Please Listen:
Building a Culture of Responsibility

5th Edition of Continuing Competency Profile

Regulation Amendments Lead to New Standards
Hearing 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 Rutgers Robert Wood Johnson Medical School. Dr. Tobia has dual appointments in the Division of General 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 RWJMS, 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.

**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

This one-day workshop is offered to update your knowledge of the most current medications in the treatment of mental health and mood disorders. Objectives for the day include: identifying the best pharmacological approaches for your clients; helping your clients understand their illness and how medication will help recovery; identifying treatment concerns with inappropriate meds or inadequate medication doses; helping clients manage unpleasant side effects; strategies to increase medication adherence; and what the latest trends are in the management of Depression, Bipolar, Anxiety, Schizophrenia, ADHD, & Alzheimer’s.

￥189.99 + $9.45 GST = $198.45 Middle Rate (on or before March 23, 2020)
￥199.99 + $9.95 GST = $208.95 Regular Rate (after March 23, 2020)

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### Challenging Geriatric Behaviours

**CALGARY, April 20, 2020**  
**EDMONTON, April 21, 2020**

**£ 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?**
- Nurse Who Work With Geriatric Clients in Acute, Long Term, Ambulatory, & Community Settings
- Home Health Care Staff, Geriatric Day Staff
- Physical Therapists, Occupational Therapists, Respiratory 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 residing 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!

￥189.99 + $9.45 GST = $198.45 Middle Rate (on or before April 6, 2020)
￥199.99 + $9.95 GST = $208.95 Regular Rate (after April 6, 2020)
REGULATORY SPOTLIGHT
Amended Regulations Lead to New LPN Standards, Policy

REGULATORY SPOTLIGHT
Regulations Reflected in Fifth Competency Profile for LPNs

REGULATORY SPOTLIGHT
LPN Learning Modules for Advanced Authorizations & More

COVER STORY
Please Listen: Building a Culture of Responsibility
A rural LPN advocates for patient safety after the devastating loss of her child due to a preventable adverse medical event.

TECHNOLOGY
Alberta Referral Pathways:
Your guide for where to send a referral and what to include

TECHNOLOGY
The Retention Connection: Addressing Nursing Shortages

TECHNOLOGY
Promoting Robotic Pet Therapy to Support Dementia Patients

Nurses Provide Point of Connection for Isolated Seniors

4 Keys to Helping Someone With a Mental Illness

Alberta LPN News
Protecting the Public Interest
Both the nursing practice and education of Alberta’s Licensed Practical Nurses are impacted by the amendments to the Licensed Practical Nurses Profession Regulation which came into effect on February 1, 2020. The Regulation amendments clarify LPN scope of practice specific to restricted activities, advanced authorizations, and areas of LPN advanced practice.

NEW standards of practice and policies to guide LPN practice and inform employers, educators, and stakeholders have been developed by the College of Licensed Practical Nurses of Alberta (CLPNA).

- **Standards of Practice on Restricted Activities and Advanced Practice**

  Outlines the minimum practice standards and expectations an LPN must adhere to when performing restricted activities and areas of advanced practice in Alberta.

- **Policy on Practice and Education Requirements for Restricted Activities and Advanced Practice**

  Outlines, in an easy-to-view table, the education, practice, and any supervision requirements for LPNs to perform the restricted activities and areas of advanced practice in Alberta.

- **Adopted: Alberta Health’s 2019 Reusable and Single-Use Medical Devices Standards**

  On January 30, 2020, the CLPNA’s Council adopted this standard which provides guidance and accountability for LPNs in infection prevention and
Regulations Reflected in Fifth Competency Profile for LPNs

The new Competency Profile for Licensed Practical Nurses in Alberta, 5th edition, updates terminology and competency areas to align with the amended LPN Profession Regulation that came into effect on February 1, 2020.

The Competency Profile outlines the knowledge, skills, attitudes, behaviours, and judgment required of the LPN profession in Alberta. The document shows LPN scope of practice and is foundational to the CLPNA’s Continuing Competence Program and practical nurse curriculum development.

Under the amended regulation, Advanced Foot Care, Perioperative Nursing, and Advanced Orthopedic Nursing are no longer referred to as areas of “specialty” practice but are now considered to be “advanced practice”. Advanced practice areas require advanced training or education and authorization by the CLPNA’s Registrar to perform. Similarly, medication administration via a central venous line, administering parenteral nutrition, and hemodialysis require advanced authorization and completion of approved education.

Immunization is now considered part of entry-level practice. LPNs previously authorized by the CLPNA to provide immunizations may continue to practice in this area. Alberta LPNs who graduate before June 2022 and have not had previous immunization education and training are required to undertake additional learning before providing immunizations.

Self-study education modules to support these areas are available at www.myCLPNA.com.

For step-by-step guidance to determine if an area of practice or specific competency is appropriate for an Alberta LPN, consult the updated LPN Practice Decision-Making Tool available at www.clpna.com under ‘Governance’. For questions, please contact the CLPNA at practice@clpna.com, 780-484-8886 or 1-800-661-5877 (toll-free in Alberta).

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With the scope of practice changes in restricted activities, Alberta’s LPNs are responsible for assessing their individual knowledge and competence in these areas of practice. LPNs may identify and require additional education if a knowledge gap exists or if specific education is needed for authorization to practice. The CLPNA has released a series of online, self-study education modules at no cost to CLPNA members. All courses can be accessed through myCLPNA.com.

MANDATORY

• Understanding Restricted Activities

Before June 2022, all CLPNA members must complete the Understanding Restricted Activities module as per the Standards of Practice on Restricted Activities and Advanced Practice.

ADVANCED AUTHORIZATION

These modules are required by LPNs for advanced authorization to perform these activities starting Feb. 1, 2020:

• Administering Medications via Central Venous Catheter, Peripherally Inserted Central Catheter, and Implanted Venous Access Device
  Anatomy and physiology, administering fluids and medications, assessment and nursing care. Use of patient-controlled analgesia (PCA), indications, contraindications, and nursing interventions. Plus, reporting and documentation.

• Administering Parenteral Nutrition
  Anatomy and physiology of the digestive tract, principles of infusion therapy, indications and contraindications of parenteral nutrition, and monitoring requirements.

A reminder that LPNs found to be practicing outside of the LPN Profession Regulation or any CLPNA standard or policy (such as the Standards of Practice on Restricted Activities and Advanced Practice) could face professional discipline and fines, and may not be covered by malpractice insurance.

OPTIONAL

Except for ‘Understanding Restricted Activities,’ all other CLPNA modules are optional and intended to build competence in restricted activities.

• Administering Blood and Blood Products: Transfusion
  Components of blood and blood products, related laboratory values, and the equipment required. Ethical and cultural aspects and potential reactions.

• Administering Diagnostic Imaging Contrast Agents
  Indications, contraindications, procedural steps, and potential adverse effects.

• Administration of Nitrous Oxide
  Respiratory system anatomy and physiology, pharmacology principles, safe medication administration, contraindications, and procedural guidelines.

• Dispensing of Medications
  Safe practice and procedural requirements for pass or bridge medications for discharged patients, and standards of practice.

• Ear Syringing
  Safe practice, procedural, and supervision requirements, and standards of practice.

• Fetal Heart Monitoring
  Intermittent auscultation (IA) and electronic fetal monitoring (EFM) using non-ionizing radiation (Doppler ultrasound). Role, process, indications, and standards of practice.

• Immunization
  Indications, contraindications, procedural steps, and potential adverse effects. Common immunizing and biological products and vaccine viability. Understanding national and provincial guidelines with the CLPNA’s standards.

• Non-Ionizing Radiation
  Using ultrasound technology. Indications, contraindications, potential risks, procedural steps, and documentation requirements.

For questions related to the LPN Profession Regulation and resulting changes to LPN practice, please contact the CLPNA at practice@clpna.com, 780-484-8886 or 1-800-661-5877 (toll-free in Alberta).
Address Workplace Conflict

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Workplace conflict has the potential to escalate into bully-like cultures. Learn how to differentiate between a bad day and a bully • OH&S changes you need to know • safe communication strategies using the PAUSE’ed method to conflict resolution.

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Sabina Robin is a licensed practical nurse. Since entering practice in 1994, she has worked in rural health, and now works in homecare as the team lead for wound care. Rural medicine has allowed her to practice broadly, but 16 years ago, tragedy pushed her into a new role: as a patient safety advocate after she lost her infant daughter Mataya as the result of a preventable adverse event. Preventable adverse events are broadly defined as harm caused to a patient by their medical care.\(^1\)

Since then, Sabina has told the story of Mataya’s loss again and again for thousands of healthcare professionals, reliving those nightmarish hours as a way to bring about change following her loss. It was the only way she could carry on within the healthcare system that is her career, her calling, and heartbreakingly, the cause of Mataya’s death.

Mataya was an easy-going baby, which was good news in a busy household with two older sisters, Teigen and Domonique, and older brother, Quintin.

Mataya’s story began to change one Sunday in March of 2004. Sabina noticed a tiny spot on her baby’s cheek – not an ink spot, as she first thought, but a tiny unexplained bruise. This was followed by the discovery of many more bruises on Mataya’s legs. Puzzled and concerned, Sabina called Health Link, where she was advised to check in with a clinic the next day.

After a fussy night and more bruises, Sabina wasted no time getting to her doctor in the morning. Prompt bloodwork showed worrying results: Mataya had no platelets. The doctor arranged an almost-immediate appointment with a pediatric hematologist in Calgary, and said Mataya would be admitted to that city’s Alberta Children’s Hospital.

After a race to the specialist’s office followed by several hours delay, Sabina was told that Mataya had idiopathic thrombocytopenic purpura (ITP) –

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bleeding from an unknown source. The specialist prescribed Prednisone, and wanted to send them home.

Sabina questioned the wisdom of heading hours away from a hospital with such an uncertain diagnosis, and a baby that did not seem like herself. She asked for Mataya to be admitted to the children’s hospital, as her family doctor had suggested; instead, the doctor sent them to a local general hospital. Sabina’s father, who had joined them for the drive to the city, took Sabina’s three-year-old back to Sabina’s husband on the family farm.

Sabina spent the next 32 hours helplessly watching her daughter’s symptoms and distress increase. The baby began to violently vomit, show increased bruising and become increasingly lethargic. She suffered a petit mal seizure, but the medical team was unconcerned.

Sabina’s instincts as a nurse and a mother told her this was more than the “gastro” the medical team suggested. Her request that the attending doctor assess Mataya was met with resistance from the nurses, and the residents downplayed and dismissed Sabina’s call for increased monitoring and IV treatment. Wait for the specialist in the morning, they advised. It’ll be fine.

It was a long night during which Mataya became less responsive, and Sabina increasingly panicked.

“You need to do something,” she pleaded with the nurses. Sabina laid out her fear that Mataya had a bleed: platelets were staying low despite Prednisone, coffee ground emesis, new mucosal bleeding and decreased responsiveness. “Oh, that’s so rare,” the team replied, and again refused to call the attending physician.

Sabina’s dread and panic were growing, and she began to gather Mataya’s things with the intention of leaving for the specialized care of the children’s hospital. The resident returned – to sternly chastise Sabina for overreacting. Sabina bowed to the pressure to stay as she considered the logistics of leaving in the night, without a car, with a frighteningly ill infant.

Through that long night, Sabina tried to make clear to the team that her daughter was dying. “You’re tired,” they said. A nurse mentioned calling security.

Soon after, Mataya suffered another, more serious seizure.

The care team scrambled to respond, but despite Sabina’s tearful insistence that Mataya be transferred to the children’s hospital, it took over four painful hours for the transfer to take place.

A flurry of treatment and care followed, including removing the large blood clot that had formed, removing her pancreas, and surgery to insert an intracranial tap to drain fluid and relieve pressure on Mataya’s brain. But as Sabina had feared – and predicted – it was too late. Mataya suffered an intracranial hemorrhage and was removed from life support.

Mataya died on April 5, 2004, at seven and a half months old.
“I don’t know why they didn’t listen,” says Sabina, 16 years later. “They didn’t listen to me as a mom. They didn’t listen to me as a nurse.”

While she couldn’t change the combination of errors and assumptions that led to Mataya’s death, Sabina had to find a way to move forward past the grief, guilt and bitterness of her loss. One avenue presented itself when Sabina was contacted by Ward Flemons, then a senior figure in Quality, Safety and Health Information for the Calgary Health Region.

Her first thought? That he was reaching out to pacify and silence her. But as she listened to him, she found herself thinking, “Wait, it almost sounds like you’re on my side.”

The health region wanted to “own their errors”, says Sabina, and a relationship developed. In 2005, less than a year after losing Mataya, Sabina found herself in front of a standing-room-only crowd in Calgary’s Westin Hotel, publicly and candidly telling the story of Mataya’s death. This was a first for the health region, and was part of the impetus to create the Family/Patient Safety Council, of which Sabina is a founding member. This top-down acknowledgement and support was a small healing step for Sabina and her family.

In the years that followed, Sabina has spoken at numerous events (including CLPNA’s 2007 and 2019 conferences) and helped create

A doctor gathers three small children and tells them a story. It’s about four water bug siblings who wonder what happens to the water bugs who climb out of the water onto lily pads, never to return. They decide that the youngest water bug, their little sister, should go investigate and report back. Off she goes to the surface – only to find that once she’s free of the water, she has transformed into a dragonfly. She’s delighted to discover her newfound freedom to fly, but when she goes back to tell her big brother and sisters, she finds that she can no longer enter the water.

“Every time you see a dragonfly, that’s your little sister,” the doctor tells the children.

This simple story helped three small children begin to understand grief and the loss of their baby sister, Mataya. Their mother, Sabina Robin, remains grateful to the doctor who shared it with them, creating the bond the family still shares whenever they see a dragonfly.

The story the doctor told is originally from the book Water Bugs and Dragonflies: Explaining Death to Children by Doris Stickney. (Pilgrims Press, 2004)
Patients for Patient Safety Canada (PFPSC), the country’s first volunteer-led national group that brings the patient and family perspective to patient safety efforts; it now works in partnership with the Canadian Patient Safety Institute (CPSI). In 2006, Sabina was designated a patient safety champion by the World Health Organization’s World Alliance for Patient Safety. With HIROC (the Healthcare Insurance Reciprocal of Canada) and CPSI, she is working to create resources to address the failure to recognize deteriorating patient condition (DPC). These tools empower and educate patients and providers, with a new pediatric version on the way.

Sabina’s goal is to decrease the hierarchy of the healthcare system to give everyone a voice, and to build systems that remove the clouded sight of confirmation bias to look at every case with fresh eyes.

What does Sabina want LPNs to learn from her story? What can you, as a nurse, do today to make sure preventable adverse events like the ones that led to Mataya’s death don’t happen again?

Sabina has the same message today that she did in that hospital room all those years ago: Listen. Please, listen to your patients. Stop thinking that you know more than patients and their families. You don’t know everything. Don’t rely on stereotypes (“She’s an overwrought new mom,” “He’s a confused senior.”) Don’t let ego and fear get in the way. Communicate – and that starts with listening.

What about system change? That means listening too, but true accountability and responsibility require more. Sabina points to Alberta Health Services’ Reporting and Learning System for Patient Safety (RLS) as a valuable tool. By reporting adverse events, LPNs hold the system responsible for the errors, large and small, that can happen every day.

“There are four statements that lead to wisdom, says Canadian author Louise Penny: I don’t know. I need help. I’m sorry. I was wrong. Sabina is tired. She’s tired of telling and reliving Mataya’s story, without seeing the tangible change the system so desperately needs. Yes, she acknowledges, there has been incremental change. Seeing attitudes and cultures evolve reminds her that her efforts as a patient safety advocate have made a difference.

Sabina appreciates the tears and compassion that Mataya’s story provokes each time it is told. But tears are no substitute for action.

“There for way too long, my story has been used as ‘inspiration porn’ by different organizations with no commitment to change in culture,” Sabina says.
“It promotes healing to step up and acknowledge responsibility in these adverse events,” says Sabina. “Families want to know that they’ve done everything in their power to make sure it doesn’t happen again.”

Sabina is also fearful that things could change for the worse. “Healthcare cuts leave some nurses feeling they’re being asked to do more with less,” which she worries will impact patient safety.

“Safer healthcare isn’t delivered by one profession or one member of the team,” says Sabina. She would like to see the healthcare system evolve to give its providers, and its users, permission to speak up. “Empower them! Ask patients, what are your questions? What are your concerns?”

She’d also like to see all roles and all levels of healthcare providers encouraged and welcomed to speak out about the changes needed to keep patients safe and deliver the best outcomes. Only then will the conversation around patient safety change, she says.

“Patient’s perceptions create their reality,” she points out. “If they don’t feel safe, then we’re not being competent, even if we’re ticking the right boxes on a checklist.”

It has been 16 years since Mataya died. For years, her family marked the anniversary of her death by doing something fun together as a family, choosing to mark a sad occasion with happiness. They have found ways to keep Mataya’s memory alive in their family, just as Sabina has honoured that memory by sharing the story of her death, year after year.

There are four statements that lead to wisdom, says Canadian author Louise Penny: I don’t know. I need help. I’m sorry. I was wrong.

If our healthcare system, and the people doing their very best every day within that system, are willing to use these statements in their work more often, just maybe there will be fewer stories like Sabina and Mataya’s.
Patient harm in Canadian hospitals? It does happen.
Hospitals are generally safe, but sometimes harmful events happen that affect patients. Many of these events are preventable.

How often does it happen?  

In 2014–2015, 1 in 18 hospital stays in Canada involved at least 1 harmful event (138,000 out of 2.5 million hospital stays).

Canada continues to lag behind other OECD countries on measures of patient safety

Compared with other countries, Canada does a good job of documenting, reporting and acting on patient safety events. However, a lack of progress in Canada’s results warrants further investigation.

Canadian women are 2 × more likely to experience tears during childbirth and rates are not improving

Canadians are almost 2 × more likely to develop a lung clot after hip and knee surgery though rates are improving

In Canada, over the past 2 years, 553 foreign bodies (such as sponges and instruments) were left behind in patients after surgery

↑ 14% increase over the last 5 years

More than 2 × the average rate of 12 reporting countries
When you need to make a referral, do you know what labs or imaging are required? While it can sometimes be overwhelming to figure out, Alberta Referral Pathways are here to help!

Alberta Referral Pathways is an Alberta Health Services’ (AHS) initiative to help referring providers and clinic staff ensure they have all the required information they need when making a referral to participating specialties in Alberta. These guidelines clearly list reasons for referral, estimated access targets, process instructions, required labs and diagnostic imaging, and any additional information a referral may require.

“The pathways are designed to take the guesswork out of referral requirements,” says Jodi Glassford, Alberta Health Services’ Provincial Director of Access Improvement. “You can feel confident you have all the information you need so you can reduce back-and-forth communication and declined referrals.”

At present, there are 14 referral pathways available for specialties like Pulmonary Medicine (Calgary Zone), Urology (Edmonton Zone) and Pediatric Gastroenterology (province-wide). Developing an Alberta Referral Pathway is a true collaboration where specialists, primary care physicians and AHS’ Access Improvement team work together to develop the evidence-based guidelines and have them posted on www.ahs.ca/pathways. The pathways are regularly updated and are shared with Primary Care Networks and specialty clinics.

Building a pathway is also one of the first steps for those specialties joining Alberta Netcare eReferral. Reasons for referral and requirements correspond with information in eReferral; referring providers can use the pathway as a guide for what’s necessary to make the referral and then make the referral electronically using eReferral. Alberta Referral Pathways are also incorporated into some Alberta Referral Directory (www.albertareferraldirectory.ca) profiles.

To start using Alberta Referral Pathways, visit www.ahs.ca/pathways. For more information or if you have any questions, email access.ereferral@ahs.ca.
Alberta is facing a system-wide shortage of nursing professionals. As a considerable number of nurses head towards retirement, there are increasing demands on the nursing workforce. This demand is due to an aging population with complex healthcare needs\(^2\)-\(^4\). The International Council of Nurses notes that often policies made to address nursing shortages focus on the recruitment of new staff, but “organizations must also pay as much attention to improving the retention of scarce, skilled and experienced nursing staff”\(^6\). This impending nursing shortage may have negative impacts on health outcomes of patients\(^1\), therefore it’s imperative that we support a resilient and stable nursing workforce to provide patients with the best quality care\(^5\).

How do we improve nurse retention?

Addressing nursing shortages is no small feat. There is no single solution to improving nurse retention, but research shows that work environment plays a key part\(^7\)-\(^8\). Research over the past decade has consistently demonstrated that a positive work environment is associated with improved retention of nurses, lower rates of nurse turnover, and higher quality of care for patients. Poor retention and high turnover is
costly to health organizations due to replacing employees, reduced productivity, and negative effects in the organizational culture that can, in turn, affect the organization’s ability to provide safe nursing care. Most of the nursing work environment research is focused on registered nurses with limited attention directed at licensed practical nurses (LPNs). In particular, little is known about the relationship between LPN retention and their perceptions of their work environments.

**Addressing the gap**

In 2017, an online survey was conducted with Alberta LPNs to address this knowledge gap. The two main objectives of this inquiry were: (1) to gain an understanding of how LPNs in the province perceive their work environments across three primary work settings (acute care, continuing care, and community care) and (2) to determine if there is an association between LPNs’ perceptions of their work environments and their intention to stay with their current employer. All LPNs registered in Alberta at the time of the survey (n=15,860) were invited to participate. 793 LPNs completed the survey.

**Taking a look**

To look at work environment, the Practice Environment Scale of the Nursing Work Index (PES-NWI) was used. The PES-NWI is used extensively in the United States and Canada to study the nursing work environment across different practice settings. The PES-NWI tells us what nurses think of their practice environments by measuring a nurse’s perceptions of various characteristics considered essential to positive work environments. These characteristics include having supportive managers and having positive relationships with fellow nurses and other healthcare professionals. Other elements such as prioritizing high standards of care and adequacy of staffing and resources, and the availability of opportunities for nurses to participate in workplace activities, such as participation in decision-making, are also considered. In order to assess their perceptions, nurses indicate the extent to which they agree that these characteristics are present in their current work environments.

In addition to the PES-NWI, the online survey included a measure intended to look at ‘intention to stay’. Through this measure, participating LPNs rated their likelihood to stay with their current employer.

**What LPNs think of their work environments**

Overall, participating LPNs rated their work environments as ‘fairly’ positive. Interestingly, LPNs working in continuing care rated their work environments significantly more positively than LPNs working in acute care.

When looking at LPNs’ perceptions of specific characteristics of the work environment, nuances emerged based on work setting. LPNs working in continuing care and community care rated the presence of certain work environment characteristics higher (indicating more positive work environments) than LPNs working in acute care. For example, LPNs from continuing and community care felt they had more opportunities to participate in policy and administrative decisions and their workplaces support strong foundations for quality nursing care. Furthermore, LPNs in acute care rated the presence of adequate resources and staffing significantly lower than LPNs from community care.

**The Retention Connection**

Despite the above differences that emerged between work settings on specific work environment characteristics, overall, participating LPNs rated their work environments positively. And as previously mentioned, positive work environments have been linked to better nurse retention and safer nursing care. Our survey findings are consistent with this. Across all three work settings, LPNs rated their environments positively, and the more positive their perceptions, the more likely they were to stay with their current employer. Specifically, LPNs in acute care and continuing care were significantly more likely to stay with their current employer if they perceived their nursing managers as engaged and skilled in their role. Community-based LPNs, on the other hand, were more likely to stay when their leaders took a participative management style, providing staff with opportunities to engage in management decisions.

Findings from the survey are encouraging since nursing management
ability may be one of the easier factors to influence in the workplace. Making significant improvements to areas such as staffing and resources is beyond the direct control of most LPNs and their managers. However, enhancing nursing leadership skills through professional development and continuing education can create positive, engaging work environments and can improve retention.

Overall, our findings align with previous work highlighting the importance of the work environment (particularly the presence of strong leadership) in nurse retention. Potential key retention strategies include leadership training for nurses and fostering opportunities for staff to share in decisions that affect their work.

REFERENCES


10. Goldsworthy SJ. The mechanisms by which professional development may contribute to critical care nurses’ intent to stay. University of British Columbia; 2015.
INTRODUCING a modern learning experience, packed with nursing knowledge and professional insights.

The CLPNA's Education Forum distills workable knowledge for the most experienced nurse to the newest graduate from experts in their fields. The dynamic one-day event features interactive technologies to connect with the speakers and engage with the content. Get comfortable with a delicious lunch and wholesome refreshments. And say 'Hello Forum' to a whole new learning experience!

FEATURING:

**Defensive Documentation**

**Chris Rokosh, RN, PNC(C), President of Connect Medical Legal Experts**

Draw a straight line from nursing documentation to an improved standard of care. Identify 17 red flags in the medical record. Examine and critique documentation from real medical-legal case studies. Improved patient safety is the goal! Good documentation is the key to your defense!

**Healthy Caring: Building Resilience into your Practice**

**Michelle O’Rourke, RN MA, Author / Speaker**

Caring for others can be physically, emotionally and spiritually exhausting. Explore perspectives and practices to nourish your heart and mind, including ways to sustain healthy caregiving, build resilience, enhance opportunities for self-reflection and identify ways to create a healthy team environment. Leave with a template for your own personal wellness plan.

**Life is Worth Living**

**The Kennedy Sisters, Life is Worth Living Foundation Inc.**

Callie and Jaclyn Kennedy share the story of losing their sister to suicide and how it has impacted their family. Together, learn how to recognize the warning signs and risk factors of suicide and how to help connect someone who is feeling suicidal with the proper resources.

**Skin Tears, Pressure Injuries and Moisture Associated Skin Damage: Navigating Care Among the Aging Population**

**Dr. Kimberly LeBlanc, Academic Chair of the Wound Ostomy Continence Institute and certified Wound Ostomy and Continence (WOCC(C)) Nurse**

The prediction, prevention and management of complete skin issues in the geriatric population. A case-based format will be used to highlight how the latest evidence can be integrated into everyday practice.
The Personal refers to The Personal Insurance Company. Certain conditions, limitations and exclusions may apply. Auto insurance is not available in MB, SK and BC due to government-run plans.

1 Benchmarking Study on Auto/Home insurers in Ontario & Quebec—2018 (by SOM)—Ranking based on the main P&C insurance brands.

2 Internal statistics of The Personal: Approximate number of policyholders who renewed their policies when their policy came up for renewal from January to December 2018. The rate does not include mid-term cancellations and terminations.

For every insurance quote completed by a College of Licensed Practical Nurses of Alberta member, The Personal donates $5 to the Fredrickson-McGregor Education Foundation to help support enhancing the continuing education needs of LPNs.

The Personal refers to The Personal Insurance Company. Certain conditions, limitations and exclusions may apply. Auto insurance is not available in MB, SK and BC due to government-run plans.

1 Benchmarking Study on Auto/Home insurers in Ontario & Quebec—2018 (by SOM)—Ranking based on the main P&C insurance brands.

2 Internal statistics of The Personal: Approximate number of policyholders who renewed their policies when their policy came up for renewal from January to December 2018. The rate does not include mid-term cancellations and terminations.
Promoting Robotic Pet Therapy to Support Dementia Care

By Cassandra Correia, practical nursing student; Kristen Ouellet, Primary Care Paramedic, and Charlotte McCartan, Ph.D. Student (Ed Psych), Masters in Nursing, Registered Nurse

In 2019, NorQuest practical nursing student Cassandra Correia developed a workshop (under the supervision of primary care paramedic Kristen Ouellet) to train healthcare professionals and caregivers in incorporating robotic pet therapy as a non-pharmacological technique in caring for people with dementia. The CLPNA is pleased to highlight this practical nursing student-led project.

Dementia can present with many different verbal and non-verbal characteristics. Unfortunately, the lack of proper training around these characteristics and what they mean can cause stigma around people with dementia. While medications such as antipsychotics have proven to work for acute “behaviours”, they have shown otherwise in chronic characteristics. Antipsychotics are being administered to people with dementia more often in long term care facilities (15.1% at home vs. 45.5% nursing homes) (Hessmann et al., 2018), without acknowledgment of the associated increased mortality and health risks (Nielsen et al., 2016, Forester & Vahia, 2019).

Robotic pet therapy gives an opportunity for care that takes into account that each person is unique and encourages social interaction and distraction from agitation. Although they may not be appropriate for all people living with dementia, some people with moderate to severe stages of dementia, as well as those who choose to engage, may benefit the most (Abbott et al., 2019). To incorporate the intervention into a facility or home, foundational training is recommended. Staff and family can be trained using scenario-based workshops that focus on:

- Understanding a person’s history, personality, needs, and wishes.
- Applying person-centred care options when working with common characteristics: word-finding, negative statements, mumbling/humming, wandering, withdrawal, compulsive and aggressive behaviours.
- Recognizing competing priorities of different health disciplines and making the effort to collaborate to honour and implement individualized interventions.

Striving to find non-pharmacological solutions is challenging, yet these methods have been proven to benefit people living with dementia (Leng, Zhao, & Wang, 2020). Non-drug dependent management encourages healthcare professionals and caregivers to see the person beyond their disease and treat them with empathy and dignity. It has been shown that when people with dementia are provided an alternative way to cope, they feel heard and their needs are met. This overall satisfaction reduces the frequency of symptoms like agitation or depression while increasing their quality of life.

This project was funded by Alberta Health Services Seniors Health Strategic Clinical Network, with support from the Olson Centre for Health Simulation at NorQuest College in Edmonton. For more information, please contact the authors.

References available on request.
The goal of the SWAN™ Program is to educate and prepare more skilled wound, ostomy and continence nurses across the spectrum of care (e.g. acute care, long-term care and homecare). Graduates will have an enhanced ability to provide optimal care for individuals with wound, ostomy and continence issues as members of a collaborative NSWOC team. The program is designed to provide non-specialty nurses the ability to provide optimal wound, ostomy and continence care under the direction of the NSWOC, Clinical Nurse Specialist (Wound, Ostomy or Continence) or Physician and to be integral members of the WOC team.

**WHAT IS THE SWAN™ PROGRAM?**

The Nurses Specialized in Wound, Ostomy and Continence Canada (NSWOCC) Wound, Ostomy and Continence (WOC) Institute, developed the Skin Wellness Associate Nurse (SWAN™) Program in response to the growing need in Canada for healthcare professionals with advanced wound, ostomy and continence knowledge. The NSWOCC and WOC-Institute developed the paced online SWAN™ education program as a means to support and empower NSWOCs and improve clinical outcomes by enhancing wound, ostomy and continence care teams. The SWAN™ program prepares non-specialty nurses to provide basic, bedside wound, ostomy and continence care.

**COURSE DATES & LENGTH**
- 2 cohorts per year starting on Feb. 3 and Aug. 4th, 2020 respectively
- Courses are 4 months long

**TOPICS COVERED**
- Integumentary System
- Wounds
- Ostomies
- Continence Care

**YOUR INVESTMENT**
- $3,000 Course Tuition
- $146 NSWOCC membership
- $50 Admin Fee

**SWAN™ WILL HELP YOU...**

**BECOME A VALUABLE ASSET TO PATIENTS & EMPLOYERS**

By growing your knowledge, experience, and practice in wound, ostomy and continence care, you will be filling patients’ and employers’ desperate need across the spectrum of care (e.g. acute care, long-term care and homecare).

By employing a desirable NSWOC and SWAN team, healthcare facilities send a message to patients and their loved ones that they are committed to providing consistent, evidence-based care pertaining to the prevention and management of wounds.

**GAIN AUTONOMY**

By preparing non-specialty nurses to provide basic, bedside wound, ostomy and continence care, the program is designed to allow you to become an integral, respected member of the wound, ostomy, and continence team under the direction of the NSWOC, Clinical Nurse Specialist (Wound, Ostomy or Continence) or Physician.

Many RPNs/LPNs have already gained experience with day-to-day wound, ostomy and continence care with previous employers but don’t have formal education to support it; upon completion of the SWAN™ Program, graduates can proudly show their knowledge, experience, and practice by holding the SWAN™ designation.

**TRANSFER YOUR EXPERIENCE**

By preparing non-specialty nurses to provide basic, bedside wound, ostomy and continence care, the program is designed to allow you to become an integral, respected member of the wound, ostomy, and continence team under the direction of the NSWOC, Clinical Nurse Specialist (Wound, Ostomy or Continence) or Physician.

**LEARN MORE AT**

WWW.WOCINSTITUTE.CA/SWAN

NSWOCC  
66 Leopolds Drive  
Ottawa, Ontario K1V 7E3  
www.nswoc.ca

Wound, Ostomy and Continence Institute  
registrar@wocinstitute.ca  
www.wocinstitute.ca/SWAN  
1-877-614-1262
In healthcare settings, it is natural to focus on physical health, but there is growing recognition of the importance of social supports on health outcomes. People with robust networks of social and community support have better physical and mental health outcomes, while isolation and loneliness put health at risk.

Social isolation refers to a low quantity and quality of contact with others. It includes objective measures such as size of network and number of interactions (quantity). It also accounts for a person’s subjective perceptions of loneliness which includes how they feel about the quality of the relationships and the frequency of contact (quality).

People who are socially isolated have small social networks, limited interactions and few social roles, and feel that their relationships are not rewarding.

Seniors are especially at risk of being socially isolated because of a combination of factors such as life transitions, health challenges, smaller social networks, and societal barriers such as ageism.

LPNs can play an important role in identifying and supporting isolated seniors. Because of the types of interactions LPNs have with seniors, you are uniquely placed to notice if someone may be isolated, and may have established a relationship that enables you to inquire further.

Conversation Starters

You can ask a few simple questions to assess a senior’s social network, perception of relationships, and level of support.

1. Do you have people in your life whom you can ask for help and support?

2. Do you have someone who can give you advice in a crisis?

3. Do you feel valued by your friends/family?

4. Are you content with your relationships?
We all benefit when seniors are valued, respected and supported to live healthily. Identifying when they may be at risk and connecting them with people who can help is a meaningful, powerful act of respect and support.

5. Are you as socially and physically active as you want to be?
6. Do you have the resources you need to do the things you want to do?

Answering no to any of these questions can indicate potential for social isolation.

How You Can Help

Anyone can be a connector who helps seniors thrive, and there are many ways to make a significant impact. The actions you take will depend on your setting.

One of the most powerful things you can do is focus on the quality of your interactions with your senior patients. Seniors are experiencing profound losses such as loss of health, mobility, friends, drivers’ license, vision, hearing, etc. They are no longer “able” and independent. Being sensitive to their experience of loss, showing compassion, and listening to them contributes to meaningful interactions. Engage seniors in meaningful conversation as much as possible, rather than focusing solely on physical or medical needs.

Because of the relationship you’ve built with a senior, they may be open to suggestions from you. Encouragement from a trusted person in their lives can often prompt a senior to act. Encourage your senior patients to participate in the recreational activities offered at your facility or in the community. Reinforce the importance of maintaining social contacts.

Involve other health professionals in supporting the senior. For example, you can notify the recreation therapist at your facility that the senior may need some encouragement to attend activities. Check with staff to see if there are friendly visitor programs that the senior could participate in. Alert your supervisor of your concerns. Connect with community organizations that can help mitigate some of the issues that lead to social isolation.

We all benefit when seniors are valued, respected and supported to live healthily. Identifying when they may be at risk and connecting them with people who can help is a meaningful, powerful act of respect and support.

To learn more about social isolation and get tools and resources that can help you in your practice, visit connectingedmontonseniors.ca, www.calgaryseniors.org, or check for local resources through community support services.

We’re Hiring LPN’s!

Get social with our careers!

Jobs.InteriorHealth.ca

 Licensed Practical Nurse Perioperative (OR)
Full Time - Kamloops Job ID: 1266866

 Licensed Practical Nurse (Orthopaedic Technician)
Full Time - Kamloops Job ID: 1290348

work-life balance - competitive wages - paid benefits - professional development - relocation allowance
MINDFULNESS RETREAT
For Counsellors, Therapists, & Caregivers
CANMORE: July 8-10

This "working retreat" will assist participants in developing their own mindful practice and provide the opportunity to experience the effect of a deeper embodied presence and attunement with others.

10-DAY CERTIFICATE PROGRAM SUMMER 2020
CRISIS AND TRAUMA RESPONSE
Calgary, AB: July 20-31

This program provides participants an opportunity to develop a set of competencies to effectively respond to critical incidents.

ALBERTA Public Workshops
Winter-Summer 2020

<table>
<thead>
<tr>
<th>Course</th>
<th>Dates</th>
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<tr>
<td>Trauma-Strategies for Resolving the Impact of Post-Traumatic Stress</td>
<td>Calgary: March 30-31;  Edmonton: March 31-April 1</td>
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<tr>
<td>Self-Injury Behaviour in Youth-Issues and Strategies</td>
<td>Edmonton: April 16-17;  Calgary: April 16-17</td>
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<tr>
<td>Walking Through Grief-Helping Others Deal with Loss</td>
<td>Edmonton: April 27-28;  Calgary: April 28-29</td>
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<tr>
<td>De-escalating Potentially Violent Situations™</td>
<td>Calgary: May 12;  Edmonton: May 13</td>
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<td>Crisis Response Planning</td>
<td>Edmonton: May 14</td>
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<tr>
<td>Cognitive Behavioural Therapy-Tools for Thinking Differently</td>
<td>Edmonton: May 25;  Calgary: May 28</td>
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<td>Narrative Therapy-Tools for Exploring Stories</td>
<td>Edmonton: May 26;  Calgary: May 29</td>
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<tr>
<td>Trauma-Informed Care-Building a Culture of Strength</td>
<td>Calgary: June 9;  Edmonton: June 10</td>
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<tr>
<td>Borderline Personality Disorder-Understanding and Supporting</td>
<td>Calgary: June 23;  Edmonton: June 25</td>
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<tr>
<td>Clinical Supervision-Skills for Developing Counsellors</td>
<td>Edmonton: July 14</td>
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<tr>
<td>Gender and Sexual Diversity in Youth</td>
<td>Edmonton: July 14-15</td>
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<tr>
<td>Brief Focused Counselling Skills-Strategies from Leading Frameworks</td>
<td>Edmonton: August 11-12</td>
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ACCESS TRAINING FROM ANYWHERE

Many of our CTRI and ACHIEVE Public Workshops are also available live, from any location. You can find a list of live stream workshops on our websites. You can also view many of our workshops on-demand from any location, at any time.

5-DAY CERTIFICATE PROGRAM in SUMMER 2020:
CONFLICT MANAGEMENT
Calgary, AB: July 20-24

This program provides participants an opportunity to develop a set of skill-based competencies in conflict resolution.

For details, please visit our website.
What do you do if your client denies that they have a mental illness or repeatedly stops treatment? The temptation is to try to persuade them to think or act differently, but that doesn’t always work. This can cause frustration and you may start to see the client as “noncompliant.” In turn, they might see you as controlling, or maybe as part of a conspiracy. You are at an impasse. What now?

1. It’s all about the relationship

As nurses, we often fall into the trap of thinking that all we have to do is educate someone and they will change their thoughts or behaviour. If your goal is to get someone to change and you direct all your efforts that way, you will end up sorely disappointed. No one wants to be someone else’s project!

Providing a caring therapeutic relationship might be all that you can accomplish, but that alone is still enormously helpful. The therapeutic nurse/client relationship is a cornerstone of nursing practice and is itself an intervention. We all need human connection, especially when facing an illness. And it is only through relationship that change can occur.

2. Apply the LEAP approach

Dr. Xavier Amador is a psychologist and the author of an excellent book titled, *I Am Not Sick, I Don’t Need Help!: How to Help Someone with Mental Illness Accept Treatment*. I encourage you to read the book as he has many great insights and tips, including the LEAP approach to communicating more effectively with a person who is unwilling to accept treatment.

- **Listen** - Practice active listening; really listen to what the person feels, thinks, and wants, without reacting. THEN state back to them, in your own words, what your understanding is of what they feel, think, or want.

- **Empathize** - Dr. Amador states that “you must empathize with all the reasons [they have] for not wanting treatment…especially with any feelings connected to delusions.” This is not, however, the same as agreeing with a delusional belief. For instance, you might say to someone who feels as if they’re under surveillance, “It must be scary to feel like someone is spying on you,” which demonstrates your neutrality as to whether any spying is going on, while still acknowledging the fear underlying the delusion.

- **Agree** - Find some kind of common ground, make observations about things you can both agree on, and ask questions. For example, the person may want to continue their education, to which you can observe that they seemed to concentrate better when they took their medication regularly. You can also ask if the voices were less intrusive when they were taking their medication. If you can both agree that these observations are accurate, taking the medication could ultimately be linked to the person’s goal of further education.

- **Partner** - Once you have found that common ground and can identify a shared goal, you can partner with the person to achieve the goal. Dr. Amador stresses the importance of focusing on the shared goals and not on the idea of mental
illness. It doesn’t matter if the person never agrees that they have a mental illness; what matters is that they are working with you to achieve their goals and improve their life. And isn’t that what you really want for them?

3. Be patient

If change does occur, it will likely not be on your timeline. It can take an incredibly long time for sufficient trust to develop. Don’t forget, people cannot just decide to “get over” an illness! Just as you cannot talk someone out of having cancer, you cannot persuade brain structure or function to heal. You can only invite healing through empathetic listening and the therapeutic nurse/client relationship.

4. Know your limits and have a team

There is only so much you can do as a nurse. You may not be able to persuade your client, but you can recognize what is within your control – your own actions. Let go of trying to control anything else. Have supports for yourself, and look after your own health and safety.

I strongly encourage you to develop a relationship with the person’s family as well – educating and supporting them in using the LEAP approach will benefit your client. A survey of persons with mental health concerns found that the number one thing they considered essential to their quality of life was their relationships with family and friends.

Never doubt that you can make a difference!

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For more information on the LEAP approach:


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Drug Use in Pregnancy
Identification, Treatment, & Outcomes for Mom & Babe

** 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 NICU 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, AWHONN and others. Maureen has worked with pregnant and parenting moms with substance use disorder for over 20 years and was a consultant to the Washington and Idaho Departments of Child Welfare and Social Services.

- 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 Counselors; Selected
  Gynecology or Public Health Nurses
- Social Workers, Substance Use Counselors, Sexual Health Counselors

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 drugs. Neonates are extremely sensitive to the environment which must be altered by creative nursing interventions. Nurses can potentially have greatest 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.

LGBTQ2S+ Health
Providing Affirming Care

** Brand New Workshop!! **

** TAMMY TROUT-WOOD, RN, MN **

Tammy Trout-Wood (She/Her), RN MN is a sexual and reproductive health specialist in Calgary, Alberta. Tammy is on the board of directors for the Alberta Society for the Promotion of Sexual Health (ASPSH) and has been an instructor with the University of Alberta and University of Lethbridge. In 2015, Tammy was profiled as a healthcare provider making a difference by Action Canada for Sexual Health & Rights. As a skilled clinician and educator, Tammy brings 20 years of experience to health professionals wanting to update their knowledge and skills to provide affirming care for LGBTQ2S+ people.

- All Health Professionals in Care & Consultative Settings in Acute, Community, Mental Health, Primary, & Continuing Care
- Nurses, Medical Staff, Social Workers, Psychologists, Pharmacists, Dieticians, OTs, PTs, RN
- Educators, Clinicians, & Managers

The past several years has been a significant time of social and cultural change, including increasing awareness of the health needs of sexual and gender minority people. As education curriculums have not always kept up with the evolving understanding of sexual orientation and gender identity, this workshop will provide essential information to provide good care for all people. Participants will leave with practical information that can be implemented in every care environment.
Linda Stanger didn’t know a lot about Drumheller before starting work there as a registered nurse in the mid-1970s.

It was a stop on the highway between her hometown in Saskatchewan and Calgary, where she had recently completed a nursing degree. Within a few decades, though, the central Alberta town would become pivotal to Stanger’s story — a place of profound personal and professional development.

There, she met her late husband, started a family, and experienced life on the family farm. She developed a career that spanned multiple areas of healthcare, taking on ever more responsibility along the way. And, importantly, Stanger started working with and for licensed practical nurses (LPNs), steadily developing the leadership skills that would eventually bring her to the helm of the College of Licensed Practical Nurses of Alberta (CLPNA).

As Stanger prepares to step away from her role as the CLPNA’s chief executive officer (CEO), she has a rare moment to look back on the changes, challenges, and achievements she has experienced at the CLPNA over the past 14 years. But even as she looks back, her vision for the organization’s future remains as clear as it was when she arrived.

“We are focused on regulatory excellence, and ensuring that the public is served well by licensed practical nurses,” Stanger says. “Our mandate is to act in the public interest.”

As a leader, Stanger exudes calm professionalism, candid warmth, and authenticity — traits that she tapped into and developed over decades working in healthcare, anticipating patient needs, building teams, and tackling larger system challenges.

Practical nurses featured prominently at the busy rural hospital in Drumheller where Stanger started her career. There, she quickly realized “what an absolutely valuable asset” LPNs are in the healthcare system, particularly when they were supported and given opportunities.

The holistic, patient-centred care she saw from the practical nurses made her question whether LPNs were being used to their full capabilities. In her role as staff educator, she remembers LPNs as competent, enthusiastic learners focused on their patients.

Throughout her leadership journey, she always looked for opportunity to utilize practical nurses to their full capacity, including increasing LPN numbers in the operating room, preparing and utilizing LPNs as evening supervisors in continuing care, introducing them to new clinical areas and leadership roles on nursing council and accreditation teams.

Stanger honed her own leadership skills through these years and her responsibilities grew to include community outreach. She established new programs in diabetic care and expanded telehealth, plus outpatient mental health and cardiac rehabilitation programs which are still in place today.

Along the way, Stanger thrived through the challenges of regionalization and emerged as the director of acute and home care for five rural communities, a position which also included coordinating ambulance services, ambulatory care and acute mental health. At the same time, she earned a master’s degree in health administration,
while building high-functioning teams in which LPNs were integral.

“Increased utilization of LPNs was clearly in the public interest,” was her feeling, then and now.

After leaving Drumheller for a position in Calgary as vice president, operations, with Medicentres Canada, Stanger employed that rich background in nursing, leadership, and administration to become a public member of the CLPNA. She served on Council for four years and had just agreed to assume the position of CEO when personal tragedy added a new dimension to the unique purpose she brought to the role.

Just days after signing the contract, Stanger lost her husband in a farming accident. In the time of profound grief and reflection that followed, she remembers the clear conviction that the job could be a way of both honouring her own history and serving the public.

Under her relational and visionary leadership, the CLPNA has not stopped adapting, and innovating, making it tricky for Stanger to speak of her own professional highpoints without touching on some of the organization’s accomplishments. Her tenure included milestones like adopting the first jurisprudence exam in Canada among nursing regulators, and building a research department to ensure evidence-informed regulatory decision-making – developments the CLPNA happily shared with LPN regulators and others nationwide.

Another highlight for Stanger is the creation of a health care aide (HCA) directory within a nursing regulatory body. The HCA directory was developed by the CLPNA in collaboration with Alberta Health and stakeholders. The directory, now administered by the CLPNA, has nearly 30,000 HCAs enrolled.

Through provincial regulations introduced this year, the LPN scope of practice has expanded to include new responsibilities, which Stanger sees as a way to continue bolstering patient care and producing a more efficient health system.

Under Stanger’s leadership, the CLPNA and its membership have grown dramatically, securing new grants, participating in research projects related to regulation and other healthcare questions, contributing internationally, and taking on big picture initiatives.

At a yearly Think Tank, for example, the organization brings together leaders and thinkers from many healthcare fields to share ideas and prepare for possibilities in an evolving health system. In its recognition of the inevitability of change and the benefits of sharing ideas across jurisdictions, the annual event showcases the kind of ideas that Stanger herself has brought to the CLPNA and is emblematic of the leadership she has provided to Council.

As she looks towards a future spent with her family, including seven grandchildren, and checking things off of her “bucket list,” Stanger says, “It’s clear that I’ll always be connected in some way with making a difference, however I can do that.”
Changes Coming to the 2020 Continuing Competence Program Audit

In May, some of Alberta’s Licensed Practical Nurses will be selected to participate in the annual Continuing Competence Program (CCP) Audit. Approximately 10% of eligible members will be selected through criteria established by the CLPNA’s Council. Those chosen will be required to validate their 2019 Learning Plan and, in addition, will be required to prove their practice hours for the previous four years and provide a current criminal record check. The CCP Audit will run from May 1 through June 30. Regulated members participate in the Continuing Competence Program as a requirement of the Health Professions Act.

In addition to the random selection process, members with fewer than 1000 practice hours in the previous four years, those granted an exemption from the previous year’s Audit, or those who did not participate for other reasons are also eligible to participate in this year’s Audit.

The key to a successful, timely completion of the Audit process is planning. The CLPNA recommends LPNs track their learning as it is completed. Keep verification or proof of learning in an organized manner (and remember to retain CCP records for a minimum of four years).

Selected members are required to summarize their completed 2019 Learning Plan including their proof of learning documentation. The CCP Audit submission deadline is June 30, 2020. Submissions received after that date will be subject to a registration levy of $100. LPNs are encouraged to complete the Audit within the timelines provided to avoid having additional costs and delays for registration in 2021.

Learn more about CCP Audit process at www.clpna.com, under ‘Education’. A live webinar will be offered in May.

For questions, please contact the CLPNA at ccp@clpna.com, 780-484-8886 or 1-800-661-5877 (toll-free in Alberta).

Professional Boundaries for Nurses

Licensed Practical Nurses hold an inherent position of power and influence over patients while providing nursing care. Professional boundaries allow for safe space between a nurse’s position of power and a patient’s vulnerability.

Maintaining professional boundaries is a foundational part of nursing practice and a key characteristic of a therapeutic nurse-patient relationship built on trust, respect, and compassion.

Find out how LPNs can meet the expectations of the CLPNA’s Practice Guideline on Professional Boundaries and more by watching this video on the CLPNA’s YouTube channel at www.youtube.com/CLPNA.

Understanding Unconscious Bias

“Because our unconscious biases are so hidden from ourselves, it takes some work to disrupt them, but it can be done through active reflection and practicing inclusive behaviors. Doing this work benefits us, the people around us, and our patients.” — Marni Panas

When people don’t fit our internalized expectations, we can sometimes have difficulty seeing their talents, motivations and potential clearly. Recognizing we have bias and where our biases come from is one of the first, and the biggest, steps in dealing with its impact.

The College of Licensed Practical Nurses of Alberta partners with Marni Panas, Program Manager, Diversity and Inclusion for Alberta Health Services for an informative 44-minute video about this fascinating topic. Tune into the CLPNA’s YouTube channel at www.youtube.com/CLPNA.
Licensed practical nurses in Alberta are obligated to provide a professional service which is competent, safe and ethical. The College of Licensed Practical Nurses of Alberta is mandated to protect the public from unethical, unskilled and unsafe nursing practice. Standards of Practice are in place which provide the minimum standard of care for LPNs. LPNs are expected to meet these standards in their practice; performing below the minimum standard may result in disciplinary action. If a member is disciplined for practicing below standards, a complaint file may be opened. Employers are mandated to report any type of discipline which is deemed to be unprofessional conduct.

Once the CLPNA has opened a complaint against a member, the next step in the complaint process is to determine if there is sufficient evidence to support the alleged conduct and if there is sufficient evidence to determine whether the conduct constitutes ‘unprofessional conduct’ according to the definition of the Health Professions Act (HPA), which includes any contravention of the Code of Ethics and Standards of Practice for LPNs in Canada in effect at the time of the conduct. This is accomplished through an investigation.

The CLPNA investigates all complaints in accordance with s. 55(2)(d) of the HPA. An investigation can be completed by the Complaints Director/Complaints Consultants or an appointed investigator. It is important to note, the CLPNA’s investigations are independent from any investigation which may have been completed prior to the matter being reported to the CLPNA. The complainant and/or employer and the member are given notification, as per s. 61(1) of the HPA, as to who will conduct the investigation.

During the investigation process, the complainant/employer and the investigated member will be interviewed by the appointed investigator. The investigation interview is conducted to gather pertinent information related to the alleged conduct and is completed in an objective non-biased manner. The investigation is a time for fact finding, not for making recommendations on resolving the complaint. In addition, the complainant/employer and investigated member may provide the investigator with the names of other persons who might have relevant information related to the investigation; those witnesses are interviewed.

The CLPNA has the legal authority, under s. 63 of the HPA, to collect any information and documents relevant to the investigation, which may include personal information and medical documentation. The scope of the investigation may increase to include other conduct matters not identified in the initial complaint letter in order to fulfill the CLPNA’s mandate for public protection. Under s. 62(2) of the HPA, an investigator may investigate matters that are related to the conduct of the member that could rise to a finding of unprofessional conduct.

All investigated members are required to participate in an investigation. It is considered unprofessional conduct for investigated members not to participate in an investigation, and a further complaint of unprofessional conduct could be initiated. A member can have legal/union representation with them during an investigation interview; however, the member is responsible to answer any questions asked during the interview process.

The goal of investigations is not necessarily to obtain evidence that the member is unprofessional; it can also reveal that there is no evidence to support the alleged conduct. An investigation can also determine the complaint submitted is trivial or vexatious. In these cases, the complaint can be dismissed.

The CLPNA does not release the investigation report to employers or the complainant, and the employer/complainant is not involved in making recommendations on an appropriate sanction. The CLPNA does not provide a copy of the written investigation report to the member or to their representative unless the matter has been referred to a Disciplinary Hearing.

At the conclusion of the investigation, a written investigation report is submitted to the Complaints Director/Complaints Consultant for review. The Complaints Director/Complaints Consultant will then carefully and objectively analyze the information gathered in the investigation to determine if there is evidence of unprofessional conduct and determine the most appropriate way to resolve the complaint in the interest of public protection.

For more on the CLPNA’s Complaints process, see www.clpna.com/complaints, or contact complaints@clpna.com, 1-800-661-5877 (toll free in Alberta), or 780-484-8886.
Nationally, there continues to be a significant public health concern related to the growing rate of reported cases of sexually transmitted infections (STIs) including chlamydia, gonorrhea, and syphilis (Health Canada, 2019). Prevention and treatment of STIs is a collaborative effort in which licensed practical nurses are key partners in creating awareness and supporting actions.

In late 2019, the Government of Canada published the Report on Sexually Transmitted Infections in Canada based on a pan-Canadian study. The report provides information on trends, cases, and infection rates that show the impact STIs have on the national healthcare system. Health Canada attributes the increase in reported cases primarily to improved screening, testing, and a change in societal behaviours and social norms. Additionally, the World Health Organization (WHO) published a Global Health Strategy 2016 – 2021 on the prevention of STIs and set global targets for ending the epidemic.

In Alberta, reported cases of STIs are on the rise. Alberta Health works with the healthcare system and community organizations towards prevention, health promotion, testing, harm reduction and education, and advises that all healthcare providers recommend sexually active individuals are tested every three to six months if they:

• have a previous diagnosis of an STI,
• engage in sexual activity with a partner with a known STI,
• engage in sexual activity with a new, multiple, or anonymous partners, or
• have been sexually assaulted. (Government of Alberta, 2020)

Sexually transmitted infections have a profound impact on the health and wellness of individuals across the lifespan. Some of the impacts include increased fetal and neonatal mortality rates, increased cervical cancer and infertility issues, and the risk of contracting human immunodeficiency virus (HIV). This results in high costs to the healthcare system in terms of physical, psychological, and social consequences (World Health Organization, 2016). It is important to remember that STIs affect all sexes and age groups and with education, early intervention and treatment, it is possible to decrease the risks for contraction.

Effective prevention requires ensuring access to vital information, commodities (condoms), and services (vaccination, treatment, and care) to limit disease transmission. By assessing patient risk factors, taking a sexual health history, and educating patients about the importance of assessment and treatment, LPNs play a vital role in the prevention of this public health concern.

For additional information, access the following resources:


The best way to improve the team is to improve yourself.

- John Wooden -
Renal Update!  
... to pee or not to pee

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

Barb Bancroft, RN, MSN, PNP

Barb Bancroft is a widely acclaimed nursing teacher who has taught courses in Advanced Pathophysiology, Pharmacology, and Physical Assessment to both graduate and undergraduate students. Also certified as a Pediatric Nurse Practitioner, she has held faculty positions at the University of Virginia, the University of Arkansas, Loyola University of Chicago, and St. Xavier University of Chicago. Barb is known for her extensive knowledge of pathophysiology and as one of the most dynamic nursing speakers in North America today. Delivering her material with equal parts of evidence based practice, practical application, and humor, 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

Join us for another one of Barb’s illuminating sessions! This one-day workshop begins with the embryologic development of the kidney and the clinical implications for clinical practice. The discussion then reviews the anatomy and physiology of the kidney correlated with structural and functional conditions. A number of disease processes discussed such as glomerulonephritis, pyelonephritis, nephritic syndrome, polycystic kidney disease, the diabetic kidney, the kidney in shock, acute tubular necrosis, acute and chronic renal failure, kidney stones and autoimmune disease and the kidney. In addition, the effects of aging and the effects of drugs on the kidneys will be emphasized. Lab tests to be discussed include the BUN, Serum creatinine, creatinine clearance and urinalysis.

$179.95 + $8.95 GST = $187.90 Early Rate (on or before April 13, 2020)

$189.95 + $9.45 GST = $198.40 Middle Rate (on or before May 11, 2020)

$199.95 + $9.95 GST = $208.90 Regular Rate (after May 11, 2020)

Challenging Geriatric Behaviours

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

** 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 geriatrics-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!

$179.95 + $8.95 GST = $187.90 Early Rate (on or before April 27, 2020)

$189.95 + $9.45 GST = $198.40 Middle Rate (on or before May 25, 2020)

$199.95 + $9.95 GST = $208.90 Regular Rate (after May 25, 2020)