with just winging it is that it does not produce a clear or consistent approach. Participants indicated that staff education and training about this topic is much needed, as are conversations about where and when residents are entitled to meaningful privacy. These matters are further complicated when residents have dementia. Assessing capacity to consent can be challenging, but it can be done and it is essential for protecting vulnerable populations and retaining their agency over a nourishing aspect of their lives. Continuing care staff need to find a balance between risk aversion and supporting resident autonomy. Lastly, we learned that interpersonal dynamics shape the context for sexual
expression. Participants indicated that it is both important and challenging to have families involved in this aspect of resident life. Family members are often unprepared for navigating this and staff’s reaction can influence their responses. At any care home setting, there will be diverse values and beliefs about sexual expression. However, with limited related training and education available for care staff, many people default to their own views. This can create inconsistency in care and risks becoming more staff-centred than resident-centred. Staff do not have to reach total agreement on these matters, but it is important to discuss their views and reflect upon how these may play out in their care work.

In Phase 2, residents and family members described a diverse range of experiences related to sexual expression in continuing care. For instance, some participants said their sexual lives ended when their spouses died or became ill, some used sex toys nightly, one participant won an award for an erotic film he created, and another came out of the closet for the first time in his long-term care home. Family members were generally supportive of, and concerned about, sexual expression in the care home. They were concerned about staff making sexually disinfibulated residents with dementia feel like “monsters,” about inadequate responses to unwanted sexual touching, and about the views and actions of staff members. Our participants stressed the importance of supporting resident autonomy. They indicated that retaining autonomy through personal choice is important for residents’ sexual expression. This includes making decisions about what to wear, how one’s hair is styled, which social activities one participates in, and more. By making these choices, residents can retain a sense of identity beyond being a recipient of care. Similar to Phase 1, we heard that privacy is a huge issue. Residents spoke about staff walking in on them without knocking, “romance on the clock” because of scheduled visiting hours, and unwanted staff inquiries or teasing about their romantic lives.

Residents and family members agreed that there is a lack of communication about sexual expression in continuing care (e.g., conversations, guidelines, or print materials). Because resident sexual expression is usually only addressed when it becomes a problem, there are no examples of what appropriate sexual expression in continuing care can look like. Family members also indicated that they do not always want or need information about their relative’s sexual activities, nor do they know what to do with it. Residents would also like staff to be judicious in what they share. Lastly, we heard that expressions of people with dementia are often pathologized and that when dementia is involved, staff responses can be very restrictive. Family members wanted assurance about safety, but were unclear about the mechanisms for preventing and/or addressing instances of unwanted sexual expression. Other family members expressed gratitude for staff who had shown their loved ones compassion, rather than stigmatizing the changes in their behaviour. The findings from both phases highlight the important work that is needed for supporting safe, healthy, and dignified expressions of sexuality in continuing care homes.

In light of cumulative losses associated with moving into continuing care, sexual expression takes on a new meaning for residents. With lack of attention to sexual expression, there is a potential for infringement on human rights and a missed opportunity for residents to feel good in and about their bodies. LPNs are in an excellent position to support residents’ gender identity and sexuality as aspects of personal health and wellness. Opportunities to demonstrate leadership in this area include:

- Reflecting on personal values and beliefs about sexual expression. How might these influence your and your colleagues’ interactions with residents?
- Having conversations about sexual expression’s place in the care home with colleagues, residents and family members. How can residents engage in sexual expression and where can residents expect privacy?
- Framing sexual expressions in terms of “wanted” and “not wanted”. What forms are not acceptable and what are suitable redirection strategies?
- Taking part in policy development to create a safe environment, and advocate for consistent and compassionate approaches to resident sexual expression. What are the care home’s guidelines for resident sexual expression?

LPNs are in an excellent position to support residents’ gender identity and sexuality as aspects of personal health and wellness.

References available upon request.

Funding disclosure: Funding for this research comes from Alberta Innovates and the University of Lethbridge. Ethical approval was received from University of Alberta Health Research Ethics Board and Operational Approvals came from Alberta Health Services, CapitalCare, Carewest, and Covenant Health.

LINKS TO THE FULL REPORT AND MORE RESOURCES:
Phase 1 report: http://opus.uleth.ca/handle/10133/5253
Phase 2 report: https://opus.uleth.ca/handle/10133/5561
AHS toolkit: https://www.albertahealthservices.ca/info/Page16102.aspx
Challenging Geriatric Behaviours

**To register:**
Call toll-free 1.866.738.4823 or visit NursingLinks.ca

**Back by Popular Demand!!**

**STEVEN ATKINSON, PA-C, MS**

Steven Atkinson, PA-C, MS, is a Board-Certified Physician Assistant specializing in Geriatric Internal Medicine. He practices medicine in the greater Minneapolis area. In addition to his private practice, he has been on the faculty at the University of Utah since 1994 and involved in medicine for over 30 years. Steven is the co-founder and co-owner of Twin Cities Physicians, which serves older adults in nearly all levels of their care. He has presented internationally for over 15 years, primarily speaking about geriatric-related syndromes. Steven is a published author and sits on several boards whose purpose is to elevate the level of care in medicine for the patients they serve. Steven has been described as a “dynamic” educator and one of the most engaging presenters around. Don’t miss him!

**Who Should Attend?**

- Nurses Who Work With Geriatric Clients in Acute, Long Term, Ambulatory, & Community Settings
- Home Health Care Staff, Geriatric Day Staff
- Physical Therapists, Occupational Therapists, Recreational Therapists
- Social Workers, Dieticians, Pharmacists

Even experienced healthcare professionals can be challenged working with cognitively-impaired geriatric patients. This one-day workshop will give you proven strategies to manage behaviours such as: dementia, aggression, anxiety, depression, refusal of food and fluids, inappropriate sexual advances, and refusal to give up driving when unsafe. If older adults are routinely under your care, this program will help minimize the risks of problems associated with troublesome, often irrational behaviour. Gain valuable insights into the causes of challenging geriatric behaviors and learn innovative and practical interventions to improve the care you provide. Leave this seminar with practical techniques that you can apply the next day!

**Special Pricing**

- $179.95* + $8.95 GST = $188.90 Early Rate (on or before March 9, 2020)
- $189.95* + $9.45 GST = $199.40 Middle Rate (on or before April 6, 2020)
- $199.95* + $9.95 GST = $209.90 Regular Rate (after April 6, 2020)

Drug Use in Pregnancy

Identification, Treatment, & Outcomes for Mom & Babe

**To register:**
Call toll-free 1.866.738.4823 or visit NursingLinks.ca

**Updated with New Content!!**

**MAUREEN SHOGAN, MN, RNC**

Maureen Shogan is the Clinical Director for a National Institute on Drug Abuse Project in Spokane, Washington, and is a consultant to several community hospitals. A graduate of Sacred Heart Nursing School, Gonzaga and Washington State Universities, she has experience as an NCIC manager, transport nurse, clinical educator and parenting educator. Maureen has served on the editorial boards of Neonatal Network, Mother Baby Journal, and JOGNN, and has taught at national and regional workshops for NANN, JWONN and others. Maureen has worked with pregnant and parenting mothers with substance use disorder for over 20 years and was a consultant to the Washington and Idaho Departments of Child Welfare and Social Services.

**Who Should Attend?**

- Obstetric Nurses; L&D, Midwives, Ante and Postpartum; Fetal Assessment Nurses, Lactation Consultants
- Neonatal Nurses: Level 1, 2, & 3 Nursery Staff; Neonatal Nurse Practitioners
- Childbirth, Obstetrical and Neonatal Educators; Managers
- Women’s Health Practitioners; Intimate Partner Violence Counsellors; Selected Gynaecology & Public Health Nurses
- Social Workers, Substance Use Counsellors, Sexual Health Counsellors

It is estimated that up to twenty percent of all newborns are exposed prenatally to alcohol, illicit drugs, and prescription opioids. Identifying the mother and her newborn are the first steps required for individualized treatment for the specific drug. Neonates are extremely sensitive to the environment which must be altered by creative nursing interventions. Nurses can potentially have greater impact, since women are most likely to be receptive to treatment while pregnant or immediately postpartum. Participants will leave equipped to assess mothers and their newborns and intervene with individualized care.

**Special Pricing**

- $179.95* + $8.95 GST = $188.95 Early Rate (on or before March 23, 2020)
- $189.95* + $9.45 GST = $199.40 Middle Rate (on or before April 6, 2020)
- $199.95* + $9.95 GST = $209.95 Regular Rate (after April 6, 2020)
Retirement for CLPNA’s CEO Linda Stanger in 2020

Linda Stanger, Chief Executive Officer (CEO), submitted to Council of the College of Licensed Practical Nurses of Alberta (CLPNA) her intent to retire in the new year. A committee of the Council is leading the succession planning initiative and is conducting a national search for a new CEO. Linda will remain in her role until a successor is appointed.

“Linda worked closely with the CLPNA’s Council carrying out the strategic direction of the organization,” says President Valerie Paice. “She is well known for her commitment to regulatory excellence and the critical role of the LPN in delivery of safe, competent nursing care. Linda’s greatest strength has been her ability to build an outstanding team that is nimble, progressive, and patient-centred and she inspired them to do great things! She leaves the CLPNA in a strong position.”

In her resignation letter, Linda divulged, “I am very proud of our many shared achievements during my time with CLPNA. We have excelled at each challenge and thrived on change. The profession is well-positioned to meet the needs of Albertans well into the future.”

“As I leave a career that I will forever cherish,” she continued, “I thank all LPNs and public members who have served on Council and our regulatory committees, practical nurse educators, staff, and the many partners and colleagues I have worked with to advance regulation and quality care in Alberta, Canada and beyond. Serving the people of Alberta through my work with this wonderful profession has been my great honour and privilege and is something I will truly miss.”

President Valerie Paice reflects, “Linda will be sadly missed. On behalf of all of us, and the LPNs of Alberta, we extend our sincere appreciation and we wish her continued good health and great happiness in her retirement.”
2020 Registration Renewal

Practice Permits expire December 31

Members must successfully complete the annual Registration Renewal process in order to:

- work in Alberta as a Licensed Practical Nurse in 2020 (with an Active registration type)
- OR change your registration type from Active to a non-practicing Associate
- OR cancel a practice permit and notify the CLPNA you are not renewing for 2020

LOGIN www.myCLPNA.com
For complete info, see www.CLPNA.com, “Members”, “Registration Renewal”.

FEES, DEADLINES

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Reinstatement Required $300 Registration Levy may apply

Fees may be paid online by credit card (VISA or MasterCard), or by previous enrollment in our Pre-Authorized Payment Plan (PAP). For different payment methods, contact the CLPNA during business hours to make alternate arrangements. All fees will change at 12:00 am (midnight) on the dates listed.

CLPNA Payment Policy: Registration fees are in Canadian dollars and are non-refundable.

Practicing Without a Permit Fines and Fees
Anyone found working as an LPN with an expired or invalid Practice Permit may be subject to disciplinary action from the CLPNA, including a $500 fine and registration fees. Only those individuals with a current CLPNA Practice Permit are authorized to work as an LPN in Alberta or use the title ‘Licensed Practical Nurse’ or ‘LPN’ as stated in Schedule 10 of the Health Professions Act and Section 12 of the LPN Profession Regulation.

For Maternity or Short-Term Leave
The CLPNA recommends LPNs renew for an Active Practice Permit to return to work without delay for those taking short-term or maternity leave. (The Associate membership type is not recommended.)

For Retiring or Not Renewing
A non-practicing Associate membership for $50 provides a CARE magazine subscription and frequent practice updates. It does not allow the individual to work as an LPN in Alberta.

For Cancellation
To cancel registration completely, LPNs should select the “Cancel” option on their 2020 Registration Renewal application.

After December 31
On January 1, the Registration Renewal system will close and those who have not renewed will have their practice permit suspended. Those still wishing to register must complete a Reinstatement Application through myCLPNA.com. For applicants with Suspended Practice Permits, a $300 Registration Levy will apply.

Proof of Registration on Public Registry
Proof of LPN registration status, future registration status and more can be found using the CLPNA’s Public Registry of LPNs at www.clpna.com.

Questions?
Contact CLPNA at registration@clpna.com, 780-484-8886, or toll-free at 1-800-661-5877 (toll free in Alberta only).
The Empowerment of the CLPNA’s 7th Annual Think Tank

The Council of the College of Licensed Practical Nurses of Alberta hosted the 7th Annual Think Tank on October 3 in Edmonton.

“Empowering the Health System for Excellence” featured local, national and international experts speaking on leading edge changes and initiatives to transform our health system to achieve excellence. Over 230 stakeholders participated including government representatives, educators, researchers, Licensed Practical Nurses and regulators.

Speakers included: Doug Wylie, Auditor General of Alberta; Dr. Ian Bullock, Chief Executive Officer, Royal College of Physicians, United Kingdom; John Cabral, Assistant Deputy Minister of Health, Service Delivery; Dr. Richard Lewanczuk, Professor, Department of Medicine, University of Alberta; Kim Wieringa, Assistant Deputy Minister of Health, Information Systems Division; and Dr. Carol Huston, President, Sigma Theta Tau International, and Professor, School of Nursing, California State University. The day was facilitated by Gary Goldsand, Director, John Dossetor Health Ethics Centre.
Learning to Embrace Ongoing Continuing Education and Professional Development

With constant changes and advancements in technology and medical knowledge, a nurse's competencies and skills can quickly become outdated. Nursing practice can become less effective – putting safe and ethical client care at risk. Nurses must continuously learn to maintain and enhance their professional nursing competence.

LEARNING TO LEARN SELF-STUDY COURSE

This course is designed to assist and motivate Licensed Practical Nurses (LPNs) to embrace ongoing continuing education and professional development. Topics include assessing learning needs, developing a learning plan, studying effectively, organizing learning activities, and time management. The free course consists of seven modules including supplementary resources and a final exam. A printable Certificate of Completion from the CLPNA is available upon passing the final exam.

This course is suitable to help LPNs meet the Learning Plan goals of the CLPNA’s Continuing Competence Program.

This and other self-study courses are available from www.StudywithCLPNA.com, or contact the CLPNA’s Professional Development department at profdev@clpna.com, 780-484-8886 or 1-800-661-5877 (toll free in Alberta).

A document which broadly defines the scope of practice of LPNs in Alberta has been updated for format and content reorganization, increasing ease of use.

The 4th Edition of the Competency Profile for Licensed Practical Nurses was released September 16 by the College of Licensed Practical Nurses of Alberta. The condensed Profile replaces the 3rd Edition released in 2015.

The document is “a foundation for the (CLPNA’s) Continuing Competence Program providing a reference for assessment of individual (LPN) competence.” The Profile also guides practical nurse curriculum development and supports employers to understand full scope of practice for determining LPN practice in their care settings.

While the 4th Edition does not reflect any changes to current LPN scope of practice, amendments to the LPN Regulation coming February 2020 will require another update.

Questions? Contact the CLPNA’s Practice Team at practice@clpna.com, 780-484-8886 or 1-800-661-5877 (toll free in Alberta).
National Entry-Level Competencies for LPNs Adopted by CLPNA

The Canadian Council for Practical Nurse Regulators (CCPNR) released the Entry-Level Competencies (ELC) for Licensed Practical Nurses in August 2019 and the Council of the College of Licensed Practical Nurses of Alberta (CLPNA) adopted it for use in Alberta. The competencies were also embedded into the CLPNA's Competency Profile for LPNs, 4th Ed., available in September.

The document “describes the knowledge, skills, judgment and attitudes required of beginning practitioners to provide safe, competent and ethical nursing care”, and is a foundational document for base curriculum and registration exam development. (Beginning practitioners, also known as entry-level LPNs, are those at the point of initial registration following graduation from a nursing education program.)

ELCs are used by LPN regulators and other stakeholders for practical nursing education program approval, standards development, practice assessment, measurement of initial applicants and current registrants, professional conduct reviews, competency-based assessments, curriculum and exam development, and practice consultation.

The CCPNR, of which the CLPNA is a member, is a federation of provincial and territorial members identified in legislation as responsible for public safety through the regulation of licensed practical nurses. The ELCs will also be incorporated into the development of the national nurse registration exam coming in 2022.

For more, contact the CLPNA's Practice Team at practice@clpna.com, 780-484-8886 or 1-800-661-5877 (toll free in Alberta).

'COLLABORATIVE PRACTICE IN NURSING' Released by Alberta's Nursing Regulators

Professionals working together with shared decision-making, open communication, and mutual trust are among the goals outlined in the Collaborative Practice in Nursing document from Alberta’s nursing regulators. The regulators, the College and Association of Registered Nurses of Alberta (CARNA), the College of Licensed Practical Nurses of Alberta, and the College of Registered Psychiatric Nurses of Alberta (CRPNA) hope the document aids nurses in better “understanding their contribution to collaborative nursing practice.”

Expectations include:

• “When working in teams, nurses know the capabilities and role of all team members and respect and acknowledge their team member's contributions.”

• “Nursing roles cannot be defined solely by a list of tasks.”

• “Nurses identify the influence of personal values, beliefs, and assumptions on their practice and work towards reducing bias for enhanced client care.”

Improved patient care and positive intraprofessional relationships are expected as nurses incorporate the principles into their practice, including client-centred care, role clarity, trust and respect, effective communication, and shared decision-making and collaborative leadership.

This document replaces the prior publication “Collaborative Nursing Practice in Alberta, June 2003.”

Questions? Contact the CLPNA's Practice Team at practice@clpna.com, 780-484-8886 or 1-800-661-5877 (toll free in Alberta).
One of the primary responsibilities of the College of Licensed Practical Nurses of Alberta is protecting the public from unethical, unskilled, and unsafe nursing practice. Legislation, Standards of Practice, Code of Ethics, and policies provide the framework that governs the Licensed Practical Nurse profession, and therefore every LPN, in Alberta. Holding LPNs accountable to these standards is enforceable under the Health Professions Act (HPA). A breach may be considered unprofessional conduct and could result in disciplinary action. This is where the CLPNA’s complaints process begins.

Written complaints against LPNs submitted to the CLPNA are taken very seriously and are managed as outlined in s. 54 of the HPA. The complaint process can be complex and lengthy. The CLPNA ensures complaints are handled with procedural fairness and in a reasonable time frame.

STEP ONE: Opening a Complaint

All complaints are opened in accordance with Part IV of the HPA. Complaints must be submitted in writing; anonymous complaints are not accepted. The person making the complaint (Complainant), the Investigated Member (LPN), and the Investigated Member’s employer (if not the Complainant), are contacted by the CLPNA to review the complaint letter and the complaint process within 30 days of the complaint's receipt.

If warranted, the CLPNA may also take immediate action. This may include a condition or a suspension on the Investigated Member’s practice permit until disciplinary processes are concluded.

STEP TWO: Investigation

The CLPNA has the legal authority, under s. 63 of the HPA, to collect any information and relevant documents during an investigation. This may include personal information and
medical documentation. The Complainant and/or Employer, the Investigated Member, and witnesses are interviewed by an appointed investigator.

To ensure public protection, the investigation’s scope may widen to include other conduct matters not presented in the initial complaint letter, but identified during the process.

The investigator does not make recommendations on complaint resolution.

STEP THREE: The Investigation Report

Following the investigation, a written report is submitted to the Complaints Director who analyzes it to determine the best path to resolve the complaint in the interest of the public.

STEP FOUR: Resolving a Complaint

Before a resolution, the Complaints Director needs to determine whether there is evidence of “unprofessional conduct”. “Unprofessional conduct” is defined in s 1(1)(pp) of the HPA and includes any contravention of the CLPNA’s Code of Ethics and Standards of Practice.

STEP FIVE: Resolutions

When determining the best resolution, patient safety, public interest, and the reputation of the profession are also taken into consideration.

There are several ways in which the Complaints Director can resolve a complaint:

• Consent Resolution – With the consent of the Complaints Director, the Complainant and the Investigated Member attempt to resolve the complaint. Examples of a consent resolution could include an agreement and undertaking, mediation, or coaching.

• Referral to a Disciplinary Hearing – A Disciplinary Hearing is a formal, legal process used to resolve complaints.

• Dismissal – If the Complaints Director determines the complaint is trivial or vexatious, or if there is insufficient or no evidence of unprofessional conduct, the complaint is dismissed.

STEP SIX: Penalties

Once a resolution has been chosen, sanctions or penalties may be required to address the unprofessional conduct. Sanctions can range from education or fines/costs, to suspension or cancellation.

For more on the complaints process, see the “Complaints” webpages at www.clpna.com, or contact the CLPNA’s Complaints Department at conduct@clpna.com, 780-484-8886, 1-800-661-5877 (toll free in Alberta).
Fall seven times, stand up eight.

- Japanese Proverb -
Renal Update!
... to pee or not to pee

EDMONTON, June 1, 2020  •  CALGARY, June 2, 2020

Why Embryologic Development of the Kidney is Important
- The Mesenchymal Ridge; Clinical Correlations with Oncotoxicity and Renal Failure

The Requisite Review of A & P of the Kidney
- Arterial and Venous Supply of the Kidney
- The Nephrons Functioning Unit of the Kidney — the Nephron
- The Major Functions of the Kidney

What You Need to Know about the Most Common Primary Disorders of the Kidney
- Acute and Chronic Renal Failure; Atherosclerosis of the Renal Artery
- Nephrotic Drugs, Acute Kidney Stones; Upper and Lower Urinary Tract Infections
- Polycystic Kidney Disease
- Renal Cancer

Role of the Kidney as the “Innocent Bystander” in Various Systemic Disorders
- The Diabetic Kidney: The Kidney in Heart Failure; The Kidney in Sepsis
- Systemic Lupus Erythematosus and Lupus Nephritis; Rheumatoid Arthritis
- Glomerulonephritis, DJC, HUS (Hemolytic Uremic Syndrome)

The Interpretation of Lab Tests used to Diagnose and Follow Patients with Renal Disease
- BUN, Creatinine, Potassium, Phosphorus, Sodium, Urometals, Ultrasound, Specific Gravity, Proteins, Microalbuminuria
- Electrolyte Imbalances (Sodium & Potassium and Phosphorus), Hypertension, Anemia
- Correlate the Signs and Symptoms with the Specific Kidney Disorder

Drugs that Affect the Kidney
- Nephrotic Drugs (NSAIDS, Acetaminophen, Antibiotics)
- Diuretics, ACE Inhibitors, ARBs, Radiocontrast Agents

To register:
Call toll-free 1.866.738.4823 or
visit NursingLinks.ca

BARB BANCROFT, RN, MSN, PNP

Barb Bancroft is a widely acclaimed nursing teacher who has taught courses on Advanced Pathophysiology, Pharmacology, and Physical Assessment to both graduate and undergraduate students. Also certified as a Pediatric Nurse Practitioner, she has held faculty positions at the University of Virginia, the University of 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.

WHO SHOULD ATTEND?
- Renal Nurses, Dialysis Nurses, Cardiac Nurses
- Med Surg Nurses; Critical Care Nurses
- Diabetes Nurses, Nurse Practitioners and Educators
- Acute, Long Term and Home Care Nurses
- Tele-Health and Occupational Health Nurses

Challenging Geriatric Behaviours

RED DEER, June 8, 2020  •  LETHBRIDGE, June 9, 2020

Normal Aging, Dementia, Depression, or Delirium
- Normal Aging Changes of the Mind, Depression, Dementia, and Delirium
- Asses, Differentiate, and Develop a Plan of Care

Alzheimer’s Disease
- Stages, Assessment, & Getting a Diagnosis; Behavioural Issues of Early Diagnosis
- Management & Interventions; Pharmacological & Non-Pharmacological Treatments

Driving with Dementia
- Driving Safety & Assessing Abilities; How to Take the Keys Away

Wandering & Physical Aggression
- Reasons why Cotynamically Impaired Individuals Wander
- Is Wandering a Bad Thing? Issues to Consider
- Manage a Wanderer’s Behaviour
- Identify the Cause of Aggression; Loss of Impulse Control
- Regression of the Mind/Child Like Mind, Manage the Problem, Secrets to Managing

Inappropriate Sexual Behaviours
- Normal vs. Abnormal Sexual Behaviours
- Cognitively Impaired Individuals; Medication Management; Ethical Considerations

Refusing to Eat / Forgetting to Eat / Sleepless Nights
- Reasons why Geriatric Patients Stop or Stop Eating
- Nutritional Needs in a Geriatric Patient; Improve Nutritional Status
- Malnutrition & Dehydration; Alternatives to Eating
- Sundowning & Behavioural Problems in the Evening
- Why Does Sundowning Occur? Interventions to Decrease Aggressive Behaviours
- Medication Management When it Becomes Problematic

Caregiver Stress Or Other Issues
- Physical, Psychological, Or Emotional Stress
- Identify Caregiver Burnout and Ways to Help, Assist the Caregiver
- Ways to Identify Potential Falls and Present Injury
- Ways to Avoid Using Restraints

Case Studies: Learning from Experience and Mistakes

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STEVEN ATKINSON, PA-C, MS

Steven Atkinson, PA-C, MS, is a Board-Certified Physician Assistant specializing in Geriatric Internal Medicine. He practices medicine in the greater Minneapolis area. In addition to his private practice, he has been on the faculty at the University of Utah since 1994 and involved in medicine for over 30 years. Steven is the co-founder and co-owner of Twin Cities Physicians, which serves older adults in nearly all levels of their care. He has presented internationally for over 15 years, primarily speaking about geriatric-related syndromes. Steven is a published author and sits on several boards whose purpose is to elevate the level of care in medicine for the patients they serve. Steven has been described as a “dynamic” educator and one of the most engaging presenters around. Don’t miss him!

WHO SHOULD ATTEND?
- Nurses Who Work With Geriatric Clients in Acute, Long Term, Ambulatory, & Community Settings
- Home Health Care Staff, Geriatric Day Staff
- Physical Therapists, Occupational Therapists, Recreational Therapists
- Social Workers, Dieticians, Pharmacists

Even experienced healthcare professionals can be challenged working with cognitively impaired geriatric patients. This one-day workshop will give you proven strategies to manage behaviours such as: dementia, aggression, anxiety, depression, refusal of food and fluids, inappropriate sexual advances, and refusal to give up driving when unsafe. If older adults are routinely under your care, this program will help minimize the risks of problems associated with troublesome, often irrational behaviour. Gain valuable insights into the causes of challenging geriatric behaviours and learn innovative and practical intervention strategies to improve the care you provide. Leave this seminar with practical techniques that you can apply the next day!

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