

Care

Long COVID: Supporting Patient Care

2021 in Review

Regulator, Union,
Association:
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A Challenging Experience

2021 in Review

”

Challenge, resiliency, and strength are three words that come to mind as I reflect on 2021. The year brought new realities that required us to be reflective and innovative, while remaining a strong support for the health system and public we serve.

- Jeanne Weis, CLPNA CEO
and Registrar



The College of Licensed Practical Nurses of Alberta (CLPNA) and the CLPNA Council are excited to share this review of the past year. The following article highlights aspects of the CLPNA 2021 Annual Report as well as our new Strategic Direction.

Council Updates

In 2021, we saw a transformation in the composition of the CLPNA's Council, moving away from elections to competency-based appointments of professional members, and an increase in public members to 50 percent of Council. This new composition of six public members and six regulated members brings different perspectives and experiences together to provide strategic direction to the CLPNA.

In the spring of 2021, the Council welcomed three new public members. In the fall, the Council welcomed Council President Kurtis Kooiker, Vice-President Ashley Cesar and regulated member David Haastrup. The CLPNA Council also said goodbye to former President Valerie Paice. In her nine years on Council, with five years as President, Valerie made a significant impact at the CLPNA as well as in Licensed Practical Nurse (LPN) regulation in Alberta.

Council is expecting 2022 to be a busy year as they make significant bylaw changes to comply with professional regulation amendments and the transition of Health Care Aides (HCAs) to professional regulation.



Bill 46 Changes and HCA Regulation

On December 9, 2020, Bill 46, the *Health Statutes Amendment Act*, received Royal Assent (meaning the bill was approved by the Lieutenant Governor of Alberta on behalf of the Crown. The bill then becomes law.) Bill 46 made substantial amendments to the *Health Professions Act*.

The two main aspects of Bill 46 related to the CLPNA include:

- Separating the regulatory and association roles of health colleges
- Regulating Health Care Aides as a regulated health profession

While the CLPNA did not function as a professional association for LPNs, the passing of Bill 46 has accelerated the CLPNA's strategic plan to focus on its core regulatory functions. The CLPNA has been engaged in the necessary work to enable this strategic focus, including reviews of its professional regulation, bylaws, standards of practice, program approvals, and operational policies. The CLPNA has also adjusted our organizational structure to support an increased regulatory focus and prepare for growth with the upcoming regulation of the HCA profession.

Under Bill 46, it was identified that CLPNA will be the regulatory body for Health Care Aides in the future, as well as LPNs. This means that CLPNA will regulate two separate professions under one regulatory college. The CLPNA will establish the requirements for entry into the HCA profession, as we do for LPNs. However, as the legislation is not yet developed, all details of HCA regulation have not been determined.

The CLPNA is engaging with stakeholders to gain feedback as we continue to plan for HCA regulation. The CLPNA also established a website dedicated to providing information on the regulation of HCAs. Please visit hcaregulation.com to learn more.

2021 Annual Report Highlights

The CLPNA is committed to regulatory excellence, improving processes, procedural fairness, and transparency, all while remaining efficient and fiscally responsible. The CLPNA is pleased to note that registration numbers continued to rise in 2021 with growth of 6.2%, ending the year with a total of 18,750 LPN registrants.

To meet the mandate of public protection, the CLPNA provides ongoing education to support the >

continuing competence of LPNs. In 2021, this included 39 webinars covering a variety of topics. Fitness to practice, and mental health and wellness were main topics of focus related to the impact of the pandemic on frontline healthcare providers, including LPNs.

CLPNA's learning management system recorded more than 20,000 completions of learning modules throughout the year. Topics included Understanding Restricted Activities, Immunization, Administering Blood and Blood Products, and more.

Throughout 2021, guidance and clarification for registrants, employers, and the public about professional expectations for LPNs was provided through guiding policy documents, thousands of practice consultations, and webinars.

The CLPNA remains committed to its mission to regulate in a manner that promotes excellence, so that Albertans have confidence in the care they receive from LPNs throughout their personal healthcare journey.

To read the full 2021 Annual Report, please visit the [CLPNA website](#).

2022 to 2025 Strategic Direction

At the end of 2021, the CLPNA finalized our 2022 to 2025 Strategic Direction. The CLPNA Council approved the 2022-2025 Strategic Plan, focusing on the strategic pillars of regulatory excellence through enhancing collaboration and confidence, strengthening service delivery, and evolving the professional competence of registrants.

The strategic direction set by the CLPNA Council aligns with governing policies, sets the organizational strategic planning goals, and will guide the organization into 2025. This strategic plan provides clear direction in an evolving healthcare landscape for the years ahead, underpinned by our values and a commitment to regulating the LPN and HCA professions in Alberta.

The CLPNA anticipates that within the scope of this strategic plan is the integration of Health Care Aides into regulation, and becoming a dual-profession regulator. The full strategic direction document can be accessed on the CLPNA website – [2022-2025 Strategic Direction](#).

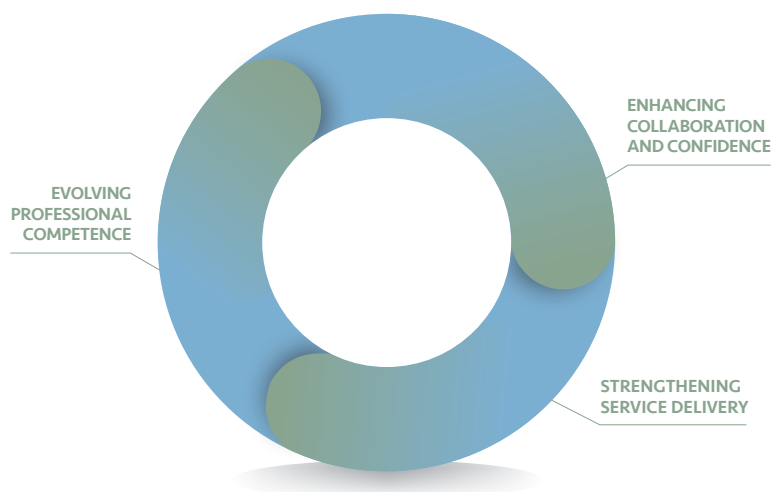
Annual General Meeting

Highlights from the Annual Report were reviewed at the Annual General Meeting on May 9, 2022. This year's meeting was presented online and included an overview of the activities of the Council presented by Council President Kurtis Kooiker. The CLPNA's Chief Executive Officer and Registrar Jeanne Weis reported on the regulatory performance and work of the CLPNA. Questions from registrants, stakeholders, and the public were also answered during the meeting. Those who were unable to attend can watch the video recording of the AGM now available on the [CLPNA's YouTube channel](#) as well as the CLPNA website.

REFERENCES

Royal Assent: [How the Alberta government works | Alberta.ca](#)

Strategic Pillars of Regulatory Excellence



2021 Complaints Summary

Licensed Practical Nurses play an integral role in Alberta's healthcare system and are obligated to deliver safe, competent, and ethical nursing care. To accomplish this, it is an LPN's professional responsibility to adhere to the Standards of Practice and Code of Ethics of the profession.

When an LPN's actions or behaviours fall below the expected professional standards or Code of Ethics, an employer, colleague, or the College of Licensed Practical Nurses of Alberta may make a complaint. If this occurs, it is the CLPNA's responsibility under the *Health Professions Act* to investigate and resolve the complaint to protect the public from the unsafe or unethical practice of Licensed Practical Nurses.

In 2021, CLPNA received 173 new complaints. Each complaint was investigated appropriately. During the COVID-19 pandemic, complaints were handled within 1.5 business days on average, within the timelines specified by the HPA and the procedures outlined by the CLPNA. Due to the pandemic, investigations were managed remotely, by phone or videoconference, to align with Alberta Health's COVID-19 guidelines

Hearings

There were 13 hearings held in 2021, comprising 19 complaint files (four members had multiple files). There are four files pending into 2022. As of 2019, all hearing decisions are published on the CLPNA website in alignment with legislative requirements and are open to the public.

Questions? Please visit our website to access the published hearings or to learn more about the complaint process at clpna.com. For more information, contact complaints@clpna.com, 780-484-8886, or 1-800-661-5877 (toll-free in Alberta).

Resources for LPNs

To support LPNs to deliver care with excellence and competency, the CLPNA has also developed policies, interpretive documents, and guidelines that support professional practice for LPNs in Alberta. These documents provide evidence-informed guidance to help LPNs' professional judgement and decision-making. It is important that LPNs are familiar with these documents and understand their legal and professional obligations. Find these resources on the Practice and Policy page on the CLPNA website.

Types of Complaints Received in 2021

Abandonment	3
Breach of Confidentiality/Privacy	6
Bullying	15
Clinical Competence - Documentation	1
Clinical Competence - Health Assessment	2
Clinical Competence - Medication Administration	12
Clinical Competence - Multiple	62*
Drug Diversion	2
Failed to Cooperate with Investigation	0
Incapacity (Mental/Physical)	2
Neglect	4
Non-Nursing Conduct**	1
Patient Abuse - Mental	0
Patient Abuse - Physical	2
Patient Abuse - Verbal	1
Practicing Without a Permit	8
Sexual Abuse/Misconduct - Patient	3
Sexual Abuse/Misconduct - Co-worker	1
Substance Abuse	0
Theft	2
Therapeutic Nurse-Client Relationship	3
Unethical Conduct	20
Unprofessional Communication	21
Working Outside Scope of Practice	2
Total Complaints Received in 2021	173

*Number reflects the fact that a complaint may have several competency issues (such as assessment, documentation and medication administration.)

**Non-Nursing Conduct includes behaviour that harms the profession and isn't directly related to nursing care.

CLPNA 2021 YEAR IN NUMBERS

1245

Alberta graduate
registrations
2020 - 806

602

Out of Province
registrations
2020 - 401

69

IEN* registrations
2020 - 75

18750

total LPN registrations

6.2%

growth in
registration

173

complaints
received

13

hearings
completed

38

average age
of LPNs

*Internationally educated nurse

90%

of Alberta
candidates passed
CPNRE Exam
on first writing

Top Places of Employment



Hospital

36%

6163



Continuing Care*

28%

4862



Community Care**

15%

2671

Employment

43%

Full-time

7896

34%

Part-time

6126

23%

Casual

4124

Practice Consultations

2343

inquiry responses

Learning Modules Completed

20562

39 Webinars

6644

attendees

Self-study Courses Completed

19018

*Continuing Care includes Nursing Home / Long Term Care, and Rehabilitation / Convalescent Centre.

**Community Care includes Community Health / Health Centre, Home Care Agency, and Physician's Office / Family Practice Unit.

Mandatory Education: Understanding Restricted Activities

The learning module, Understanding Restricted Activities, is mandatory for all Licensed Practical Nurses to complete by June 30, 2022. This requirement is a part of 2022 Continuing Competence Program activities.

Restricted activities are high-risk health services that have education, skill, and, at times, supervision requirements. This module will help LPNs understand restricted activities and how to assess if they are competent to perform the restricted activity.

To confirm that it has been successfully completed, please check your myCLPNA account under “My Exams” on your dashboard.

HOW TO ACCESS THE MODULE

- Login to your **myCLPNA** account to enroll
- For more details, watch **Video: How to Access the CLPNA Learning Modules**

WHAT TO EXPECT

- There are five sections to complete as part of the training, plus a final exam.
- A minimum grade of 80% is needed to pass the exam. You may repeat the exam if necessary.
- Complete the module at your own pace. The training does not have to be finished in one sitting.
- A certificate is available to view and print once you have successfully completed the module.

WHY IS THIS MODULE MANDATORY?

Changes to the LPN Regulation that came into effect on February 1, 2020, clarified the LPN Scope of Practice related to restricted activities. The Standards of Practice on Restricted Activities and Advanced Practice state that prior to performing any restricted activity or area of advanced practice, LPNs must pass the CLPNA module Understanding Restricted Activities.

The CLPNA has developed this module to help LPNs understand the requirements of performing authorized restricted activities. After June 30, 2022, all new Alberta practical nurse program graduates will have this content provided in their entry-level education.



**ALREADY COMPLETED
THE MODULE? THEN
YOU'RE GOOD TO GO!
NO FURTHER ACTION
IS REQUIRED.**

Questions? Contact us at registration@clpna.com, 780-484-8886, or 1-800-661-5877 (toll-free in Alberta). More information can be found at [CLPNA.com](https://www.clpna.com).



STUDY with CLPNA

Professional development is an important part of maintaining nursing competence. The CLPNA provides several different online learning opportunities for LPNs. LPNs can access live or recorded webinars/videos, self-study courses, and member-only learning modules. Learning modules can be accessed by LPNs at myCLPNA.com.

Find all study opportunities online at studywithCLPNA.com.



Continuing Competence Program (CCP)

MANDATORY EDUCATION: UNDERSTANDING RESTRICTED ACTIVITIES

The learning module, Understanding Restricted Activities, is mandatory for all LPNs to complete by June 30, 2022. This requirement is a part of 2022 Continuing Competence Program activities. Restricted activities are high-risk health services that have education, skill, and, at times, supervision requirements. This module will help LPNs understand restricted activities and how to assess if they are competent to perform the restricted activity. This module only needs to be completed once. To confirm that it has been successfully completed, please check your myCLPNA account under "My learning".

WEBINAR: HARM REDUCTION THEORY & PRACTICE (Jun 2 & 21)

This webinar will define harm reduction and provide an overview of this public health approach in programs and practice. It will showcase examples of harm reduction services available in the community as well as practical strategies to use when caring for people who use substances.

The topics of stigma, trauma, social determinants of health, and culture will be discussed with respect to their impact on health outcomes and how to address this in practice. Attendees will have a better understanding of what "meeting people where they're at" means through careful consideration of a person's lived experience when planning and providing care.

Includes a live Q&A with AHS Harm Reduction Services Team and CLPNA representatives.

[Visit the CLPNA Webinar webpage](https://myCLPNA.com) for more information and to register.

WEBINAR: CONTINUING COMPETENCE PROGRAM (Jun 14 & 23)

In 2022, approximately 10% of LPNs will be selected to participate in the mandatory CCP Audit and asked to verify completion of their 2021 learning plans. Keep track of your learning as you complete each of your learning goals using the online record of learning in your member profile at myCLPNA.com. Plan ahead to achieve success and the CCP Audit can be easy.

This webinar provides information on the CCP through a review of the information in the CCP Guide 2022, the CCP Audit process, and includes a live Q&A with the CLPNA Registration and CCP team.

[Visit the CLPNA Webinar webpage](https://myCLPNA.com) for more information and to register.



Practice

WEBINAR: IMMUNIZATION PRACTICE & REGULATION (Sep 6 & 8)

When LPNs provide immunization services, they must be aware of the legal responsibilities and the education needed to perform this activity.

This webinar:

- Reviews LPN scope of practice regarding administering immunizations
- Discusses options for education and training
- Outlines reporting requirements

[Visit the CLPNA Webinar webpage](https://myCLPNA.com) for more information and to register.

WEBINAR: UNDERSTANDING RESTRICTED ACTIVITIES & ADVANCED PRACTICE FOR LPNS (Sep 27 & 29)

LPN practice has evolved since 2003 when the regulation was first proclaimed under the *Health Professions Act*. The current regulation authorizes LPNs to perform a broader range of activities to support care provided to individuals and their families.

The LPN Profession Regulation identifies the LPN scope of practice related to restricted activities and advanced authorizations, including areas of advanced practice.

This webinar presentation will provide an overview of the **Standards of Practice on Restricted Activities and Advanced Practice** with specific focus on the following areas:

- Policy
- Restricted activities
- Advanced authorizations
- Advanced practice
- Education requirements

The webinar presentation includes a live Q&A with CLPNA representatives.

[Visit the CLPNA Webinar webpage](https://myCLPNA.com) for more information and to register.



Continuing Competence Program and Audit

The Continuing Competence Program supports LPNs to achieve and demonstrate competence through the completion of three elements — a self-assessment of their practice, a learning plan, and continuing competence activities.

Continuing competence is essential in meeting the demands of evolving practice environments and patient needs, and the CLPNA's Continuing Competence Program provides LPNs with a framework for assessing it. The CCP also supports LPNs to achieve and demonstrate continuing competence through ongoing learning and remaining current in practice.

To measure compliance with the CCP, an annual audit is conducted. Due to the many challenges during the pandemic, the CLPNA cancelled its CCP Audit in 2020 and 2021. In May 2022, the CCP resumed its audit process, with approximately 10% of eligible members selected to participate in the CCP Audit, through criteria established by the CLPNA's Council.

The CCP Audit will review 2021 learning plans and continuing competence activities for selected registrants starting on May 2 through to June 30, 2022. Those chosen will be required to validate their 2021 learning. For those selected, if the audit is not completed by June 30, there will be a registration levy of \$100. If the audit is not completed by the selected registrants by registration renewal, they will not be able to renew their registration until the audit is submitted, reviewed, and deemed acceptable.

How To Know If You Have Been Selected for Audit

You will have received a letter by email from the CLPNA on May 2 if you were selected for the CCP Audit.

Please ensure your email address is current by logging into [myCLPNA.com](https://myclpna.com). If you need to change your email, please contact the office at 780-484-8886. You will also find an audit link on your myCLPNA.com dashboard. This is where you click to complete your audit.

If you have not received a CCP Audit letter by email from the CLPNA, or do not see an audit link in your dashboard when you log in, you have not been selected for the CCP Audit.

Tips For a Successful Audit

- **Plan:** The key to a successful, timely completion of the CCP Audit process is planning.
- **Update:** LPNs should update learning plans on their myCLPNA profile during registration renewal to make the audit process straightforward.
- **Track:** The CLPNA recommends LPNs track their learning as it is completed.
- **Organize and retain records:** 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 2021 learning plan including their proof of learning documentation.
- **Submit on time:** The CCP Audit submission deadline is June 30, 2022. 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 facing additional costs and delays for 2023 registration renewal.
- **Attend:** Attend a Continuing Competence Program webinar. This webinar provides information on the CCP through a review of the CCP Guide, the CCP Audit process, and includes a live Q&A with the CLPNA Registration and CCP team.

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



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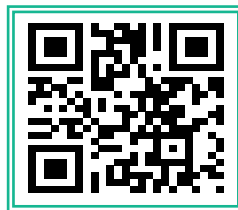
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What's the Difference Between a Regulator, Association, and Union?

Regulatory colleges, associations, and unions play an important part in healthcare professions. Each performs a different function that works towards protecting and supporting the profession, the healthcare professional, and the public. The College of Licensed Practical Nurses of Alberta is the regulatory college for the licensed practical nurse profession. This article will help you learn the distinct differences between the functions of a regulator, association, and union.



The basics: What do they do?



REGULATOR*



ASSOCIATION*



UNION

What
do they
do?

Protects the public.

Advocates on behalf
of and promotes the
interests of members.

Establishes a bargaining
relationship with intent to
promote collaborative labour
relations between employees
and employers.

How
do they
do it?

- Ensures compliance with healthcare legislation and regulation
- Sets education, registration, annual renewal, practice, conduct, ethical and continuing competence standards and requirements
- Investigates questionable conduct

- Advocates for the interests of the profession to government, employers and other healthcare organizations
- Provides education, career, social and award opportunities
- Promotes research interests of the profession

- Negotiates conditions of employment: wages, benefits, working conditions, job security
- Processes contractual grievances
- Assists employees with labour issues

*College of Licensed Practical Nurses of Alberta (CLPNA)

*Alberta Association of Nurses (albertanursing.ca)

In practice: Where to find support?

WAGES AND BENEFITS

Does my wage go up based on years of service?

Will I get a shift differential if I'm working nights or weekends?

What's included in my health benefits?



UNION

Speak to your union (or employer, if you do not have a union). Unions assist with labour issues and support on conditions of employment, like wages and benefits. Regulators do not determine wages or health benefits.

NETWORKING AND EVENTS

How do I network with other LPNs?



ASSOCIATION

Events with the primary purpose of networking are likely to be organized by an association. As part of their work, associations promote cooperative relationships between members of the same profession.

EDUCATION AND PRACTICE

How do I find information on registration requirements needed to become an LPN?



CLPNA

As the regulatory college for the profession, the CLPNA ensures that all applicants meet the education requirements outlined in the LPN Profession Regulation. The CLPNA can answer questions about the education requirements and the application process to become an LPN.

How do I stay up to date on professional competency requirements?



CLPNA

LPNs are required to demonstrate a commitment to continuing competence by meeting the requirements established through the LPN Profession Regulation and relevant policies, which fall under the CLPNA's mandate.

If I have questions about the LPN scope of practice, professional expectations, legislation, or regulation, where can I find help?



CLPNA

The CLPNA is the regulatory college for the LPN profession and provides guidance and clarification to LPNs, employers, and the public on these topics. The CLPNA also provides webinars, learning modules, and tools to facilitate understanding.

ADVOCACY

Who should I contact if I want to advocate for better work conditions?



UNION

Your union is responsible for labour relations and concerns between you and your employer. If your place of work is not unionized, bring concerns related to working conditions to your employer.

PROTECTION

I have witnessed some questionable conduct by an LPN. What should I do?



CLPNA

The CLPNA is here to protect the public, which means we address complaints and professional conduct concerns. If you have concerns about an LPN's professional conduct or competence, please contact the CLPNA.



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BE READY.



Canadian Practical Nurse REGISTRATION EXAMINATION

Through the registration process in Alberta, the CLPNA manages access to the Canadian Practical Nurse Registration Examination (CPNRE). Successful completion of the CPNRE is required in order to be registered as an LPN on the general register.

Educational Requirements

In general, prior to being authorized to write the CPNRE, the applicant must have completed one of these educational requirements:

- a diploma in practical nursing from a program approved by the CLPNA Council
- a diploma or degree from a nursing program in Canada that is substantially equivalent to an approved practical nursing program in Alberta, or
- an educational program outside of Canada and have been assessed by the CLPNA as substantially equivalent.

Candidates who have successfully completed an approved refresher program are not required to rewrite the CPNRE. Referrals to write the CPNRE will not be made for applicants if their educational requirements (as listed above) are more than four years old.

Number of Exam Attempts

Effective January 1, 2022, an applicant may only attempt to write the CPNRE four times; this has been increased from three attempts. If an applicant does not pass the CPNRE on the fourth attempt, the applicant will not



be permitted to write the CPNRE any additional times unless the applicant successfully completes a practical nursing program a second time.

Provisional Registration as an LPN

The LPN Regulation requires that provisional registrants have their registration cancelled

- if they have failed the CPNRE three times, regardless of the number of times they may be authorized to write the CPNRE; or
- after one year, regardless of the amount of time remaining for them to successfully pass the CPNRE.

An applicant may apply for provisional registration and to write the CPNRE at

the same time, which would allow the provisional registrant to work as an LPN under supervision while waiting to write their exam and confirm their exam results. Applicants also have the option to apply only to write the CPNRE and not seek provisional registration. These are known as CPNRE Only applicants. A CPNRE Only applicant is not eligible to work as an LPN while waiting to write their exam. A Provisional Registrant or CPNRE Only applicant wanting to write the exam in Alberta must be authorized by the CLPNA to write the exam. ■

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





Long COVID: Supporting Patient Care

Please note that information contained in this article was gathered in April 2022. This topic is rapidly changing and continually under review.

The immediate symptoms of COVID-19 are well-known and familiar to many of us. But what about the long-term effects? Long COVID now affects millions around the globe, but we are just beginning to understand this emerging condition. The lasting, serious effects of Long COVID have a significant impact on those living with it. It can range in severity and permanence, but for many, Long COVID can prevent them from working, socializing, and enjoying their day-to-day lives as they did before the condition.

The recent webinar co-hosted by the College of Licensed Practical Nurses of Alberta (CLPNA) and Alberta Health Services (AHS)—Long COVID: Supporting Patient Care—provided information on Long COVID to help LPNs develop a stronger understanding of the condition, hear the lived experience of a Long COVID patient, and learn about additional resources to support the care of those with Long COVID. This article will highlight important information from the webinar to enhance LPNs' understanding of Long COVID and the value of evidence-informed practice to support safe care. >

What is Long COVID?

Definition and Symptoms

The World Health Organization has developed a clinical case definition of Long COVID, or post COVID-19 condition.

“Post COVID-19 condition occurs in individuals with a history of probable or confirmed SARS CoV-2 infection, usually three months from the onset of COVID-19 with symptoms that last for at least two months and cannot be explained by an alternative diagnosis. Common symptoms include fatigue, shortness of breath, cognitive dysfunction, and others, and generally have an impact on everyday functioning. Symptoms may be new onset following initial recovery from an acute COVID-19 episode or persist from the initial illness. Symptoms may also fluctuate or relapse over time.”¹ – World Health Organization

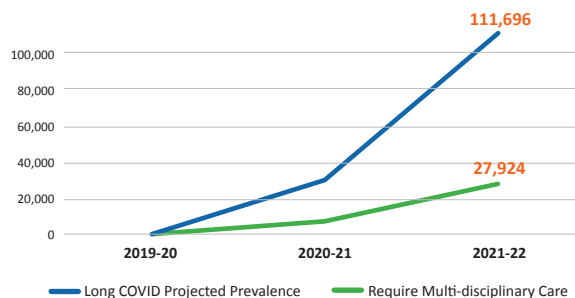
The current understanding of the consequences of Long COVID continues to evolve and the symptoms are broad and varying. Long COVID refers to the experience of patients who became ill with COVID-19 and never returned to full health; they call themselves “long-haulers”. The symptoms are different for everyone but many experience memory problems, insomnia, shortness of breath, and post-exertional malaise. There is no set pattern to the condition as symptoms can fluctuate, and it can be temporary for some while others are affected long term.

Prevalence of Long COVID is typically reported as being between 10 to 35% of positive cases. A conservative international prevalence rate of 20% is being used by the AHS Post COVID Task Force. Personalized multi-disciplinary care will be required by 25% of Long Covid patients.

Long COVID symptoms and concerns can include:

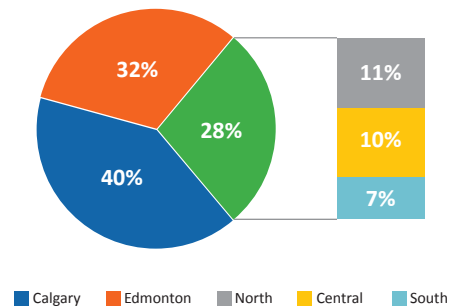
- Shortness of breath
- Cough
- Joint pain/muscle pain
- Muscle weakness
- Chest pain
- Brain fog
- Headaches
- Anxiety/depression
- Sleep issues
- Inability to return work
- Concerns with stigma
- Stress
- Mobility concerns
- Nerve pain/pins & needles
- Changes in smell or taste
- Mood changes
- Chronic fatigue
- Exertional malaise
- Mental health concerns
- Deconditioning
- Night terrors
- Heart palpitations

Fiscal Year - Long COVID Projected Prevalence
(Alberta - April 18, 2022)



Caveats: Due to changes to PCR testing criteria and reporting in AB, numbers are likely significantly higher.

Long COVID Prevalence - % per Zone
(as of April 18, 2022)



¹https://www.who.int/publications/i/item/WHO-2019-nCoV-Post_COVID-19_condition-Clinical_case_definition-2021.1



There is no set pattern to the condition as symptoms can fluctuate, and it can be temporary for some while others are affected long term.

Patient Experience: Philip Robichaud

Philip is a patient living with Long COVID after a severe COVID infection in April of 2021. Philip is now an AHS Patient and Family Advisor, and key member of the AHS Post COVID Task Force.

Philip is a husband, father of two, and an Information Technology (IT) professional. As a healthy 46-year-old, Philip contracted COVID-19 in April of 2021. The case was so severe that Philip and his family decided that he needed to go to the hospital, where he spent the next 21 days. Philip did not know the severity of his illness and had no idea that he was intubated for 15 days until after he returned home.

“The nurses and doctors told the family to call every day and the phone calls were a lifeline, keeping us all calm in the face of the unknown. The nurses in the ICU were outstanding with their care of me,” says Philip.

Immediately after returning home, it was difficult for Philip and the family to adjust to his recovery. He had lost over 30 pounds and needed a lot of support with activities of daily living. Philip wasn’t seeing the recovery or improvements that he was expecting and decided to seek additional support. He saw a specialist and was referred to the Community Accessible Rehabilitation program (CAR) around four months after contracting COVID. There he received physical, cognitive, and speech therapy. His physical health slowly returned, but not to where it used to be.

“I experienced a brain fog that made concentrating exhausting and I would get stuck trying to find where my lost words were going when I had conversations,” explains Philip. “My physical therapy eventually ended but my recovery from this is still ongoing. If I overexert myself, even for just an hour, it can take one to two days to recover from that exhaustion.”

The Long COVID symptoms have impacted the lives of both Philip and his family. Philip used to be an active skier with the ability to do 15 to 20 runs in a day on

the ski hill with the kids, but now after five runs, he’s too exhausted to drive home and takes two days to recover. Putting up the Christmas lights and setting the trailer up for camping used to be activities Philip could easily do on his own. Now he looks for support from his friends and his 14-year-old son. There have also been impacts on his career and his daily work activities.

“After 20 years in IT, I now struggle with the systems and day-to-day processes that used to be second nature to me. When I was released from the hospital, I was trying to get back to work by working five to six hours a week, often turning into more. That much work was exhausting me which turned to frustration and then to anger. After an outburst of frustration, my wife and I, along with our primary care provider, scaled my work back to three hours per week. At that point, my employer transitioned me to long-term disability. Currently, there is no sign of me getting back to work. Eight months later, my lungs are back to where they should be for someone my age, but my cognitive functions are still a challenge and I still struggle with extreme fatigue,” explains Philip.

The impacts have been real for Philip and his family but initiatives like the Post COVID Task Force are helping to spread awareness of this condition and create resources for those experiencing it. His experience and frustration with the long recovery process have motivated Philip to help others dealing with Long COVID.

“I initially thought it was just me taking longer to recover. But it’s not just me. Too many Long COVID patients are still struggling like me. We don’t know why we’re still tired, why we’re still struggling to catch our breath after a flight of stairs, why we can’t think straight, or why we’re continuing to experience other symptoms. My family and I will forever be indebted to the doctors, nurses, and healthcare staff that saved my life back in April. I’ve been trying to give back ever since. I’m excited to be part of the Post COVID Task Force as a Patient Advisor,” said Philip. >

Resources for Healthcare Providers

LPNs have a significant role to play in the care of those with Long COVID, starting with education. Many healthcare providers are just beginning to see patients with Long COVID, and reliable resources are more important than ever. The AHS Post COVID Task Force has created many helpful resources for healthcare providers.

In 2021, Alberta Health Services developed the AHS Post COVID Task Force to understand Long COVID, its symptoms, and its impacts on the healthcare system. Through this multi-disciplinary, multi-organizational taskforce, AHS has started building a base of understanding for Long COVID in Alberta to help serve Alberta's healthcare users and those impacted by Long COVID. Isabel Henderson, Executive Director, Special Projects, AHS Clinical Operations, and Chris Burnie, Senior Implementation Lead for the AHS Post COVID Task Force, recently co-hosted a webinar with the CLPNA on the Post COVID Task Force, and resources to support patients and healthcare providers. Both Isabel and Chris played a key role in the development and implementation of the task force, which brought together people, experts, and organizations from across Alberta to start addressing Long COVID in a holistic way.



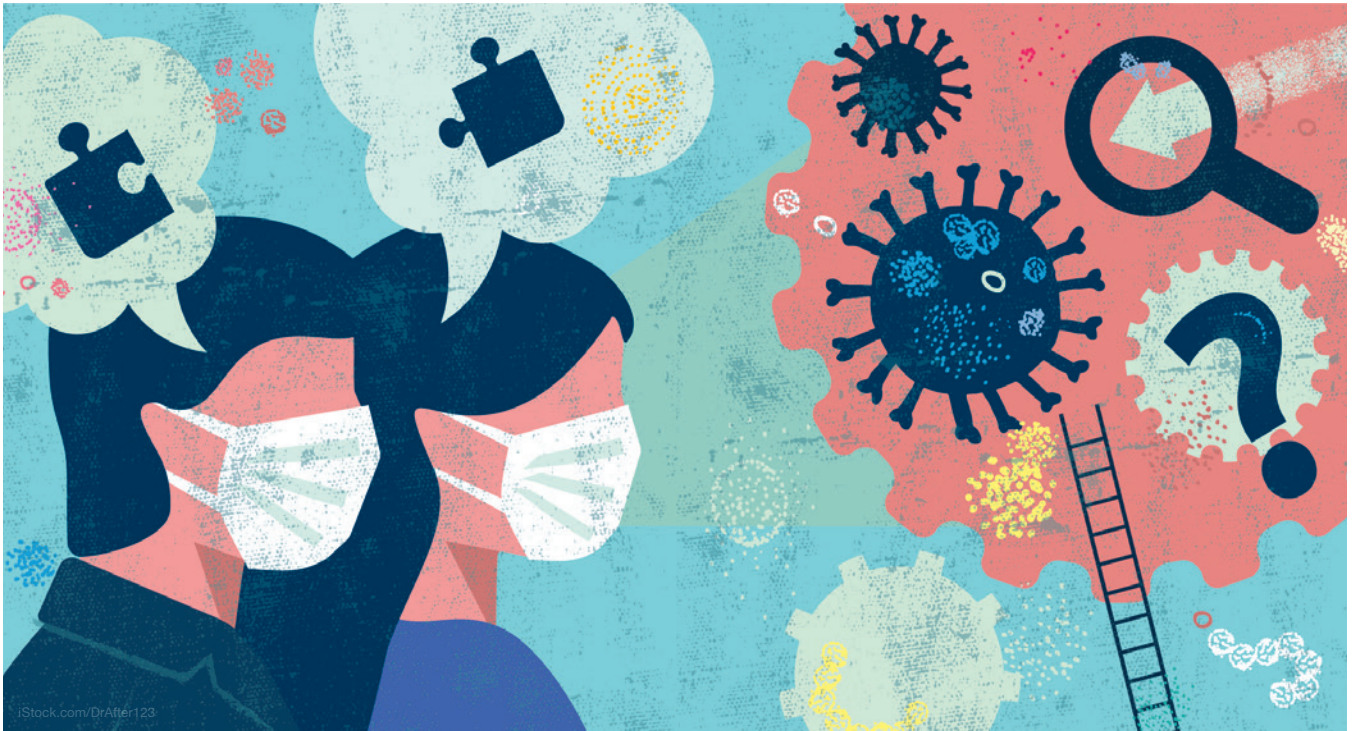
*FNIHB = First Nations and Inuit Health Branch of Indigenous Services Canada

“As a new condition, if we didn’t have this task force with a dedicated team and resources to dive in and learn about the condition, it would be really hard to treat Albertans and advocate for the need for resources for this patient population,” says Chris. “We needed to draw all our provincial partners together—across regions, disciplines, areas of focus, and perspectives—to build a strong collective understanding of Long COVID. Our goal as a task force was to begin learning and understanding Long COVID and to start preparing for its impact in Alberta.”

When developing the task force and determining who needed to be on it, patients with lived experience were at the top of the list. AHS was committed to undertaking and implementing this work alongside patients with lived experience.

“There were a few key drivers behind the task force, the first being the need to take the many resources and toolkits that had been developed and find ways to galvanize the entire province to implement those strategies in a coordinated, expeditious way,” says Isabel. “It’s one thing to create resources and pathways and tools, but to actually implement them in a meaningful way takes a task force like this one, bringing key internal and external stakeholders together with patient partners at our side. A group like this one is critical in bringing awareness to the work being done and the need to continue to offer the most current resources.”

The task force created several important tools as part of their ongoing work. LPNs can review and integrate this research and the following resources into their practice where relevant.



The Post COVID-19 Rehabilitation Screening Tool

The post COVID-19 rehabilitation screening tool is intended to help healthcare providers determine what type of rehabilitation a Long COVID patient will need. The form can be completed in five to ten minutes by any healthcare provider, including LPNs. It contains two key sections: the Post COVID-19 Symptom Checklist and the Post COVID-19 Functional Status Scale. The symptom checklist allows the healthcare provider to identify patient symptoms that are present; pre-existing; pre-existing and worsening; and new due to COVID. Then, using the Post COVID-19 Functional Status Scale, the patient is graded on a scale from 0 to 4 based on functional limitations being experienced—0 being no functional limitations and 4 being severe functional limitations. This grading then helps to determine what level of treatment needs to be considered.

Provincial COVID-19 Rehabilitation Response Framework

The Post COVID-19 Rehabilitation Response Framework provides an integrated high-level pathway that includes the necessary pathways, tools,

and supports to determine the level of functional impairment and patient-specific rehabilitation needs across the care continuum: acute care/inpatient rehabilitation, primary care/community rehabilitation, and continuing care. This framework is built off the Post COVID-19 Functional Status Scale. There are three categories of rehabilitation required for a Long COVID patient to recover:

- **Universal rehabilitation (0-1):** These patients have minor limitations to their daily lives and will recover with self-management resources or with help from their primary care provider. 75% of Long COVID patients will be in this category.
- **Targeted rehabilitation (2-3):** These patients will have moderate symptoms and will have common needs, like virtual support and group education.
- **Personalized rehabilitation (3-4):** This group will require more of a personalized rehab and will need a multidisciplinary team to help them on their journey to recovery.

Creating a consistent framework and toolset for healthcare providers, including LPNs, promotes safe and efficient care. >

Post-COVID Patient Pathways

The task force has also created [post-COVID Patient Pathways](#). These pathways help patients and providers navigate the healthcare system to make sure that the patient is getting the right care at the right time.

Interprofessional Outpatient Program

The Post COVID Task Force supports Interprofessional Outpatient Program (IPOP) clinics to provide care for those experiencing the most severe Long COVID symptoms. There are three clinics across the province: two in Calgary and one in Edmonton. These clinics include an interprofessional team that provides care for those experiencing complex and long-term impacts from COVID-19. The team is led by a nurse practitioner and supported by allied health and general internal medicine physicians. Referrals are required for these clinics. The IPOP clinics have been important in reducing wait times for complex Long COVID patients to be seen by clinical experts. These clinics have also helped to ensure that patients are being seen at the right time and being sent to the right place.

The IPOP clinics are also evaluating and examining patients through virtual health approaches. Long COVID patients are spread across the province and many experience fatigue—both factors making in-person visits difficult. The IPOP clinics are using virtual health to assess patients across Alberta and to reduce the strain on patients, adapting to the needs of the condition.

Rehabilitation Advice Line

The Rehabilitation Advice Line (RAL) is a branch of Health Link and is available to all Albertans. Staffed by occupational therapists and physical therapists with expertise in Long COVID, the RAL has been an integral part of the COVID response in Alberta, and is a valuable resource for healthcare providers and the public. All COVID-19 patients being discharged from the hospital will receive a call from RAL to support with any long-term symptoms. It's also a place for LPNs and other providers to direct questions about a patient or the condition.

**[Rehabilitation Advice Line: 1-833-379-0563
for healthcare providers and the public]**



Evidence-Informed Practice

Through education, LPNs can begin to better understand the condition of Long COVID and what a Long COVID patient may be going through in order to provide evidence-informed safe practice.

“An LPN has an important role to play on an interprofessional team. In the case of Long COVID, LPNs can support, assess, or triage a patient using the resources that the Post COVID Task Force has put together,” explains Chris. “The other significant role of an LPN is patient support and patient advocacy. The more an LPN knows about this new condition, the more they understand their patient and support them in getting the best care possible.”

As Long COVID is not yet fully understood because of the variety and severity of symptoms, patients may not be believed or fully understood when sharing their symptoms with healthcare providers. Educating healthcare providers is an important first step in delivering quality care to patients experiencing Long COVID.

Additional Resources

“The resources being produced by this taskforce are for patients, caregivers, primary care providers or

any practitioner across the continuum of care who need support. Long COVID is not isolated to acute care facilities, so creating resources for primary care networks, long-term care providers, [and] community organizations is critical,” says Chris. “The task force has created easily accessible, reliable, and current resources for providers and the public to reduce the confusion and to start building a reliable knowledge base surrounding this new condition. We continue to review the emerging evidence and data to ensure the resources we provide meet the current best practice guidelines.”

Here are some additional key resources:

- [Recovery & Rehabilitation After COVID-19: Resources for Health Professionals](#)
- [Alberta Wide - Rehabilitation Advice Line | Alberta Health Services](#)
- [Alberta Referral Directory - Main Search](#)
- [CLPNA Webinar: Long COVID: Supporting Patient Care](#)

Patient and Family Resources

On top of enhancing their own knowledge, LPNs can also use the resources developed by the Post COVID Task Force to support families and patients by directing them to public resources. AHS and their partners have developed a suite of online resources for Long COVID patients.

- [MyHealth.alberta.ca](#)
- [Getting Healthy After COVID-19](#)
- [Alberta Healthy Living Program](#)
- [Post COVID-19 Rehabilitation Response Framework Summary Report](#)
- [Long COVID Information & Resources | Together 4 Health](#)
- [After COVID-19: Information and resources to help you recover \(Alberta.ca\)](#)
- [A clinical case definition of post COVID-19 condition](#)
- [AHS Twitter: Philip Robichaud Long COVID Patient Story](#) ■

Introducing Alberta Association of Nurses (AAN): the first professional association for all Alberta nurses.

You Belong.

Together, we will:

- Facilitate professional development opportunities
- Create opportunities for nurses to connect with nurses
- Recognize and celebrate outstanding nurses and practices
- Capitalize on our collective nursing voice to advocate for and improve the nursing practice in Alberta

Join today and help shape AAN
www.albertanursing.ca | [@alberta_nursing](https://twitter.com/alberta_nursing)



Student Memberships for Alberta's Practical Nurses

Applications are open!

Student membership is an opportunity for those enrolled in an approved Alberta practical nursing program to integrate their learning while keeping updated on the profession's advances in LPN regulations and nursing guidance directly from the CLPNA.

This membership type elevates and lengthens the transition from student to professional nurse, providing students with immediate information on changes to Alberta's nursing practices and policies to better protect the public when the nurse enters the workforce.

A jump on active LPN registration is also available through early access to the Jurisprudence Exam, a mandatory requirement in the CLPNA's registration process. Students will also receive access to the CLPNA's members-only continuing education. Over a dozen Learning Modules are currently available, with more in development.

Select Learning Modules provide specific instruction for authorization to practice, such as on Restricted Activities and Advanced Authorizations. Popular courses include Understanding Restricted Activities; Administering Medications via CVC, PICC, and IVAD; Administering Parenteral Nutrition; Administering Blood and Blood Products and more.

Student membership is a non-practicing registration type. Students are not permitted to work as an LPN or use the restricted titles of Licensed Practical Nurse or LPN, as per the *Health Professions Act*. Students completing their practicums through approved nursing programs continue to be authorized to practice as per their educational institution policies.

The \$100 student membership is valid for up to three years. An extension for additional years is available.

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



Nursing Student Memberships

Elevating the transition from student to professional nurse by providing immediate notification of regulatory changes to Alberta's nursing practices and policies, early access to the Jurisprudence Exam, and member-only continuing education to improve public protection.

**Three-year
Membership for \$100**



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OF ALBERTA

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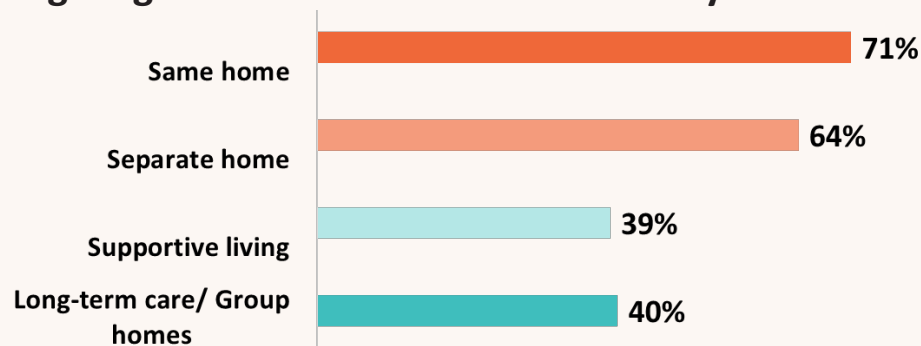
The impact of the COVID-19 pandemic on Alberta Family Caregivers: 2021

We asked Alberta caregivers how COVID-19 had affected their caregiving and what they need after 18 months of the pandemic.

Here are some of the 556 participants' responses:

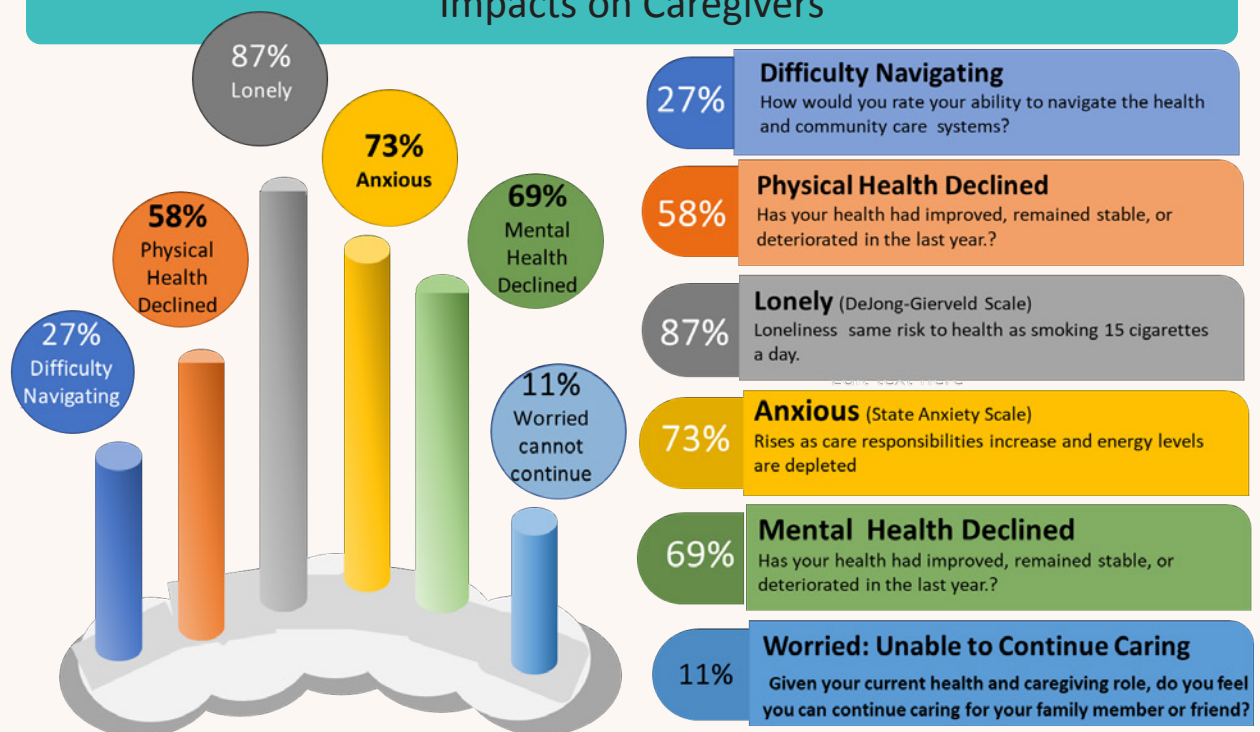
Impacts on Caregiving Work

Caregiving work has increased in the last year.



511/556 survey respondents had been caring before pandemic began.

Impacts on Caregivers



>

What supports will help Alberta's family caregivers sustain their caregiving and to maintain their own health?

Family caregivers want to ensure the care-receiver's overall wellbeing is supported and they are supported to maintain a balance in their life, work, and caregiving roles

Domain 1: Attend to the care-receiver's wellbeing

Key themes in caregivers' recommendations related to attending to the care-receiver's wellbeing:

1. Respect the care-receiver as a person. They wanted the person they cared for respected, valued, and treated with dignity.
2. Ensure staffing levels meet the care-receiver's needs. They reported that COVID-19 had exacerbated an underfunded continuing care system. They wanted to ensure that they and healthcare providers had enough time for holistic person-centered care.
3. Support care-receivers emotionally. Family caregivers regarded emotional support as a significant part of their role and of holistic care. They wanted care to explicitly include time to listen, human touch (e.g., holding hands, touching an arm), or reassurance.
4. Ensure care-receivers have opportunities and support to engage in meaningful activities. Caregivers referred to activities as visits with family and friends, physical exercise like walking, or "engaging things to do" (e.g., enjoyable activities, interactions with others).

Domain 2: Supports that enable Family Caregivers to balance their work, life, and family caregiving roles

Key themes related to balancing work, life, and family caregiving roles:

1. Recognize and respect their family caregiver role. They reported that they felt "invisible" and "abandoned"; their care work was considered "failure to work"; and they were treated as an "inconvenient expense" and "expendable."
2. Communicate in a timely person-centered manner tailored to the caregiver's roles as partner-in-care, care coordinator, and care advocate. Caregivers used words like truthful, open, clearer, active, and listening to describe the desired communication that would enable them to gather information, determine the best course of action, navigate systems, coordinate care, and solve problems.
3. Ask caregivers about what they need to ensure supports address the caregivers' and their care-receivers' needs. These caregivers wanted practical, person-centered support that they could use in their unique situations.
4. Relieve the financial stress of caregiving. About a third of family caregivers wanted government programs or other supports to relieve the financial stress directly related to their caregiving role.



Full Report

<https://www.caregivercare.ca/research>

Contact us:

Dr. Jasneet Parmar Jasneet.Parmar@ahs.ca

Dr. Sharon Anderson sanders@ualberta.ca



UNIVERSITY OF ALBERTA
FACULTY OF MEDICINE & DENTISTRY
Department of Family Medicine

CARE Is Now Digital



Remember, CARE magazine is now exclusively digital.

At the College of Licensed Practical Nurses of Alberta, we are proud to provide you with valuable, relevant regulatory information and updates in many ways, including CARE magazine. To continue doing this in an environmentally responsible and accessible way, we have moved CARE magazine to an exclusively digital format. With more of our readers opting for the digital version, we believe it was time to end our printed magazine and move to a digital-format publication in 2021.

Since 2008, we've published and printed more than 50 editions of CARE - an accomplishment we're incredibly proud of. To the countless contributors, to the talented designer, to the diligent print shop—thank you! We're

excited to continue working with the team to create an exceptional digital CARE magazine for our readers moving forward.

CARE will continue to be released on a bi-annual basis in the digital format for CLPNA registrants and will be available on the CLPNA website.

Don't miss the Fall/Winter 2022 digital edition

If you are reading CARE for the first time and want to sign up to receive the Fall/Winter edition, subscribe to our CLPNA mailing list at clpna.com.

Questions? If you have any questions regarding CARE, please contact us at communications@clpna.com.

We believe our world could use more Good Samaritans — just like you.

If you are interested in a diverse and rewarding career within a dynamic organization, then choose a career where people matter, where you are valued, appreciated for your hard work, and supported. Join a team that empowers you to live up to your potential so that you can feel part of something bigger and make a difference in the lives of others.

We have full time, part time and casual employment opportunities throughout Alberta. For more information and to apply, visit us at hrnet.gss.org



A photograph of a hand gently touching a moss-covered tree trunk in a forest. The background is a soft-focus green landscape with sunlight filtering through the trees. A dark teal banner is overlaid on the top half of the image, containing the title text.

SELF-CARE as a NURSE

More Than a Trend!

istock.com/AlenaPaulus



Self-care is a conscious way of living where your values, attitudes, and actions are integrated into your daily routines.

Over the past few years, nurses' resilience has been challenged by the demands of COVID-19 and its impact on the healthcare system and society. As we begin to move forward from the pandemic, looking at strategies to support the wellness of healthcare providers is timely. Self-care is not only an investment in individual well-being, it's a responsibility as a regulated healthcare professional. Research has shown that healthcare provider wellness has a direct link to quality of care and patient outcomes.

Work-related stress is common across all healthcare professions. LPNs are no exception as they do stressful and demanding work daily. LPNs are constantly learning, adapting, and under pressure due to complexities in care, changing technology, and care expectations. In addition, sustained and unfamiliar circumstances like a pandemic or environmental crisis can add to an already demanding profession.

Increased stress, anxiety, turnover, and other negative impacts like mental exhaustion, fatigue and burnout may compromise fitness to practice and ultimately, affect the safety of care and care outcomes.

Developing strategies to avoid the risk of burnout and foster resilience is necessary to strengthen the ability to cope with work-related stressors now and in future.

Developing Self-Care Strategies

Wellness: Striving for personal wellness as a healthcare professional requires intention and an ongoing commitment. Self-care is a conscious way of living where your values, attitudes, and actions are integrated into your daily routines. Self-care strategies

can help reduce stress and the risk of burnout, and foster a mindset for personal wellness. Recognizing individual sources of stress and finding ways to address these can strengthen positive thinking and behaviour over time, reducing stress and building resilience.

Resilience: Being intentional about improving and building resilience is key to reducing the risk of burnout among nurses. Occupational health and safety suggests that programs focusing on early intervention, monitoring, and prevention can aid in reducing stress and building healthy self-care strategies. One specific strategy is mindfulness, which is the practice of focusing attention on the present moment and being fully aware of our thoughts, feelings, and surrounding environment. Mindfulness practice has been shown to decrease stress and improve one's resilience through self-kindness, acceptance, and compassion. Resilience focuses on building nurses' capacity to respond and adapt successfully to the changing circumstances around them. The combination

of mindfulness practice and other resilience-building strategies can aid nurses to balance their professional demands, improve mental health, promote self-esteem, and support fitness to practice. >

Consider these ideas to practice self-care:

Take time for self-reflection
.....

Try a form of private expression such as journaling
.....

Make time for self-care on a regular basis
.....

Participate in activities that bring you joy
.....

Connect socially with family and friends
.....

Spend time in nature to promote a sense of calmness
.....

Sleep, exercise, and eat well
.....

Seek support as needed

Engagement: Nurse engagement is an indicator of the level of commitment and satisfaction nurses feel towards their job, organization, and the nursing profession. Positive work environments that foster compassion and engagement are known to be effective in not only reducing the risk of burnout, but in fostering collaborative practice where shared decision-making improves safe patient care. Nurses that feel more empowered report improved emotional and physical well-being and a greater sense of work satisfaction.

Fitness to Practice: Healthcare providers, including LPNs, must assess their own fitness to practice on an ongoing basis as part of their professional responsibilities. This means ensuring they have the physical, mental, and emotional health required to provide safe, competent, ethical nursing care. Increased stress and emotional exhaustion can lead to burnout

and may impede a nurse's ability to perform tasks or interact with others in a safe, competent, and ethical way. When fitness to practice may be compromised, it is important to seek assistance.

Additional Resources: The CLPNA provides a variety of resources that can help to support a mindset for wellness, and address burnout and the stressors that lead to it.

- **PTSD Awareness and Mental Health & Wellness Strategies**— sign in to myCLPNA.com to access the learning module or access the PTSD Awareness webinar on the CLPNA's Professional Development playlist on [YouTube](https://www.youtube.com).

- **Resilience: Mindset for Wellness**— sign in to myCLPNA.com to access the learning module or access this webinar on the CLPNA's Professional Development playlist on [YouTube](https://www.youtube.com) ■

*This article refers to information previously published in CARE Magazine or CLPNA Learning Modules:
For a full list of references, please contact communications@clpna.com.*

Tools to Take 5
Use in Sequence or Separately
Take 5 seconds or Take 5 minutes

Notice the CUE
Choose a cue in your daily life that reminds you to **Take 5**. Your cue can be anything: having a drink of coffee or water, seeing a specific person, sitting down at your desk. When you notice your cue, you flip the switch from mindless to mindful.

Notice the NEW
Focus on something you weren't paying attention to a moment ago. Bring your attention out of autopilot and into your senses. Become aware of sound, taste, touch, smell or sight.

Notice your BODY
Sitting or standing, bring awareness to your posture. Press into your feet, seat and hands while you lift and lengthen up the spine, roll back your shoulders and align your ears over your shoulders.

Notice your BREATH
Begin with one complete breath, noticing the breath at the Belly, Chest or Nose. Lengthen and deepen the breath so each inhale and exhale is about 5 seconds. Now, take 5 breaths this way.

Notice the NOW
Respond to what is present in your current situation and internal experiences (thoughts, emotions, body sensations) with a sense of openness, patience, and non-judgment. Now you are ready to take a wise step forward.

Take 5: simple to do • fun • healthy • adaptable • personalized

MENTAL STATUS ☐ **FOR CHARTING**

Observations: appearance, sex, age, body build, eye contact, grooming, dress, manner, behavior, ticks, agitation, psychomotor activity, injuries / in pain

Speech: rate, pressured, hesitant, poverty, rhythm, monotonous, stuttering, slurred, spontaneous, coherent, clarity, volume, mute, whispers, shouts

Mood (Self-reported): depressed, anxious, irritable, sad, euphoric, calm, lonely, numb, tense, fearful, angry, guilty, hopeless, anhedonia, insomnia, DMW

Affect (Observed): stable, fixed, labile, restricted, tearful, appropriate, flat, blunted, exaggerated, grandiose, suspicious, hostile, sad, incongruent

Cognition: orientation (person/place/time), memory, recall, intellect, abstract reasoning, insight, judgement, impulsive, rational, impaired, attention, concentration, distracted, comprehension

Thought Contents: suicidal or homicidal ideations, rumination, preoccupation, intrusive, grandiose, persecutory, nihilistic, bizarre, compulsion, obsession, phobias, intent, hallucination, delusion

Thought Process: coherence, logical, circumstantial, goal-directed, tangential, flight of ideas, rambling, perseveration, tells obvious lies, concrete, vague

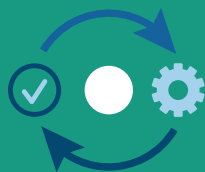
www.crpna-ab.ca

The College of Registered Psychiatric Nurses' provincial mental health initiative provides healthcare workers access to the **Tools to Take 5** cards, made possible by contributions from the United Nurses of Alberta, the Health Sciences Association of Alberta, and the Alberta Canola Producers Commission. The Alberta Nursing Association has 20,000 cards dedicated to LPNs – contact them to get yours!



The 7 Cs of Resilience

Let's break down these 7 Cs and their relevance for clinicians facing COVID-19.



1. Control

Though we can't control the actions of others, we do have the responsibility as nurses to inform and educate. And when we don't agree with the actions of others, we can control our reactions to it; this is important for our own well-being.



2. Competence

As we learn more about this virus, we have to share our experiences and base our care on the evidence as it unfolds. Staying updated on the disease process and management recommendations is essential.



3. Coping

This is a stress like none of us have ever experienced. Think about how you cope best – talking about your experiences, exercising, meditation, journaling?



4. Confidence

Be confident that we will get through this. Also, build confidence among your teammates, whether by praising or celebrating successes, or providing encouragement. It can go a long way.



5. Connection

As visitors are restricted in many facilities, you are keeping people updated and in touch. Also, our own connections with family and friends are much different now as we rely more on technology and less on touch. Make the effort to keep up with those connections.



6. Character

The public is certainly getting a glimpse into the character of those on the frontlines of care. Be proud of the work you are doing. Your integrity and your commitment to care exemplify the nursing profession.



7. Contribution

The contributions you are making are immeasurable. Your work, whether on the frontlines on the COVID-19 floors, making administrative decisions, or supporting patients in the community, is making a difference.

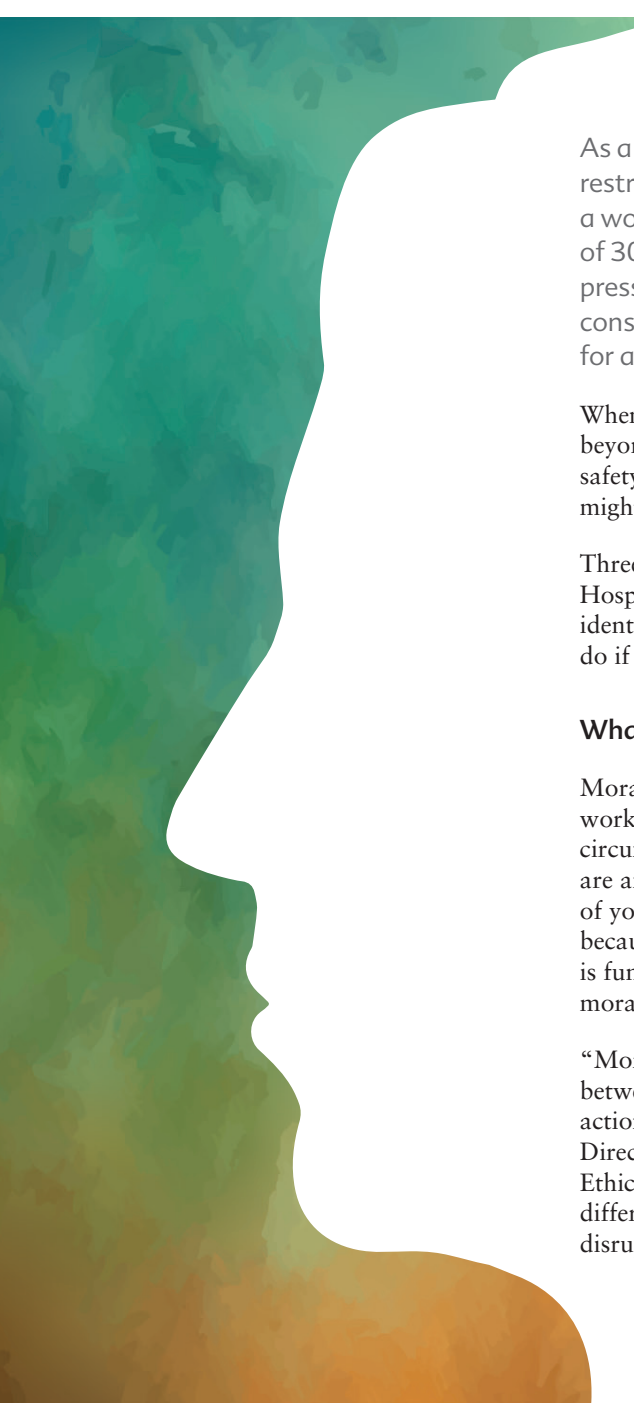
Originally published by NursingCenter.com.

Reference: Ginsburg, K. (2011). Building Resilience in Children and Teens: Giving Kids Roots and Wings. Illinois: America

MORAL DISTRESS

A Challenging Experience

By Caitlin Renneson



As a hospital screener during visitor restrictions, you must say no when a woman asks to visit her husband of 30 years. Your supervisor pressures you to order what you consider to be unnecessary tests for a patient.

When you feel that circumstances beyond your control are affecting the safety or integrity of your work, you might be experiencing moral distress.

Three experts from The Ottawa Hospital provide insight into how to identify moral distress—and what to do if it happens to you.

What is moral distress?

Moral distress can occur in the workplace when you feel that circumstances beyond your control are affecting the safety or integrity of your work. This is important because our feeling of moral integrity is fundamental to our experience of moral meaning as healthcare workers.

“Moral integrity is the alignment between our moral beliefs and our actions,” explained Mike Kekewich, Director of Clinical and Organizational Ethics at The Ottawa Hospital. “When different circumstances or events disrupt this alignment, we are at risk

of experiencing moral distress because we may feel we are doing the wrong thing.”

The risk of experiencing moral distress may be higher during public health emergencies or in situations when extreme resource limitations impact the safety or integrity of your work.

How to identify moral distress

“It is difficult to identify all potential sources of moral distress because it is difficult to identify all of the moral values held by different professionals,” said Dr. Nathalie Fleming, Medical Director, Physician Health and Wellness and Professor in the Department of Obstetrics and Gynecology at the University of Ottawa. Examples include:

- Feeling unable to perform your work to the level that’s needed because your workload is too high or you are too tired
- Witnessing healthcare providers giving “false hope” to a patient or family
- Following a family’s insistence to continue aggressive treatment even though you believe it is not in the best interest of the patient



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- Feeling pressured to order or carry out orders for what you consider to be unnecessary or inappropriate tests and treatments
- Watching patient care suffer because of a lack of provider continuity
- Being unable to book or perform surgeries for patients who need them due to surgery backlog
- Witnessing a violation of a standard of practice or a code of ethics and not feeling sufficiently supported to report the violation
- Denying time off to staff members who clearly need and deserve it when staffing quotas cannot be met
- Lack of clarity because the instructions or guidance you are given is constantly changing

Not everyone experiences moral distress the same way. Depending on the person and the event, it can range from being easily manageable to completely impairing.

How to work through moral distress

Some level of moral distress is inherent in daily life and work, and for most people, this is easily manageable. However, studies on this topic note that moral distress has led to people leaving or considering leaving their jobs. Consider the intensity and frequency of distress, and whether it is something that needs to be addressed to be healthy and safe at work.

“It is important to identify and work through moral distress when it takes place because if you have multiple experiences of moral distress without a return to your normal baseline in between, they might become more difficult to manage as they build on each other,” said Dr. Kerri Ritchie, Clinical and Health Psychologist and Professional Practice Coordinator for the Psychology Department at The Ottawa Hospital. “This is similar to how someone might experience episodes of acute stress building into chronic stress.” ■

To learn more about moral distress, this resource might be helpful - *A Clinician's Guide: How to Manage Morally Distressing Situations* (<https://boldly.cma.ca/blog/how-to-manage-morally-distressing-situations>).

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Ensuring safe and effective care for your patients will enable them to live safely and independently in their own home. This **SAFE** conversation guide will support you in initiating a two-way conversation with your patients and their caregivers about safety in the home.

- ✓ **SHARE** your risk and safety assessment.
- ✓ **ASK QUESTIONS** to understand your patient's perspectives and how they impact their safety.
- ✓ **FACILITATE** informed decision making through active communication.
- ✓ **EVALUATE** progress and continue conversations about safety in the home.

1. SHARE YOUR ASSESSMENT

Frame your conversation in a positive way – discuss safety, not risk. Focus on fact-based information gathered from risk and safety assessments. Share specific examples from your observations.



- Ask if the patient would like to have a family member or other person involved in the conversation.
- Explain that the conversation is about maximizing their safety and independence.
- Be as straightforward as possible. Speak clearly and avoid medical jargon.
- Remain open-minded to a patient's right to choose; keep your personal values on safety out of the conversation.

2. ASK QUESTIONS

Help patients and their caregivers become aware of the following safety considerations.

HEALTH STATUS

Medical conditions can impact safety

Patients and their families don't always understand their medical conditions and symptoms and how they impact their safety and well-being.

- How are you managing your condition(s)?
- What are your biggest concerns right now? Is this impacting your safety?
- Have you experienced any changes in memory, mood and physical symptoms?

CARE PLAN

Treatment options may present safety concerns

A patient's safety at home can be affected by unintended side effects from medication, treatment plans and assistive devices.

- Have you started or changed any treatments or medications?
- Are you experiencing any side effects from your medications or treatments?
- Do you have any safety concerns about your treatment or care plan?

LIFESTYLE CHOICES

Behaviour and attitudes are linked to safety

Lifestyle choices including tobacco use, alcohol consumption, physical activities, and eating habits all impact a person's safety.

- Are you experiencing any limitations that concern you?
- What are some of the things you do to stay active and healthy?
- Are you interested in learning about your [nutrition need]/[physical activities]?

PHYSICAL ENVIRONMENT

A safe home environment

Have an open discussion on how to make the home safe.

- Is there anything that has been getting in your way of doing things?
- Do you have any safety concerns right now?
- Could anything be changed to make your home safer?



- Encourage conversation by using prompts such as nodding, saying “go on” or “I would like to hear more about that.”
- Expect emotions and acknowledge them with supportive statements, such as “It seems like this conversation is difficult for you. Can you tell me what is making it difficult?”
- Repeat back what you’ve been told in your own words to ensure a clear understanding.
- Gauge your patient’s readiness—and willingness to have a safety conversation.

3. FACILITATE INFORMED DECISION MAKING

Make sure your patient has enough information to answer the question “Am I Safe?”



- Use the teach-back technique to check for understanding – “To make sure I’ve explained things well, tell me how you understand your situation.”
- Pose friendly questions: “There are different ways that people can make their life easier and safer at home. Can we spend a few moments talking about what is important to you so that we can plan your care together?”
- Provide written information about safety concerns and encourage your patient to share with their family members.

4. EVALUATE PROGRESS

Always ask yourself “Is my patient safe?” and “Can my patient be safer?” Safety conversations need to happen often.

Provide opportunities to continue the conversation in follow-up appointments or calls.



- Document and share your actions and observations in the care plan.
 - Encourage all team members, including patients, to voice their concern if they sense or become aware of a safety risk.
- Use assertive statements to communicate safety risks outlined by “CUS”:

I am **C**oncerned

I am **U**ncomfortable

This is a **S**afety Issue



”

Perseverance is
not a long race;
it is many short
races, one after
the other.

WALTER ELLIOTT

@CLPNA



Above all else...

The greatest is Love

Points West Living Red Deer had another successful outdoor concert. One of our Employee Care Partners (ECPs) was so moved by a moment she witnessed that she had to tell others about it. The following is Charlene's own words:

"I wanted to share a special moment that happened today. Today the residents were enjoying themselves listening to the music on the patio when one couple started dancing. Mr. K asked for Mrs. K's hand, and they slow danced together to the music. The moment was so sweet and genuine that I had to take a photo (with their permission of course) and they loved all the pictures and wanted to share the moment with everyone."

We sometimes gauge the success of our community by how comfortable the Residents feel about who they are by demonstrating things like public displays of affection. We are so privileged to be able to be a part of personal moments like this.

Music and dancing have often brought out the true selves of our resident care partners which is why we will continue working with our ECPs to ensure we keep our communities alive with love. - Charlene Palad, LPN

Does this sound like a place where you would like to work? Come and talk with us about becoming an LPN. Work with us while we help you complete your Licensed Practical Nurse certification at one of our locations: Cold Lake, Drayton Valley, Lloydminster, Moose Jaw, Peace River, Prince Albert, Stettler, Vegreville, Wainwright.

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