Real Knowledge, Simulated World

Bill 30 & CLPNA's Council
Shifting Perspective on Documentation
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I am extremely proud to be a nurse, and I am privileged to be able to thank and recognize my colleagues for all of the great work they do with our patients, clients, and families each and every day. - Cheryl Whittleton

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Protecting the Public Interest
In July, the Government of Alberta announced upcoming changes to the Health Professions Act through the Bill 30 Health Statutes Amendment Act. Bill 30 requires all health professional regulatory colleges in Alberta to increase public member representation on their councils, hearing tribunals and complaint review committees from the current 25 percent to 50 percent of the total members. The Bill passed into law on July 29 and will take effect on April 1, 2021.

The impact on Council and committee composition at the College of Licensed Practical Nurses of Alberta (CLPNA) is currently being reviewed and plans are being developed to meet the legislative requirements. Therefore, the Council suspended the Council elections originally scheduled for August while they determine next steps.

Currently, a minimum of 25 percent of the CLPNA’s Council members are required to be government-appointed public members, while the remaining 75 percent are licensed practical nurses (LPNs). The present structure is three public members, seven LPNs, and an LPN president. The new composition will result in an equal number of public members and LPNs. All Council members are obligated to uphold the CLPNA’s mandate to regulate and lead the LPN profession in a manner that protects and serves the public.
The Health Professions Act (HPA) requires a clear separation between the responsibility of the profession’s regulatory functions that protect the public and those related to salary negotiations, economic and social standing of members of the profession.

CLPNA

As the regulatory college of Licensed Practical Nurses (LPNs) in Alberta, with authority under the Health Professions Act, the CLPNA exists to protect the public through the following regulatory functions:

• Sets education, registration and annual renewal requirements
• Sets and enforces practice, conduct, and ethical standards for delivery of professional services
• Ensures compliance with healthcare legislation and regulations
• Sets continuing competence requirements
• Investigates concerns regarding questionable conduct of an LPN
• Maintains a public database identifying the Registration status (Active, Provisional, Suspended or Canceled) of LPNs in the province of Alberta
• Provides information about the practice of the LPN profession, expected professional standards, and guidelines that support public safety

UNION

A union is an organized body that establishes a bargaining relationship with the intent to promote collaborative labour relations between employees and employers. A union:

• Negotiates conditions of employment such as wages, benefits, conditions of work and job security
• Processes contractual grievances
• Assists employees with labour issues
• Ensures fair representation of employees
• Promotes and protects health and safety of employees
• Provides access to opportunities for professional development

For more information, LPNs can access the collective bargaining agreement that governs their workplace setting. In non-union organizations, these factors are managed directly between the employer and employee.
There’s a first time for everything! More than 220 LPNs and stakeholders participated in a surprisingly intimate, streaming Annual General Meeting of the College of Licensed Practical Nurses of Alberta on June 17, 2020.

For many attendees, the CLPNA’s first online AGM was also the first they attended. The AGM was held for decades as part of the Annual Conference held every spring. This year’s event was originally scheduled to coincide with a new Education Forum however; due to COVID-19 public health restrictions, the AGM was transitioned to an online format.

It also included the public introduction of CLPNA’s new Chief Executive Officer, Jeanne Weis.

The hour-long recording highlights a farewell from retiring CEO Linda Stanger, an overview of 2019 regulatory activities, and a look to the future of healthcare regulation in Alberta.
Your 4 Moments for Hand Hygiene

1. **BEFORE initial patient/patient environment contact**
   - **WHEN?** Clean your hands when entering:
     - before touching patient or
     - before touching any object or furniture in the patient’s environment
   - **WHY?** To protect the patient/patient environment from harmful germs carried on your hands

2. **BEFORE aseptic procedure**
   - **WHEN?** Clean your hands immediately before any aseptic procedure
   - **WHY?** To protect the patient against harmful germs, including the patient’s own germs, entering his or her body

3. **AFTER body fluid exposure risk**
   - **WHEN?** Clean your hands immediately after an exposure risk to body fluids (and after glove removal)
   - **WHY?** To protect yourself and the health care environment from harmful patient germs

4. **AFTER patient/patient environment contact**
   - **WHEN?** Clean your hands when leaving:
     - after touching patient or
     - after touching any object or furniture in the patient’s environment
   - **WHY?** To protect yourself and the health care environment from harmful patient germs

Adapted from WHO poster “Your 5 moments for Hand Hygiene,” 2006.
Virtual reality is making its way into practical nurse education, making it possible to practice skills and attain more standardized student evaluations.

At a glance, Chantelle McLean might be mistaken for a young practical nurse coming off the ward — if not, that is, for the sleek black rectangle affixed in front of her eyes by a halo of straps.

In plum scrubs, McLean moves purposefully around a small square of carpet with no clear boundaries, using her hands to manipulate a set of controllers as she focuses intently on the task she’s completing.

Animated versions of her hands are displayed on a large television mounted on a wall to her right, where observers share her perspective as she moves through a hospital room. She washes her hands, greets a female patient tucked in under a pale blue blanket, and carefully tends to the woman’s intravenous (IV) line.

The world is virtual, but the scenario is real.
McLean is completing a task that licensed practical nurses need to know on the job: maintaining an IV line for a patient with nausea. But she is practicing it in a place where the stakes are lower and the supplies seemingly endless — a virtual reality (VR) scenario, set up in an experimental classroom at NorQuest College in Edmonton, where McLean starts the final year of her practical nursing program this fall.

“It’s kind of like a game,” she says. “I feel it’s more calming than the lab work. I’m able to do much better here than in the lab, where I’m a little bit nervous.”

An entertainment tool in rec rooms across the country, VR is increasingly finding its way into workplaces and educational settings, including Alberta post-secondary institutions that offer the practical nurse diploma program, such as NorQuest College and Bow Valley College.

“The modality of education is changing, so we’re trying to adapt to that,” says registered nurse Sima Mehrabi, an instructor in NorQuest’s practical nursing program.

For the past year or so, practical nursing students there have been getting opportunities to complement their lab courses and clinical training with VR software designed to test their knowledge and hone their skills in IV maintenance and insulin administration.

The medication administration focus was very carefully selected based on student performance in existing clinical courses, instructor feedback, and scope of practice considerations for licensed practical nurses, explains Dustin Chan, senior manager in projects and innovation for NorQuest’s Faculty of Health and Community Studies.
“In the past few years, we’ve been tracking every single clinical course, and all the concerns that have come up and the pieces where students had needed some level of remediation, and these two are really up there,” says Chan, who holds a Bachelor of Science in Nursing.

The faculty decided to focus on step-intensive medication administration processes where mistakes can have serious consequences. To avoid mistakes, practical nurses learn to systematically follow a medication administration checklist and doublecheck that they are providing the right medication, at the correct dose, to the proper patient at an appropriate time—steps that take time and practice to perfect.

“From experience, and other feedback, we’ve noticed that there are some students who do want more practice,” says NorQuest practical nursing instructor and primary lecturer Patrick Kelly, a registered nurse.

In the real world — be it the lab or clinic — that practice comes at the cost of materials such as IV tubes that can quickly add up, he explains. With VR, on the other hand, the NorQuest team hopes to offer students a sustainable, low stress, and fun way to learn, making the experience as realistic as possible, with gaming elements that allow students repeated practice opportunities until they have perfected their skills and knowledge.

At the end of each virtual scenario, the student sees an on-screen summary of how they did, Chan notes, seeing exactly which steps they hit and any that they missed. The goal of that gamification is to get students to attempt the scenarios over and over until they get everything right.

“Really that’s our evaluation of its effectiveness: does someone want to come back and play it again?” Chan says.

A few hundred kilometers to the south, a newly-established VR laboratory for practical nurse students at Bow Valley College in Calgary is turning to VR for a different, less game-focused application: evaluating student performance on adult health assessment — another key competency in real-life nursing.

There, the goal is not just to provide students with another way of practicing their skills, but to establish a more standardized, objective, and efficient way for instructors to evaluate student performance on health assessment scenarios.

“We’ve always tried to identify where we could remove some of the subjectivity that comes with having a variety of people assessing our learners,” says Nora MacLachlan, Dean of Health and Community Studies at Bow Valley College. “That was one of the problems that we wanted to solve.”

The Bow Valley VR lab officially opened in February 2020, and features 11 VR stations set around the room’s perimeter, along with a central control station for instructors to monitor student progress.
Working with Calgary’s ICOM Productions, Kim Hogarth, Associate Dean of Nursing at Bow Valley College at the time of writing, helped develop the adult health assessment software currently used in the lab, which features nine diverse, expressive patient avatars from different backgrounds with different conditions.

Back at NorQuest, Kelly and Chan worked with a software development team at the Edmonton-based VR company, Dynacor Media. The company was contracted to come up with the practical nursing program’s VR software after meeting with Jennifer Mah, Dean of the Faculty of Health and Community Studies.

“We acted as subject matter experts to work with Dynacor,” Chan recalls. “We gave them all the pieces to ensure that the VR content adheres to the curriculum and adheres to CLPNA standards of practice, and that it truly was evaluating the skill they’re trying to perform.”

The centre’s VR program launched in early 2019, featuring software owned by NorQuest and a pair of VR systems set up in a central location in a classroom to encourage interactions between students practicing in the virtual world and their peers.

In its first year, the technology was primarily used as a practical tool for students in an acute care course, though there are plans to more fully integrate it into the curriculum starting this spring.

“We’re teaching them a skill in lab, and yes, they’re doing it over and over again,” Chan says. “But now I’m going to put you in an open environment that’s supposed to feel real. There are no step-by-step instructions. You just have to play it until you figure it out, and then you’ll get feedback at the end, which is kind of neat.”

So far, instructors like Mehrabi are getting positive feedback from students.
“[Students today are] much more tech-savvy,” she says. “This is what they can relate to.”

Practical nursing student Teodoro Melchionno, a past student in Mehrabi’s class, agrees. Moreover, the VR scenarios often serve to highlight “small errors you can make,” he says, “and make you better every single time.”

“I think [VR] could be implemented from the first nursing course we take,” he adds. “Even health assessment. Why not?”

At Bow Valley, where adult health assessments are already the focus, the VR program has so far been tailored to looking at how students fare with some of the most common health assessment scenarios practical nurses might face in real life.

“In our course, Adult Health Assessment, we teach the learners to do focused assessments,” Hogarth explains, noting that “it helps them to ask the right questions to determine what assessment they’re going to complete.”

If a patient avatar says she is unusually short of breath, for example, a student needs to recognize that the patient requires a focused respiratory assessment. Another patient avatar might describe symptoms that are characteristic of a cardiac or allergic condition.

Before the advent of VR, practical nurse students would typically assess each other when learning adult health assessments, with one acting as the student and the other the nurse, MacLachlan explains. But because students are often young and relatively healthy, abnormal sounds or findings on these assessments are rare, meaning students may not encounter any symptoms of concern until they reach the clinical setting.

On an afternoon in late January, practical nursing student Kristen Cameron is interacting with one of these avatars, an elderly man sitting up on a hospital bed with his legs dangling over the side. In a virtual world that she sees through a headset and that observers can watch on a screen in front of her, she gently places her transparent, outlined hands on the delicate, slightly grey skin on the patient’s back as he draws a breath.

Along with what she can see through the headset, Cameron uses her virtual hands and virtual stethoscope to feel and hear the sounds within. When she places them in the correct places to check for disease symptoms, known as landmarks on the body, the program follows her performance — as it does for other students in other scenarios.

Such computerized tracking takes the guesswork away for instructors tasked with evaluating students’ health assessment savviness, Hogarth says, since each student gets evaluated using the same standards.

“When they’re listening or auscultating a chest with a stethoscope, it will track which landmarks they listen to,” she says. “It will also tell us how long they listened, because that’s also so important—you need to listen for that full breath sound.”
After completing the assessments, students complete their charting, reporting whether they identified any unusual features in the patient avatars at their virtual hospital. While one-on-one evaluations with an instructor might lead to some nerves or distraction for students, “You kind of feel like you’re in your own world” with VR, says Cameron, who donned a VR headset to try out a trial version of the practical nurse program’s software last year.

“It didn’t feel like anybody was around you watching,” she remembers, “and I actually found it was easy to pick up the abnormal sounds, because you are used to hearing normal lung sounds, typically.”

Bow Valley’s Hogarth has already started working on five additional scenarios that will represent atrial fibrillation and other conditions.

“All of our learners that are taking adult health assessment this term, we’ll start to roll through the lab to be assessed [after learning and practicing the assessments],” she says.

Though the goal is to eventually replace subjective, real life evaluations, the students will continue doing assessments in the lab for the time being, until the VR tool is more fully tested and validated.

Faculty at both Bow Valley and NorQuest have ambitious plans for applying and expanding their VR programs. For example, MacLachlan notes that the kinds of VR scenarios being used at Bow Valley might prove useful for looking at how well individuals who are returning to nursing or transitioning into the field perform when it comes to adult health assessments.

Back at NorQuest, Chan and his colleagues are pondering the possibility of providing remote learners with VR educational tools as the technology continues to become more self-contained and streamlined.

They are also wondering aloud about the prospect of developing additional scenarios to tackle “soft skill” development, to support students as they learn how to talk to patients and navigate a healthcare setting more comfortably.
The VR software currently used at NorQuest provides detailed feedback on student performance, meaning it might find favour as an evaluative tool at some point. For the moment, though, it is mainly being used as a fun, interactive way to complement other teaching tools.

The institutions are also contemplating the possibility of commercializing the VR software they’ve developed, which could eventually bring complementary VR software from one practical nurse program to another or into other fields of healthcare that encompass the same skills.

In the meantime, the institutions are considering ways to measure what success with VR looks like for their students. With that in mind, representatives from Bow Valley recently submitted a grant to support research into VR outcomes at the centre, particularly in the areas of student anxiety and confidence.

Hogarth, a graduate nurse practitioner who also completed Bachelor of Nursing and practical nursing programs, knows that graduates embarking on a new career may have some trepidation about their new roles—anxiety that just might decrease for students who have demonstrated their skills successfully in the virtual world.

“If there’s a way to give them a few more tools, a little bit more knowledge, and a little bit more confidence, it’s going to help them, it’s going to help the employer, and it’s going to help the patient,” she says.

Educators Getting Real About VR

The time, money, and expertise needed to come up with immersive VR scenarios — complete with headsets, controls, and highly tailored scenarios — are still a hurdle for many institutions across the province. But there is no shortage of interest.

Some of the nine practical nursing programs in Alberta are considering, or actively pursuing, grant funding to develop interactive VR programs related to specific healthcare applications — from practicing patient interactions to managing aggressive behaviour often associated with dementia patients.

Centres already working on VR applications are buzzing about the possibilities for collaboration, and several programs are already taking advantage of commercially available simulation and augmented reality systems.

At NorQuest, Bow Valley, and elsewhere, for example, students are learning anatomy with the help of augmented reality systems such as zSpace, which uses specialized glasses to let students move and manipulate detailed three-dimensional body images on a screen, peeling away layers of skin, muscle, and vascular systems with remarkable depth and detail.

Other simulation software, such as vSim-Medical and vSim-Surgical, is being used by some rural practical nursing students at sites such as Portage College in Lac la Biche. Those simulations involve manipulating video game-like avatars as they work with a virtual patient, allowing students to hone clinical skills including physical assessments, medication administration, calls to physicians, and vital sign measurement.

With many post-secondary programs moving online in 2020 due to the ongoing COVID-19 pandemic, remote learning has taken on increased importance, even at sites where in-person education was previously possible. With that in mind, practical nursing programs at both Bow Valley and NorQuest are considering strategies for reaching students online—for example, with programs that allow broader simulations or virtual interactions between students—though the quick transition to online education, and budgetary realities, remain challenging.
Diabetic foot wounds are serious, debilitating and are considered one of the most feared complications of diabetes. They are also the leading cause of amputations in Canada, with a five-year mortality rate as high as 50%. Recognizing that 85% of amputations can be prevented, the Canadian Diabetic Foot Task Force recommends:

**All persons with diabetes receive**
1. affordable and timely access to the medications, devices, education and care necessary for achieving optimal diabetes control and preventing serious complications such as amputation
2. access to publicly funded services and devices to prevent and treat foot ulcers and avoid amputation, including preventative foot care, foot care education, professionally fitted footwear and devices and timely referrals to multidisciplinary teams

**All health regions/agencies**
1. prevent and manage foot complications by providing a well-defined referral pattern, and by co-ordinating care and communication between health-care professionals who support people with diabetes as part of a multi-disciplinary team
2. publish, on an annual basis, reliable data on diabetes-related foot care, using internationally recognized metrics, to assist ongoing quality improvement efforts

To download the Diabetic Foot Pathway for use in your workplace,
Dawn Witherspoon, associate chair of the Practical Nurse (PN) diploma program at NorQuest College, is the recipient of this year’s Alberta Nursing Education Administrators’ (ANEA) Leadership in Licensed Practical Nursing Education Award.

The award recognizes leadership in the advancement of nursing in education, education program development and delivery, educational organization involvement, scholarship in teaching and learning, and/or enhancing the development of nursing students and creating effective practice-environments.

According to her nomination, Dawn is an enthusiastic leader who cares about her team. She has a positive and collaborative relationship with faculty and staff in the PN program and is dedicated to ensuring the goals of the college are reached. She was instrumental in transforming the practical nurse curriculum, wrote questions for the Canadian Practical Nurse Registration Examination, and has presented at different conferences.

The CLPNA congratulates Witherspoon on her contribution to practical nurse education.

We can all help promote the social inclusion of seniors

While social isolation is a complex problem, some of the solutions don’t have to be. Everyone can reach out to seniors who might be feeling isolated. It strengthens our community and creates a shared benefit.

As a nurse, you are a critical connector for seniors in your community. Connecting Edmonton Seniors has compiled an online listing of Edmonton resources to help you connect your senior patients.

For more information visit: www.ConnectingEdmontonSeniors.ca
“Paperwork” can be a bad word in nursing. Many nurses have negative views of documentation, preferring to spend time directly with patients. However, there is a new concept of organizational labour which is changing perspectives on what constitutes important nursing work.

Documentation has long been recognized as an important part of self-regulation. It provides details on the work that was done, and any issues for a patient. More than this, documentation keeps patients moving through the healthcare system, which is why it is a central part of nursing care.

Allen\(^1\)(pp2-3) recognized organizational labour as a legitimate part of nursing work and defined organizational labour as:

“[Nurses’] work in bringing patients into the organisation and mobilising action; their work in maintaining an overview of the current status of individuals’ care and communicating this to relevant actors; the work in ensuring all essential activities are carried out and do not interfere with each other; their work in assembling the materials and resources that are required to support their conduct; their work in overseeing bed utilisation and their work in facilitating patient transfers.”
Organizational labour is performed mostly by nurses and is unrecognized by everyone, including nurses themselves. Organizational labour is seen as “paperwork” or a bureaucratic exercise that removes nurses from doing their “real jobs”. However, Allen argues that organizational labour is among the most important work in the hospital. Nurses manage the flow of information across a wide number of people and departments, creating a patient’s trajectory through the system. For example, discharge paperwork helps manage a patient’s journey from the hospital to home and may be the only information a nurse in the community will receive before meeting a patient. In this case, documentation is not only about recording nursing work. It helps patients to transition between different types of care without losing important information (like needed blood tests or medication).

As far back as 1977, Hockey recognized that “The nurse’s contribution to care may lie, at least in part, in the promotion of a functional synthesis of disjointed endeavours”. Potter et al. found that nurses spend 26 percent of their time in consultation with others, and 23 percent of their time documenting care. The Royal College of Nursing indicates that nurses spend 17.3 percent of all their hours worked on paperwork. Authors have consistently reported that nurses spent more time arranging and documenting care than interacting with patients. Westbrook et al. reported that nurses working on wards completed an average of 72.3 tasks per hour, with 19-24 percent of these tasks relating to professional communication.

However, these nurses felt that this work was all considered a distraction, rather than real nursing work. Allen’s perspective shows how documentation has always been a central part of what nurses do – it just hasn’t been recognized.

The impact of documentation can also be seen in its role in managing cognitive load. Perhaps you have that piece of paper in your pocket that you can’t live without during your shift? This informal documentation is an extension of nursing work, helping to keep track of activities and work to be done. When managing on average 72.3 tasks per hour, it’s important to keep everything organized. Formal and informal documentation plays a key role in helping nurses provide safe, comprehensive care. The same goes for whiteboards, status boards, and other sources of information that keep everyone informed and on the same page.

Nurses need to think and speak differently about documentation. It can be hard when there are comments about someone “sitting at the desk”, as though physical labour is the only valid form of nursing. Instead, consider that a carefully written discharge summary or transfer note could prevent severe complications or errors. It is worth taking the time to sit down and write carefully to help a patient make safe transitions in their care and communicate critical information to other professionals. Nurses can value the role of documentation and give each other space to document well. All nurses can talk about documentation as real nursing work, and respect that it requires skill. Conversations with management can help to ensure that there is support for documentation and that it is valued as a critical part of safe nursing.

It is also important to reinforce messages to students that coordinating patient care and keeping accurate records is a central part of nursing. In my education, I focused on learning wound care, medication administration, and other psychomotor skills. When I started working independently, I was drowning in phone calls, coordinating, and documentation. I had dismissed these skills and thought I knew how to do that stuff. But when the time came, documentation was just as much a learned skill as any other part of nursing. When you work with students, it is a great opportunity to reinforce the importance of documentation and the role it plays in patient safety. Documentation is a competency that needs to be learned and supported, as much as any other. We can work together to ensure documentation is valued as a central part of nursing work, as much as any other kind of labour. ■

*References available upon request.

**The CLPNA’s Policy on Documentation can be found on the CLPNA’s website at https://www.clpna.com/wp-content/uploads/2018/04/doc_Policy_Documentation.pdf. This policy outlines the CLPNA’s expectations of LPNs around documentation and highlights some of the legal implications and risks associated with poor documentation practices.
THE HAZARD: What are psychological hazards?

Psychological hazards are elements of the work environment, management practices or organizational practices that pose a risk to mental health and well-being.

Common psychological hazards include exposure to harassment, violence or traumatic events. However, long term exposure to less severe psychological hazards, such as increasing job demands or role ambiguity, can also impact psychological health.

A worker’s psychological health can also be affected by the following factors:

**Work organizational factors**
- shift work and hours of work
- job security
- workload and pace
- interpersonal relationships
- organizational change
- technological change

**Environmental factors**
- indoor air quality
- lighting
- noise

**Personal factors**
- work-life conflict
- changing stages of family life
- pre-existing depression, anxiety, substance abuse and other mental illness

The Canadian Standards Association (CSA) National Standard for Psychological Health and Safety in the Workplace provides organizations with a framework and guidance to develop an effective psychological health and safety program. The standard identifies 13 workplace factors that impact psychological health. Employers should consider how each of the following factors supports psychological health and safety: psychological support; organizational culture; clear leadership and expectations; civility and respect; psychological job demands; growth and development; recognition and reward; involvement and influence; workload management; engagement; work/life balance; psychological protection; and protection of physical safety.

THE EFFECTS: What are the effects of psychological hazards in my workplace?

Exposure to psychological hazards can negatively impact a worker’s physical and mental health. People sometimes develop negative coping behaviours to deal with psychological hazards, such as alcohol or drug abuse, which can create further psychological distress or possibly lead to addictions.

The conditions and behaviours that result from poor psychological health can impact the employer, directly and indirectly, through:
- absenteeism rates
- benefits costs
- turnover rates
- accidents and injuries rates
- workers’ compensation claims
- disability rates
THE CONTROLS: How can employers and workers control psychological hazards?

1. Hazard Assessment
The hazard assessment process involves identifying existing and potential hazards for every job and every task at a work site. After hazards are identified, each is assessed for the level of risk it presents and appropriate control measures need to be put in place. Below are some controls that will help you assess how well you are controlling psychological hazards at your work site. Develop a policy on psychological hazards.

Employers should indicate their commitment to identifying and controlling workplace psychological hazards. This can be done by developing policies and procedures to prevent or control psychological hazards.

A good psychological hazard policy is clear, supportive, and encourages reporting and investigation of incidents. The policy should include:
- employer’s commitment to recognize and address workplace psychological hazards
- a statement that any acts of harassment are unacceptable
- a definition for workplace psychological hazards
- a requirement for a psychological hazard assessment
- training for workers and managers on recognition and reporting of psychological hazards
- support for workers experiencing workplace related psychological hazards
- confidentiality for those experiencing or reporting incidents

2. Worker Training
Worker training is a critical component of any safety program. Training should include:
- hazard assessments for workplace related psychological hazards
- general knowledge about the types of psychological hazards and health effects associated with exposure
- review of the employer’s policies and procedures developed to address workplace psychological hazards
- incident reporting expectations and procedures

3. Encourage reporting and incident investigation
All incidents or near misses that result or could result in psychological injury should be reported and investigated. Due to the personal nature of these types of incidents, they may go unreported for fear of reprisal or blame. Unless incidents are investigated, they are likely to be repeated. Reporting processes should be established in a way that respects the individual’s right to privacy and does not put the person reporting the incident in jeopardy.

4. Focus on prevention
Successful strategies to control work-related psychological hazards involve three levels of prevention. Examples at each level are provided below for consideration when planning possible interventions.

Level 1 prevention aims to prevent psychological injuries or harm by:
- assigning reasonable work quantities
- creating psychologically safe work environments and conditions
- assigning work that aligns with the workers’ skills

Level 2 prevention looks to reduce or modify impact through:
- education and skills development like developing communication strategies
- management of personal perceptions of stress
- provision and promotion of wellness programs
- managing the personal work environment to remove stressors, such as ambient noise, air quality concerns, and ergonomic issues

Level 3 prevention looks to lessen the impact of those experiencing psychological injuries or harm by providing:
- accessibility to employee assistance programs and counselling
- workplace accommodations, return to work planning, modified duties
- peer support networks

Contact Us
OHS Contact Centre Website
work.alberta.ca/ohs-contact us
Age is the greatest risk factor for developing dementia, and the number of rural older adults is rising in Canada. As the rural population ages, there is an increasing need for knowledge on brain health and cognitive health promotion within a rural context.

This article takes a look at ways to support brain health from the perspective of rural older adults.

Introduction

Brain health is a growing concern among older adults. Globally, approximately 50 million people live with dementia and this number is projected to increase. Age is the most important risk factor for developing dementia, and the number of rural older adults is rising in Canada. While most studies focus on prescription drugs and medical interventions, little is known about the ways older adults support their brain health, especially in rural communities.

Brain Health and Rural Aging

Compared to urban seniors, rural seniors often experience unique barriers to dementia care and services related to limited access to medical specialists (e.g., geriatricians, neurologists, psychiatrists), finances, public transportation, education, and health and support services. Since the majority of dementia services exist in urban centres, this means
that rural seniors must either travel to access services or forego them. Consequently, access to dementia services is a significant challenge for residents living in rural communities.

Studies show that dementia and cognitive impairment are more prevalent among rural seniors than urban seniors. However, most of the work in this area remains urban-centric with little focus on brain health or cognitive health promotion in rural communities. As the rural population ages, there is an increasing need for knowledge on cognitive health promotion within a rural context.

Methods: What we did

Our team interviewed older adults in rural Saskatchewan to learn about what activities they thought supported their brain health. Using community-based research and an ethnographic methodology, two waves of semi-structured interviews were conducted with 42 adults (ages 60+ years) in rural Saskatchewan.

Participant observation was conducted by spending time with five older adults to observe day-to-day activities related to supporting their memory and brain health. Guided by theories of culture, thematic analysis was used to identify key patterns and relationships within the data.

8 Ways to Support Brain Health for Rural Older Adults

Our findings revealed a more holistic and multidimensional view of brain health than previously cited in the literature. Drawing on our study’s findings, here are eight ways used by rural seniors to support their brain health.

1. Think positive. Having a positive attitude and feeling happy is good for our brains and helps us to overcome stressful situations. Some ways to support positive thinking include listening to music, going to the hair salon, smiling, reading funny jokes, doing exercises, and getting dressed-up.

2. Learn something new. It is good to get out of our comfort zones and learn something different. Try a new recipe, read about bird species, tell new jokes, learn about star constellations, or play a new game.

3. Keep active. Maintaining an active lifestyle supports our brain health and stimulates our minds. Go on a walk, work in the garden, go swimming, make a scrapbook, join a bowling league, play pickleball, sing in a choir, visit a seniors’ centre, or volunteer in the community.

4. Challenge your brain. Challenging our minds helps to support our memory and boosts our mental sharpness. Do a jigsaw puzzle, take music lessons, do needle work, make a quilt, try a crossword or word search, play different card games, or do a sudoku puzzle.

5. Eat healthy. Eating nutritious foods supports our brain’s ability to function and our overall health. Eat green leafy vegetables, berries, fish and fruits.

6. Chat with a friend. Mingling and spending time with friends helps to improve our mood and reduces feelings of loneliness. Send an email, chat on the telephone, visit with a neighbour, play with a pet, grab a coffee, or use social media to stay connected with friends and family members.

7. Relax. Relaxation can help us to reduce stress and improve our sense of well-being. Meditate, spend time outdoors, write in a journal, paint a picture, drive in the countryside, listen to calming music, practice yoga or do tai chi.

8. Sleep tight. Getting a good night’s sleep helps to support our mental capacity and our brain’s ability to function. Limit caffeine, avoid naps close to bedtime, establish a nightly routine, and avoid rigorous physical activity or exercise before bed.

Conclusion

Brain health is an important and a vital part of healthy aging. Our study identified a range of activities used by rural seniors to support their brain health. Ask questions and talk to your healthcare provider about other ways to support your brain health.

References on request, or at https://www.centre4activeliving.ca/news/2020/06/rural-older-adults/.

Reprinted with permission from WellSpring, Centre for Active Living, June 2020, Volume 31, No. 06
CONCUSSIONS ARE THE MILDEST AND MOST COMMON TYPE OF TRAUMATIC BRAIN INJURY (TBI)

SENIORS OLDER THAN 65 ARE 10 TIMES MORE LIKELY THAN THOSE YOUNGER THAN 65 TO BE ADMITTED TO HOSPITAL FOR FALL-RELATED TBI INJURIES

88% OF THESE ARE MORE SERIOUS THAN CONCUSSION

37% OF SENIORS WITH FALL-RELATED TRAUMATIC BRAIN INJURY ARE ADMITTED TO HOSPITAL

16% OF THESE HOSPITAL ADMISSIONS WERE DISCHARGED TO EXTENDED CARE FACILITIES

ANNUALLY, SENIORS’ FALL-RELATED TRAUMATIC BRAIN INJURIES COST ALBERTANS OVER $22 MILLION

AVERAGE ANNUAL COST PER VISIT:
- Hospital Admissions:
  - AGED 65+: $21,000
  - AGED <65: $18,000
- Emergency Department Visits:
  - AGED 65+: $775
  - AGED <65: $390

Find out what actions you can take to prevent falls and stay independent.
findingbalancealberta.ca
Among the many changes to healthcare due to the COVID-19 pandemic is the accelerated adoption of modern communication technologies. The Alberta government announced that virtual doctor’s appointments would become a permanent care option and Alberta Health Services began using Zoom video conferencing as an alternative to in-person appointments.

Through virtual healthcare, licensed practical nurses (LPNs) can provide nursing services to patients through technology, including videoconference, telephone, email, or texting.

The College of Licensed Practical Nurses of Alberta (CLPNA) produced a Practice Guideline on Virtual Healthcare to support informed practice. LPNs can find guidance on professional and legal expectations while providing nursing services through technology. The guideline may be especially valuable to those in self-employed practice.

The CLPNA’s Practice Guidelines are evidence-informed documents designed to assist membership with making decisions about appropriate nursing practice, professional judgment, and flexibility.

The newly updated Practice Guideline on Self-Employed Practice assists LPNs who engage in or who are considering self-employed LPN practice.

It includes info on risk management, liability, conflicts of interest, professional boundaries, information management, technology and social media, work environment, and infection prevention and control.

This document replaces the Practice Guideline on Independent Practice.

Questions? Contact the CLPNA’s Professional Practice Team at Ask CLPNA, practice@clpna.com, 780-484-8886 or 1-800-661-5877 (toll free in Alberta).
Annual LPN Registration Renewal begins October 1 for 2021. The CLPNA encourages all LPNs to renew before December 1 to pay the lowest registration fee of $350. For those who delay, the renewal fee is $550 when submitted between December 2 to 31. Formal notices will be sent by email from the CLPNA’s Registrar.

Practice Hours Requirement for 2022
By 2022, all Licensed Practical Nurses will be required to have provided nursing services for a minimum of 1000 hours within the previous four-year period (2018 – 2021) to be eligible for registration. This requirement will not apply to recent graduates who have been registered for fewer than four years.

DO NOT LET YOUR PRACTICE PERMIT EXPIRE
Only those with a valid, unexpired CLPNA Practice Permit are authorized to work as an LPN in Alberta or use the title ‘Licensed Practical Nurse’ as stated in Schedule 10 of the Health Professions Act.

The repercussions of working with an expired or invalid practice permit are serious and impact both an LPN’s registration and disciplinary status. All employers will be notified immediately as the nurse must stop working until the practice permit has been reinstated. (Typically, employers may also issue a suspension.) The process to become reinstated may take weeks and involves the CLPNA’s Registration and Complaints Departments. Fees totalling $1280 must be paid, including $780 in Practice Permit Fees and a $500 Complaints Fee.
MATERNITY, LEAVES AND CANCELLATION

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.)

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. Associates who apply for an Active Practice Permit must still meet all registration requirements including application approval, fee payment, criminal record check, and evidence of being actively engaged in practice (1000 practice hours in the previous four years). LPNs choosing this option will be listed on the Public Registry as “Associate” with a reason of “Permit Cancelled Non-Practicing”.

Cancelling?
To cancel registration completely, LPNs should select the “Cancel” option on their 2021 Registration Renewal application. This will capture final info about the LPN’s practice hours and Continuing Competency Learning Plan. Until the Registration Renewal form is submitted, LPNs will continue to receive reminders, suspension and cancellation notices as required by the Health Professions Act.

FEES, DEADLINES AND PROOFS

### 2021 Registration Renewal for Active Practice Permit

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<tr>
<th>Fees Paid</th>
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<td>October 1 - December 1</td>
<td>December 2 - 31</td>
<td>December 31</td>
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<td>$350</td>
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<td>Reinstatement Required</td>
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Reinstatement Required $300 Registration Levy may apply

Fees may be paid online by credit card (VISA or Mastercard), or through previous enrollment in our Pre-Authorized Payment Plan. 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.

Reinstating Registration after Dec 31
On January 1, 2021, 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 the ‘Previously Licensed in Alberta’ process. Total fees will be $780 ($100 Application, $350 Practice Permit, $300 Registration Levy, $30 Criminal Record Check). If the applicant worked without a valid practice permit, a $500 Complaints Fee is added, for a total of $1280.

Practice Permits
After Registration Renewal is approved, most members will receive access to their Practice Permit and tax receipt. For those on the Pre-Authorized Payment Plan, access to their Practice Permit will become available after the final payment is processed in late November.

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

Prepaying Registration Renewal Fees for 2022
The new Pre-Authorized Debit (PAD) plan allows members to pay their 2022 Registration Renewal Fee using automatic bank withdrawals of $35/month for 10 months. Go to www.clpna.com, “Members”, “Registration Renewal”.

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

PREPARING TO RENEW

To begin the 2021 Registration Renewal application, login to https://www.myCLPNA.com directly, or go to www.clpna.com and in the upper right corner click on the blue “myCLPNA Login” graphic.

BEFORE BEGINNING, GATHER:

2. Your nursing practice hours. Count hours from Jan. 1, 2020 to the submission date of your Renewal application. Then, add your estimated practice hours from that date to Dec. 31, 2020. For guidance, see the Policy: Practice Hours and the Nursing Practice Self-Assessment Tool.
4. Your employer(s)/organization(s)’s contact info.
5. Your payment method, if not enrolled on the Pre-Authorized Payment Plan.
1000 LPN PRACTICE HOURS REQUIRED BY 2022

By the end of 2021, all LPNs who have been registered with CLPNA from 2018 to 2021 will be required to have worked a minimum of 1000 nursing practice hours during that period.

Recent graduates are considered exempt from this process until four years has elapsed since the time of graduation. This is part of the Continuing Competence Program Audit process in the final year of a three-year transition.

The requirement for practice hours directly relates to the CLPNA’s regulatory mandate to protect the health and safety of the public ensuring LPNs are competent to practice under the Health Professions Act (HPA) and the Licensed Practical Nurses Profession Regulation.

Transition Timeline

- **2019** -
  - The CLPNA advised stakeholders regarding practice hours criteria with increasing specificity every year.
  - A practice hours requirement became part of the Continuing Competence Program.

- **2020** -
  - LPNs are audited for practice hours declared on their 2016, 2017, 2018 and 2019 Registration Renewals. The Audit reviews practice hours and Learning Plans. (NOTE: The 2020 audit was cancelled due to complications from the COVID-19 pandemic.)
  - LPNs with fewer than 1000 practice hours accumulated in the previous four years (2016 - 2019) are informed of recommendations for future compliance.

- **2021** -
  - LPNs are audited for practice hours declared on their 2017, 2018, 2019, and 2020 Registration Renewals. The Audit reviews practice hours and Learning Plans.
  - LPNs with fewer than 1000 practice hours accumulated in the previous four years (2017 - 2020) are informed of recommendations for future compliance. Additionally, a Condition is placed on their Practice Permit as a reminder to gain at least 1000 practice hours in the last four years by 2022; this Condition is not a restriction on LPN practice.

The Nursing Practice Self-Assessment Tool helps users determine whether their role provides “nursing services” in Alberta according to the Health Professions Act and the College of Licensed Practical Nurses of Alberta’s policy.

Additionally, the tool can help LPNs determine what are considered nursing ‘practice hours’ on the CLPNA’s annual Registration Renewal form or for the Continuing Competence Program. Evaluative questions fall into the categories of nursing assessments, processes, outcomes, and accountability.

For convenience, the downloadable document is also available as an interactive online evaluation. Search www.CLPNA.com for “Nursing Practice Self-Assessment Tool”.

For more info, contact registration@clpna.com, 780-484-8886 or 1-800-661-5877 (toll-free in Alberta).
AUDIT CANCELLED FOR CONTINUING COMPETENCE PROGRAM

Due to the many challenges arising from the COVID-19 pandemic, the College of Licensed Practical Nurses of Alberta cancelled its Continuing Competence Program Audit for 2020. The audit was originally scheduled for May – June for approximately 20 percent of the CLPNA’s registrants.

The annual audit measures compliance with the Continuing Competence Program. Though an audit will not be conducted, LPNs must still comply with CCP requirements through the Registration Renewal process, including completion of a Learning Plan.

Participation demonstrates a commitment by members of the profession to maintain or improve knowledge and skill.

For info, contact the CLPNA’s Registration Dept at ccp@clpna.com, 780-484-8886, or 1-800-661-5877.

CLPNA OFFICE HOURS

Due to the COVID-19 pandemic, contact the CLPNA about availability of in-person appointments.

Monday – Friday
8:30 am – 4:30 pm

OFFICE CLOSED
October 12
November 11
December 24-25
January 1, 2021

Bylaws Revised

February’s amended LPN Regulation created a ripple effect through the CLPNA’s projects and processes including, now, its Bylaws.

Many of the Bylaw changes update terminology to align with LPN regulation, for example, replacing the term “temporary register” with “provisional register”, and deletion of the “specialized practice register”.

Additionally, the President’s term has increased from two to three years. The role of the Education Standards Advisory Committee was clarified. A future student membership category on the non-regulated members’ register was set. A fee structure for assessing practical nursing refresher programs and advanced practice training programs was established.

Further changes to the CLPNA’s Bylaws are expected shortly due to the requirements under Bill 30.

The College of Licensed Practical Nurses of Alberta’s Bylaws were last amended on March 14, 2019.

The world needs 9 million more nurses and midwives to achieve health for all by 2030.
Coming soon is flu season. Eventually, and hopefully, a vaccine for the novel coronavirus COVID-19 will be ready to administer. Now is the time for licensed practical nurses to become educated to vaccinate in Alberta.

LPN scope of practice related to immunization, the administration of vaccines and biologic products for the purpose of providing immunizations to those five years of age and older, is considered an entry-level practice requirement as of February 2020. This means that students will be receiving this education in their program prior to graduation.

Current LPNs who had the CLPNA’s former Immunization Specialization (available before February 2020) are permitted to continue practicing in this area.

LPNs who did not have the CLPNA’s Immunization Specialization and who want to perform this activity are required to complete additional learning. (This additional education is only required for LPNs who wish to immunize.)

Self-Study Immunization Course

The CLPNA provides a free, online self-study Immunization Module for members at www.myCLPNA.com. Course content includes:

- Understanding national and provincial immunization guidelines and related CLPNA standards of practice.
- Indications, contraindications, procedural steps, and potential adverse effects.
- Common immunizing and biological products and vaccine viability.

By the time this article is published, the CLPNA’s application process may be entirely online. This move from paper is intended to make the process quicker and easier for new graduates, nurses from other provinces, and internationally-educated nurses to become registered in Alberta.
Education Required for Advanced Authorizations

For those licensed practical nurses wanting to perform restricted activities or practicing in areas of advanced practice, both advanced education/training and CLPNA authorization is required.

The following programs offer education to practice these competencies.

- **Advanced Practice Foot Care**
  - Alberta Foot Care Academy
  - Caritas College
  - Edmonton Foot Care Academy

- **Advanced Practice Perioperative Nursing**
  - MacEwan University

- **Advanced Practice Orthopedic Nursing**
  - NorQuest College

- **Medication Administration via a Central Line (CVC, PICC, or IVAD)**
  - Education available on www.myCLPNA.com.

- **Administering Parenteral Nutrition**
  - Education available on www.myCLPNA.com.

- **Hemodialysis**
  - Education through Alberta Health Services on-the-job training; must submit certificate to the CLPNA to receive authorization.

LPNs found to be practicing outside of the LPN Profession Regulation or the Standards of Practice on Restricted Activities and Advanced Practice could result in a formal complaint being made to the CLPNA. Additionally, the nursing activity may not be covered by malpractice insurance.

For more about advanced authorization requirements, see the CLPNA’s Policy on Practice and Education Requirements for Restricted Activities and Advanced Practice.

**APPLYING FOR CLPNA AUTHORIZATION**

LPNs are not fully authorized and not covered by LPN insurance for any advanced authorization until it is approved by CLPNA.

Once an LPN completes approved education, they MUST complete the following steps BEFORE practicing the restricted activity or an area of advanced practice.

1. Complete and submit the Advanced Practice Application available from the CLPNA’s website under “Restricted Activities and Advanced Authorizations”, and

2. Send a copy of the certificate of completion to the CLPNA (photograph and email to info@clpna.com, or scan and fax to 780-484-9069)

3. Receive approval; the advanced authorization will be listed on the LPN’s Practice Permit and the Public Registry of LPNs.

**EXCEPTION:**

Central Lines & Parenteral Nutrition

Administration of medication via a central venous line and administration of parenteral nutrition DO NOT require submission of an advanced practice application form. Advanced authorization for these two restricted activities will be listed on the LPN’s practice permit after completion of the CLPNA’s education modules.

Questions? Contact info@clpna.com, 1-800-661-5877 (toll free in Alberta), or 780-484-8886.
LPN Practice Guideline on Infection Prevention

Infection Prevention and Control (IPC) is an integral part of nursing practice to protect both patients and nurses from the spread of disease. All nursing professions in Alberta have consistent IPC expectations to ensure the safety of the public. Licensed practical nurses are responsible for adhering to IPC recommendations from their employers and regulatory college.

The Practice Guideline on Infection Prevention and Control developed by the College of Licensed Practical Nurses of Alberta describes how LPNs can meet these expectations.

The guideline discusses infection prevention and control interventions, types of chains of transmissions, and provides IPC strategies organized into five categories:

- Professional Responsibility and Accountability
- Evidence-Informed IPC Practice
- Ethical Practice
- Collaborative Practice
- Reflective Practice

LPNs are required to adhere to IPC legislation, regulation, and the CLPNA's standards of practice.

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

Operating a Nursing Business in a Pandemic

In early May, the Government of Alberta started to relaunch Alberta’s economy by gradually lifting some restrictions related to the COVID-19 pandemic while still protecting the health and well-being of Albertans.

Part of Alberta’s relaunch strategy was a call to Alberta’s regulatory colleges to create guidelines for health professionals to ensure that self-employed (independent practice) members could operate their businesses safely during the pandemic.

On May 14, the College of Licensed Practical Nurses of Alberta, the College and Association of Registered Nurses of Alberta, and the College of Registered Psychiatric Nurses of Alberta collaboratively released Guidelines for Self-Employed Nurses during Alberta’s Relaunch Strategy.


The guidelines emphasize the importance of physical distancing, continuous masking, and following public health guidelines in self-employed workplaces. In it, nurses can find resources to support their self-employed practice. There are links to public health orders, COVID-19 self-assessment tools for healthcare workers and the public, and information to help nurses manage COVID-19 in their practice.

Everyone has a role in making sure our communities remain as safe as possible to reopen and remain open. LPNs play a key role in the healthcare system and those in self-employed practice can help maintain public health by following these guidelines.

For more LPN practice info, contact the CLPNA's Professional Practice Team at practice@clpna.com, 780-484-8886 or 1-800-661-5877 (toll-free in Alberta).
Post Traumatic Stress Awareness for Nurses

Post traumatic stress is the ongoing impact of trauma that can form a pattern of symptoms, and may result in post-traumatic stress disorder (PTSD).

PTSD is recognized as an occupational illness in many professions including nursing.

25 to 30% of nurses report post-traumatic stress.
71% of nurses experience burnout related to traumatic stress.
80% of nurses affected fail to seek professional help.

What might a traumatic stress response look like?
- High anxiety about doing typical work tasks
- Sudden flashes of traumatic memory
- Feeling guilty or doubting competency
- Avoidance of certain duties or areas at work
- Difficulty managing time
- Interpersonal conflict, irritability
- Increase in compulsive coping e.g., obsessively re-checking meds

Prevention & Wellness Strategies

Prevention Builds Safety
- Awareness of signs and symptoms: know yourself
- Treat yourself well – establish self-care routines
- Practice calming yourself through breathing, stretching, and stress release exercises

Workplace Wellness, Culture, and Connection
- Build a healthy team culture through humour, gratitude, and compassion
- Reduce stigma through awareness and effective communication
- Promote self-compassion and empathy for others

As nursing professionals, LPNs should be aware of their individual mental health and wellness to support delivery of safe and competent care.

Access CLPNA’s Learning Module on PTSD Awareness and Mental Health and Wellness at myCLPNA.com
What lies BEHIND us and what lies AHEAD of us are tiny matters compared to what lies WITHIN us.

- Ralph Waldo Emerson -
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