

# Care

## Making Connections

Communications Strategies  
to Support People Living  
with Dementia

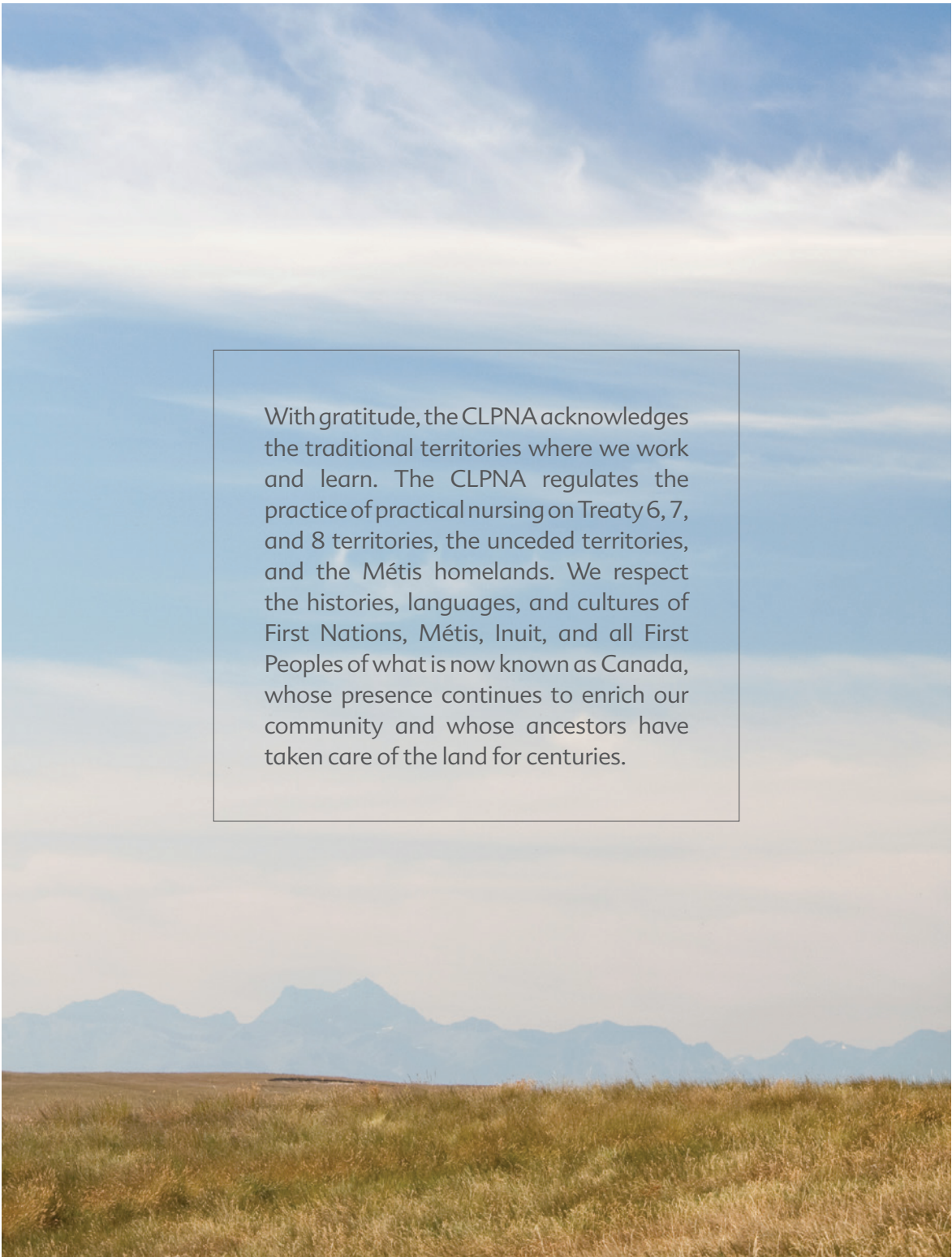
Privacy Legislation  
in Alberta

2022 Year in Review

An LPN's Role in Helping  
Caregivers Thrive

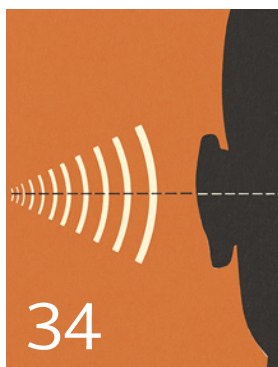


COLLEGE OF  
LICENSED PRACTICAL NURSES  
OF ALBERTA



With gratitude, the CLPNA acknowledges the traditional territories where we work and learn. The CLPNA regulates the practice of practical nursing on Treaty 6, 7, and 8 territories, the unceded territories, and the Métis homelands. We respect the histories, languages, and cultures of First Nations, Métis, Inuit, and all First Peoples of what is now known as Canada, whose presence continues to enrich our community and whose ancestors have taken care of the land for centuries.

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# ALBERTA LPNs BY THE NUMBERS 2022

19,969 Total LPNs in 2022

+6.1% Growth in LPN Registration from 2021

38 Average Age of Active LPNs

1,275 New Graduate Members

922 New Canadian Out of Province Members

51 Internationally Educated Nurse Members

## Top Places of Employment



Hospital  
34%  
6,560

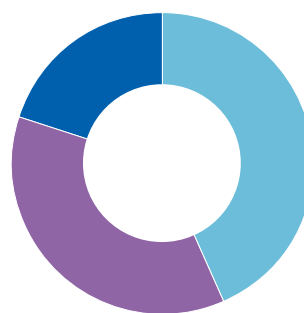


Continuing Care  
26%  
5,007



Community Care  
14%  
2,704

## Employment



Full-time  
43.4%

Part-time  
36.7%

Casual  
19.9%

## Active Registrants by Location

6.5% North Zone  
32.8% Edmonton Zone



Central Zone 13.2%

Calgary Zone 31.8%

South Zone 7.1%

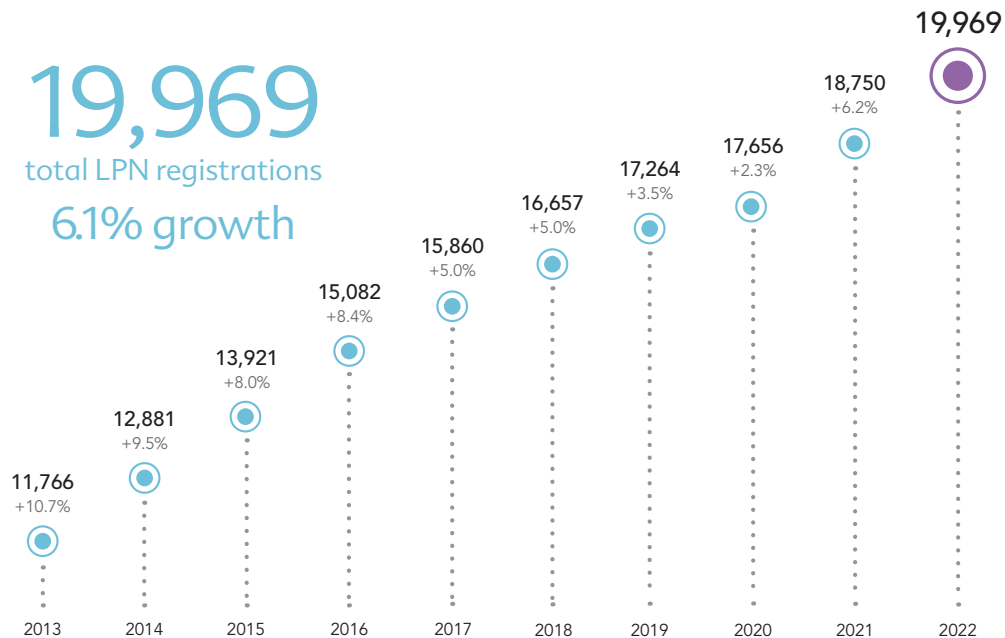
[ 8.6% Out of Province/Country ]



# 2022 Year in Review

## Active LPNS

In 2022, the total number of active LPNs registered with the CLPNA grew 6.1%. Growth is attributed to labour mobility from other jurisdictions, increased seats in programs, and minimal attrition.



## Registration Applications

The following is a list of total applications made for registration with the CLPNA. The CLPNA saw growth in all registration categories with the exception of internationally educated nurses.

	2021	2022
Renewal Applicants	18,260	19,458
Canadian Out of Province New Applicants	895	1,332
Alberta Graduates New Applicants	1,211	1,312
Reinstatements	365	444
International New Applicants	134	104
Re-Entry Applicants	48	51
Courtesy Applicants	7	9
<b>TOTAL</b>	<b>20,920</b>	<b>22,710</b>

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## Registrations Approved

The following is a list of registrations approved by the CLPNA. In 2022, 1,275 new Alberta graduates registered with the CLPNA, a slight increase from 2021. There were 922 Out of Province new members, an increase of 53 percent from 2021.

	2021	2022
Renewals	16,499	17,322
Alberta Graduates New Members	1,245	1,275
Canadian Out of Province New Members	602	922
Reinstatements*	328	361
International New Members	69	51
Re-Entry	0	37
BScN Members	2	1
Courtesy Members	5	0
<b>TOTAL<sup>^</sup></b>	<b>18,750</b>	<b>19,969</b>

\*Reinstatements indicate those members whose practice permit lapsed for at least one day.

<sup>^</sup>Total registrant numbers are reflective of December 31, 2022.

## Out of Province Registrations

	2019	2020	2021	2022
Ontario	241	232	382	671
British Columbia	78	94	125	152
Saskatchewan	11	14	30	23
Newfoundland & Labrador	14	17	15	19
Nova Scotia	13	11	12	19
Manitoba	14	15	22	18
New Brunswick	10	5	5	9
Prince Edward Island	2	3	2	4
Northwest Territories	2	3	4	2
Quebec	4	2	1	2
Yukon	2	5	4	2
Nunavut	0	0	0	1
<b>TOTAL</b>	<b>391</b>	<b>401</b>	<b>602</b>	<b>922</b>

### Internationally Educated Nurse Registrations

	2022	%
Philippines	27	52.9%
India	9	17.6%
Nigeria	9	17.6%
Australia	1	2.0%
Finland	1	2.0%
Jamaica	1	2.0%
Lebanon	1	2.0%
United Arab Emirates	1	2.0%
United States	1	2.0%
<b>TOTALS</b>	<b>51</b>	<b>100.0</b>



### Continuing Competence Program

The CCP audit was cancelled in 2020 and 2021 due to ongoing challenges brought on by the COVID-19 pandemic; the audit resumed this year and was held May 1 to June 30, 2022.

1,769

total audited

1,632

approved

10

compassionate leave

60

completed alternate learning

67

did not renew

### Practice Inquiries

Any stakeholder, including regulated members, members of the public, employers, and educators, can contact the CLPNA's Practice Department to request clarification related to LPN scope of practice, legislation, and regulation. In 2022, the CLPNA received 1,839 practice inquiries.

#### Most Common Inquiry Topics

Topic	2022 Inquiries
Professionalism and leadership	597
Medication management	337
Nursing practice	278
Dermatology and aesthetic nursing	110
Infusion therapy	82



# 2022 Complaints Summary

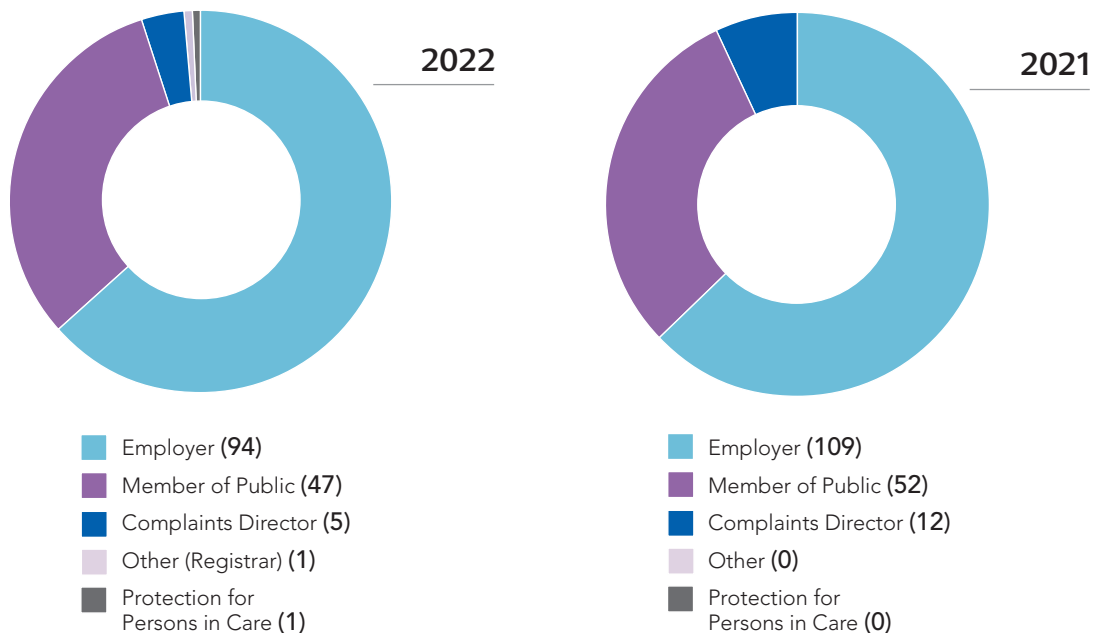
Under the authority of the *Health Professions Act*, the CLPNA is responsible for regulating the LPN profession in a manner that protects the public from unsafe or unethical practice. When the guidelines and principles of practice—standards, the Code of Ethics, or other legislation that guides the profession—are not met by an LPN, a complaint may be initiated.

The CLPNA receives complaints from several sources, and all complaints are investigated to ensure the safety of the public. The HPA defines and outlines the formal complaint process that must be followed to manage complaints of unprofessional conduct against LPNs. The CLPNA makes every effort to handle complaints promptly.

## Complaints Received

	2021	2022
New Complaints Received	173	148
Previous Years' Complaints in Process	74	76

## Source of Complaints



### Types of Complaints Received in 2022

Clinical Competence — Multiple	29
Unethical Conduct	28
Unprofessional Communication	16
Clinical Competence — Medication Administration	12
Breach of Confidentiality/Privacy	11
Neglect	9
Theft	8
Drug Diversion	5
Patient Abuse - Physical	5
Abandonment	4
Bullying	3
Patient Abuse — Sexual Abuse	3
Practicing Without a Permit	3
Incapacity (Mental/Physical)	2
Patient Abuse — Verbal	2
Working Outside Scope of Practice	2
Failed to Obtain Consent	1
Failed to Provide Supervision	1
Non-compliance of Orders	1
Patient Abuse — Sexual Misconduct	1
Sexual Abuse/Misconduct — Coworker	1
Therapeutic Nurse-Client Relationship	1
<b>Complaints Received</b>	<b>148</b>

### Disposition of Complaints in 2022

(includes files from previous years)

Informal Resolution (Agreement and Undertaking)	68
Complaint Dismissed	35
Handled at Workplace	22
Hearings Complete	12
Complaint Withdrawn	8
Resolution with Sanction	5
Section 118 (Non-Disciplinary)	5
Section 55 — Undertaking (Practicing Without a Permit)	3
Registration Surrendered	1
Unresolved	1
<b>Complaints Closed</b>	<b>160</b>

### Hearings

There were 12 hearings held in 2022. The Hearing Tribunal made a finding of unprofessional conduct in 11 of the matters that went to a hearing in 2022; one decision remains outstanding.


Reprimand	10
Hearing Costs	10
Education	5
Education — Prior to Reinstatement	4
Fines	2
Revocation of License	2
Two-year Suspension of Permit	1

# Privacy Legislation in Alberta

Connecting to LPN Practice







*This article is not a substitute for legal advice.*

Licensed practical nurses handle sensitive information as part of everyday practice. The way that you collect, manage, disclose, and dispose of information is governed by provincial and, in some cases, federal legislation. As an LPN, you are required to practice within relevant privacy laws.

Many LPNs receive training on privacy from employers, but breaches can still happen, even unintentionally. It's recommended that LPNs have some understanding of privacy legislation because you—and not just your employer—have an ethical and legal responsibility to protect the privacy of personal information.

## What Is Privacy?

In this context, **privacy** refers to an individual's right to not share information about themselves. Privacy enables an individual to make decisions about how their **personal information** is shared.

Under privacy legislation, personal information is any information that can identify an individual, either on its own or combined with other pieces of data. For example, personal information can be a person's name in combination with information like government-issued identification numbers, physical or digital addresses, or birth date.

It's important to remember that a lot of data can be considered personal information. As a general rule, any information about individual clients should only be used and shared for legitimate healthcare purposes while following employer or site requirements around consent. Personal information must always be stored, shared, and disposed of in a way that keeps it secure and confidential.

### Example

An LPN is working on an acute care medicine unit. A dietitian approaches them and asks what test their patient's roommate just went for. The LPN pauses, knowing that the roommate is not the dietitian's patient. Should the LPN share where the patient went?

*The answer is no. Although the dietitian is a regulated health professional, they are not authorized to know the roommate's health information as the dietitian is not part of the roommate's healthcare team.*

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## Privacy Legislation in Alberta

There are three Acts that most commonly regulate personal information in Alberta. They are:

- the *Health Information Act* (HIA): governs the collection, use, and disclosure of **health information**;
- the *Personal Information Protection Act* (PIPA): sets the rules for the collection, use, and disclosure of **personal information** by **private sector organizations** in Alberta; and,
- the *Freedom of Information and Protection of Privacy Act* (FOIPP): sets the rules for the collection, use, and disclosure of **personal information** by **public bodies** in Alberta.

Alternatively, if you work for a federal body, for example, the First Nations and Inuit Health Branch of Indigenous Services Canada, then the *Privacy Act* will apply. And if you need to transfer personal information outside of the province, the *Personal Information Protection and Electronic Documents Act* (PIPEDA) applies.

### Example

An LPN who is working at a hospital receives a call from a friend who wants the LPN to look up a family member's healthcare number. Can the LPN do this?

*The answer is no, the LPN should not look up the family member's healthcare number. Accessing this information would be a direct violation of privacy legislation.*

*The LPN should not look up any information without a professional need or they could be disciplined by their employer, investigated by the Privacy Commissioner or ombudsman, disciplined by the CLPNA Complaints Director, or be named as a defendant in a civil lawsuit.*

## Understanding Which Privacy Legislation Applies to You

Which privacy legislation applies to your practice depends on your practice setting and the type of information that is being handled. The CLPNA's flowchart can help you understand where each piece of privacy legislation applies.

### Example

An LPN owns a private foot care business. One day a new patient comes in and tells the LPN, "I want to get the same treatment my neighbor received here. Can you look that up for me?"

How should the LPN proceed?

*The LPN should tell the new patient they cannot reveal the treatment of another patient. Instead, the LPN would perform a nursing assessment to determine the treatment plan appropriate to the new patient.*

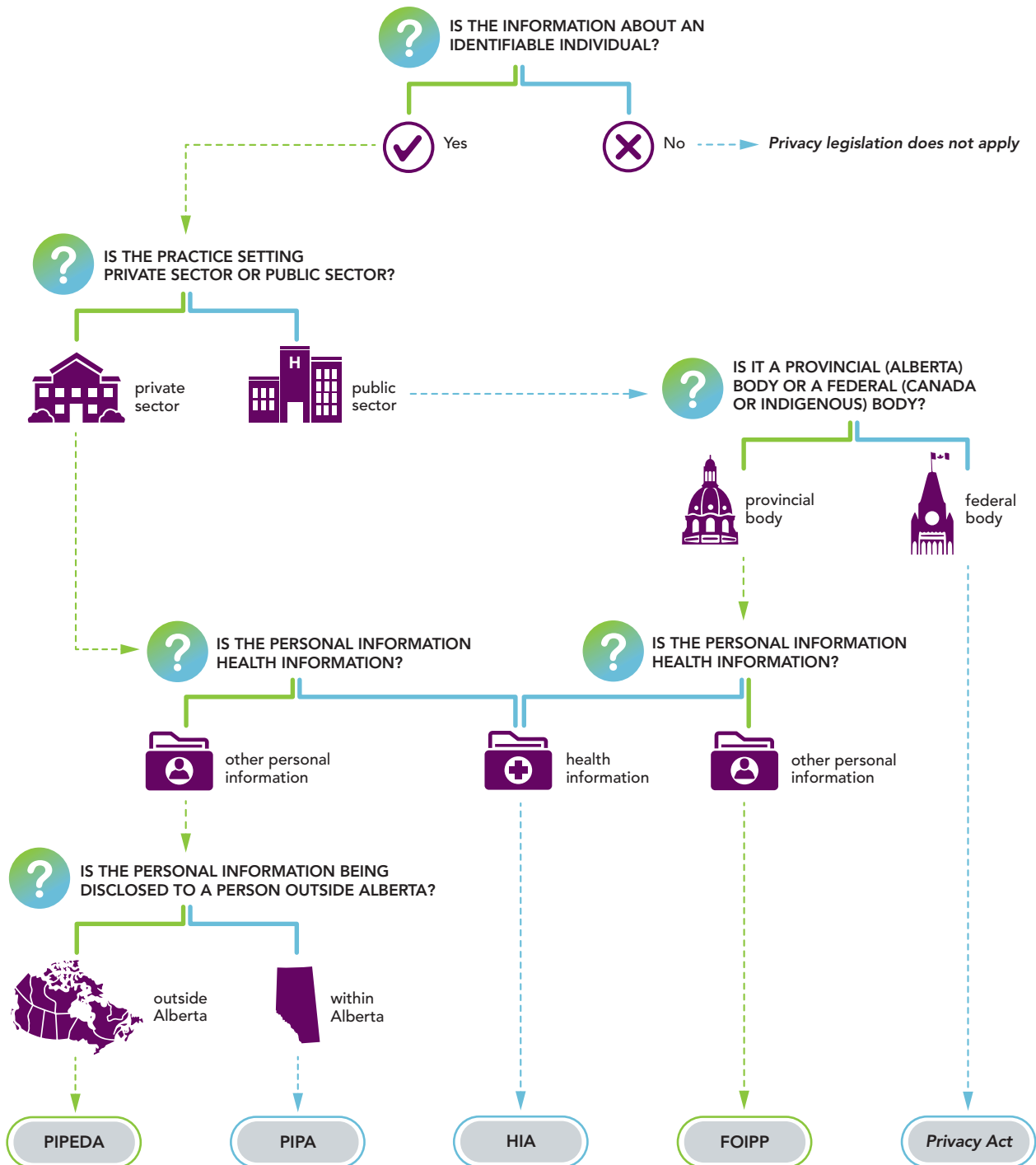
## Further Learning

The CLPNA has several resources to guide LPNs in understanding how privacy legislation applies to their practice. The Privacy Legislation in Alberta Interpretive Document describes three pieces of privacy legislation and guides LPNs on how they can determine which privacy law applies to them.

Our new video on Privacy Legislation in Alberta, available on our website, provides information on how to use and understand the privacy legislation flowchart. This video provides more details on each act and how they apply in different practice settings.

The Professional Practice team is available to answer questions about privacy legislation and your practice. They can be reached at Ask CLPNA, or by phone at 780-484-8886 or 1-800-661-5877 (toll free in Alberta). ■

# What Privacy Legislation Applies





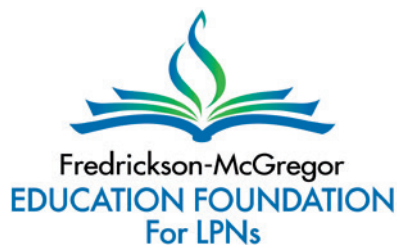
# THE FREDRICKSON- MCGREGOR EDUCATION FOUNDATION FOR LPNS



Since the program began in 2006, over 7700 LPNs have been approved for over \$3.6 million in grants to enhance their nursing knowledge, skill and ability. In 2022, 288 grants were approved to help LPNs reach their full potential. Over \$218,000 was distributed to Alberta LPNs!

The Fredrickson-McGregor Education Foundation for LPNs is dedicated to supporting LPN education. The grants are intended to enhance the role of the LPN and focus on quality educational experiences.

Join us in empowering the next generation of healthcare professionals. Apply for a grant today, or support the program with a donation.



The Fredrickson-McGregor Education Foundation for LPNs is a non-profit which distributes educational grants to licensed practical nurses to enhance their nursing knowledge, skills and ability.

The Fredrickson-McGregor Education Foundation for Licensed Practical Nurses has one goal in mind: Encouraging LPNs to increasingly strive to enhance their competencies.



# STUDY with CLPNA

The CLPNA provides ongoing education to promote the continuing competence of LPNs in a variety of formats. A selection of new, upcoming, and featured opportunities is listed below.

## Caregiver-Centered Care Modules

These learning modules, available on myCLPNA, provide LPNs with the knowledge and skills required to interact with caregivers in all settings.

### Caregiver-Centered Care (Foundational Learning)

The foundational course covers six competency domains that will help LPNs foster a collaborative working relationship with family caregivers.

### Partnering With Family Caregivers During the Pandemic

This course highlights the impacts the pandemic has had on caregivers and offers practical solutions for healthcare professionals to partner with caregivers to navigate uncertainty.

### Advanced Caregiver-Centered Care **COMING SOON!**

The advanced level education builds on the competencies introduced in the foundational level to provide more tools to integrate caregiver-centered care into practice.

## New Educational Videos

Educational videos are available on CLPNA's website to support LPNs' professional development.

### Privacy Legislation in Alberta

This video discusses provincial and national privacy legislation and their application to LPN practice.

### Duty to Report

This video supports LPNs in understanding their legal duty to report required by legislation, professional expectations, and/or employer requirements.

### Communications Strategies to Support People Living with Dementia

This video discusses specific strategies to facilitate communication with people who have dementia with examples of practical, evidence-based techniques that LPNs can put into immediate practice.

## Upcoming Webinars

### Connecting Regulation to LPN Professional Practice (June 8 & 13)

This webinar reviews LPN scope of practice regarding administering immunizations, discusses options for education and training, and outlines reporting requirements.

### Immunization Practice & Regulation (June 15 & 22)

This webinar supports understanding of how LPN professional practice in Alberta fits into the CLPNA's regulatory responsibilities framework.









# Making Connections

## Communications Strategies to Support People Living with Dementia

Tammy Hopper, PhD, University of Alberta

In 2020, nearly 600,000 people in Canada were living with dementia. By 2030, it's projected that this number will increase to nearly 1 million.

Supporting clients living with dementia is already a key part of many LPNs' practice. As the Alberta population ages, there will be increasing need for strategies that support connection and foster better understanding between healthcare professionals and people living with dementia.

### About Dementia

To understand how communication may be impacted by dementia, it's important understand what dementia is.

Dementia is not a natural result of aging. It is a syndrome that is caused by an underlying disease process. Although there are many causes of dementia, the most common is Alzheimer's disease. Alzheimer's dementia is characterized by multiple cognitive deficits, including problems with memory, attention, and reasoning.

>

One of the hallmark symptoms of early Alzheimer's dementia is a lack of memory for recent events. This type of memory is called episodic memory. It consists of memory for episodes in our lives: things we see, do, and experience. These episodes can be minor (a conversation you had with your friend on the train to work) or major (attending a family member's wedding).

On the other hand, procedural memory is our memory for how to do things. It involves motor skills, routines, and habits. Examples of tasks requiring procedural memory include riding a bike, shaking hands, or opening a door. This type of memory tends to be relatively well preserved until the later stages of Alzheimer's dementia.



## Dementia's Impact on Communication

Dementia causes problems with cognition and communication, but not all areas are affected equally.

Think about the different ways that we communicate with each other. There's verbal communication, which is the kind of communication that happens in conversation. There's written communication, which is the kind that happens via email, text, or reading a book.

There's also nonverbal communication. Nonverbal communication consists of types of communication that do not involve actual words in either speech or text. For example, facial expressions, eye contact, touch, body position and proximity (how close you are to someone), and gestures are all powerful ways of communicating.

What's important to note here is that nonverbal communication is often expressed through motor skills and habits, which are procedural memory, and procedural memory is much less affected in the early stages of Alzheimer's dementia.

### EXERCISE: Relying on Our Episodic Memory

So many of our daily interactions are based on what we have done and what we plan to do next.

- *How was your weekend?*
- *What are your plans tonight?*
- *How is your family?*
- *When did your symptoms start?*
- *What have you got planned for dinner?*

All of these questions are open-ended and cover time-based information. They require the responder to rely on their **episodic memory**, and we know that episodic memory is impaired early and significantly in Alzheimer's dementia.

What are other ways that you can connect with people living with dementia? What other kinds of conversations could you have, and how might you communicate nonverbally?

## Communications Strategies to Support People Living with Dementia

Even though we have many different ways of communicating at our disposal, we often resort to speaking and listening, taking turns in conversation to accomplish our daily tasks, exchange information, and connect socially with others.

While people with dementia often struggle with the types of communication that most of us commonly use, it's important to recognize that people with dementia are able to communicate in many different ways. People with dementia may still be able to do the following until the later stages:

- Read short phrases and words aloud
- Recognize pictures and people
- Reminisce about the past
- Sing or play a musical instrument
- Have a simple conversation with appropriate support

The strategies in the following sections will help LPNs leverage these strengths to improve communication. It's important to note that there may be other factors impacting your ability to communicate with a person living with dementia. Hearing loss is an extremely common factor, especially for those who are 75 or older. Hearing loss often goes undetected in people with dementia because the signs and symptoms of hearing loss overlap with those of dementia.

### Strategy One: Use Specific Ways of Speaking and Communicating

LPNs can support people with dementia through purposeful changes to the way that they speak and otherwise communicate. These changes can fit into three major categories: simplification, clear speech, and validation.

#### Simplification

Long, complex sentences tend to be harder to remember. If you can shorten longer statements, then you can reduce demands on people living with dementia. Pairing shorter, straightforward sentences with gestures will support understanding, since gestures are a form of nonverbal communication.

An example of a statement that is too long and complex would be: "Let's try this. Why don't you come with me, and we'll see about that cushion. It's almost time for lunch, so we should hurry if we want to get it done today."

A better way to say it would be: "May I fix your cushion?"

Even better, if you touch the cushion while you are saying it, you are also reinforcing your meaning through nonverbal communication.

### EXERCISE: Simplifying Questions

What makes a question difficult to answer for a person living with dementia? Let's look at this example:

- *Of all the places you have visited, what are your favourites?*

This question requires the person to recall the different places that they've travelled and what they experienced in each place. In other words, this question is open ended, requiring the person living with dementia to generate the answer out of many different possibilities.

Questions with only two choices are easier to answer, as are yes/no questions. Here's how you might rephrase that example:

- *Did you like Hawaii or the Caribbean islands better?*

Now think about another question that you might ask a person living with dementia:

- *What would you like for dinner tonight?*

How would you simplify this question for a client?

>



### Clear Speech

Clear speech describes the way a certain type of speech sounds. It happens when the speaker expresses each word and sentence in a precise, accurate, and fully-formed manner. It is naturally slower and louder, stresses key words, and is characterized by pauses between phrases.

It works because it reduces the effort of trying to understand what is being said. This can also support people who have hearing loss.

Clear speech works by emphasizing key words, breaking sentences down into natural phrases, and inserting pauses at natural points. When using clear speech, it is important to speak naturally. There is no need to raise your voice or overarticulate.

Here are some examples of words to emphasize:

- Your hearing aids are being fixed.
- Your appointment is at two o'clock.
- The musician comes later today.

It's important that emphasizing words doesn't become shouting. Shouting can be distressing, and it doesn't actually help the person living with dementia understand you. Instead, shouting distorts sound, making it more difficult to understand.

### EXERCISE:

#### Reflecting on How You Speak

Try saying the following phrase out loud:

- The ship left on a two-week cruise.

Pay attention to where you might have paused, or not. Were you emphasizing certain words? For many people, that sentence may have come out like this: "The shipleft ona twoweekruise."

Most of us don't insert pauses in our speech, and we may not bother to emphasize key words.

Start paying attention to the tone and speed of your speech. If you notice yourself going too fast or mumbling your words, practice slowing down and pronouncing each word carefully, with as much accuracy as you can.

Also, remember that nonverbal communication is still very important. If you have difficulties pronouncing certain words, you can always support your meaning through gestures or by using a visual cue.





The focus of validation is on feeling, not on accuracy.  
The goal is not to correct, but to connect.

### Validation

People with early to middle stage dementia can get confused about time and place. As a result, they may make statements that are untrue. In these cases, you may be tempted to correct the untrue statement, but correction could create negative feelings. The person with dementia may not realize they've made a mistake.

When you are tempted to correct, try using validation instead. Validation is a way of speaking and acting that affirms the reality of the person with dementia and attempts to understand their experience. The focus of validation is on feeling, not on accuracy. The goal is not to correct, but to connect.

Why does validation work? Because rather than correcting or arguing with the person, you are validating their beliefs and feelings, even if what they are saying is untrue.

#### **EXAMPLE:** **Responding with Validation**

A person with dementia says: "I'm having lunch with my mother today."

Here's how to respond in a way that validates their experience:

1. Make eye contact.
2. Use a positive tone of voice, mirroring or repeating the person's words, facial expressions, and general tone: "You are having lunch with your mother today? You seem happy about that."
3. Redirecting the person to an enjoyable activity: "There's a picture of your mother in this photo album. Why don't we look at that?"

### Strategy Two:

#### **Use Visual and Graphic Cues**

In the previous example, one way to support the person living with dementia is by giving them a visual cue (the picture of the mother). Written and graphic cues can foster conversation and be used to remind people of important information.

A common symptom of many forms of dementia is repeatedly asking the same question, even if it has been answered many times. To address this problem, you or a caregiver can write down the answers to a frequently asked question on a card. By keeping this reminder card in a place where the person spends time, such as on the kitchen table, or attached to the fridge, this information will be more available to them.

For example, a person living with dementia is always asking where their wife is. If they have a visual reminder card, you can point them to where it's posted in their space: She is at work. She will visit after 5:00 pm.

#### **Communication Tool: Memory Books**

Even in the middle to mid-late stages, many people with dementia can respond appropriately to single written words, short phrases, and familiar pictures. Memory books (or memory wallets) are small books or albums with labeled photographs of familiar persons, places, and events. These items present factual information in written and picture form. The photographs and descriptors are tailored to the individual.

Memory books and wallets provide tangible stimuli, reducing demands on impaired episodic memory. They also tap into memory for the remote past, using personally meaningful pictures and stories to foster positive emotions, communication, and behaviour.

There are many resources available for developing a memory book. As a health professional, you can use memory books to foster communication and build relationships with your clients.





### Strategy Three: Communicating in Different Settings

Effective communication can be particularly challenging for people with dementia in communal living environments or public spaces.

There are some strategies you can implement to make it easier to understand and be understood in these areas. When in these situations, remember the following:

- Make sure the person can see your face: the area should be well-lit, and you should be looking at your client whenever possible.
- Turn down TV, radios, and fans; reduce background noise as much as possible.
- Have a paper and pen handy. Write down key words if needed to provide visual cues.
- Speak clearly and use short sentences (clear speech), and do not shout.
- Repeat yourself if necessary and rephrase using different words.
- Use gestures, facial expressions, and other forms of nonverbal communication.

Remember that communal settings create extra challenges for communicating with people with dementia. Always practice patience and focus on connection with your client.

### Focusing on Connection

Human connection is crucial to everyone's well-being. Though communications difficulties brought on by dementia can create barriers, it is important to remember that clients still have a need for positive interactions. By implementing new strategies, you can support improved communications and wellness for people living with dementia. ■

Dr. Tammy Hopper is a speech-language pathologist and professor whose research interests focus on improving communication and everyday life of individuals living with dementia. She serves as Dean of the Faculty of Rehabilitation Medicine at the University of Alberta.

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# Dementia in Canada

Including Alzheimer's disease



Dementia is the loss of mental function affecting daily activities, caused by brain diseases and brain injuries. Alzheimer's disease is the most common cause of dementia.

## Symptoms can include



MEMORY  
LOSS



JUDGEMENT  
and REASONING  
PROBLEMS



changes in  
**BEHAVIOUR,**  
**MOOD,** and  
**COMMUNICATION**  
**ABILITIES**

WITH A GROWING AND AGING POPULATION,  
WE WILL SEE **MORE CANADIANS LIVING WITH  
DEMENTIA**, INCLUDING ALZHEIMER'S DISEASE.



## According to national data (2016-2017), of people 65+:

Over **432,000 seniors**  
live with diagnosed dementia



**TWO THIRDS ARE WOMEN**

The percentage of seniors  
living with dementia  
increased by

**9% in 10 YEARS**



**9** seniors are  
diagnosed  
with dementia  
**EVERY HOUR**

The **risk** of being  
diagnosed with dementia  
**DOUBLES** with  
every 5 year increase  
in age, between the  
ages of 65 and 84



**4.4x**



The all-cause mortality rate  
in seniors with diagnosed  
dementia is **4.4 times  
HIGHER** than that of  
seniors without



## DEMENTIA IS NOT A NORMAL PART OF AGING.

Dementia causes are currently not all known. If you or your loved ones are worried about dementia, talk to your physician.



## LEARN MORE ABOUT DEMENTIA, INCLUDING ALZHEIMER'S DISEASE, IN CANADA

**VISIT** [Canada.ca](http://Canada.ca) and **SEARCH** "Dementia, including Alzheimer's disease"

**READ** Mapping connections - An understanding of neurological conditions in Canada

**GET DATA** [health-infobase.canada.ca/ccdss/data-tool/](http://health-infobase.canada.ca/ccdss/data-tool/)

### LIKE US

@HealthyCdns

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@GovCanHealth

**MORE** [www.alzheimer.ca](http://www.alzheimer.ca)

[www.who.int/topics/dementia/en](http://www.who.int/topics/dementia/en)

Data source: Canadian Chronic Disease Surveillance System (CCDSS), April 2018. Data do not include Saskatchewan's data.

Acknowledgements: This work was made possible through collaboration between the Public Health Agency of Canada (PHAC) and all Canadian provincial and territorial governments, and expert contribution from the CCDSS Neurological Conditions Working Group. This infographic was developed by PHAC; no endorsement by the provinces and territories should be inferred.

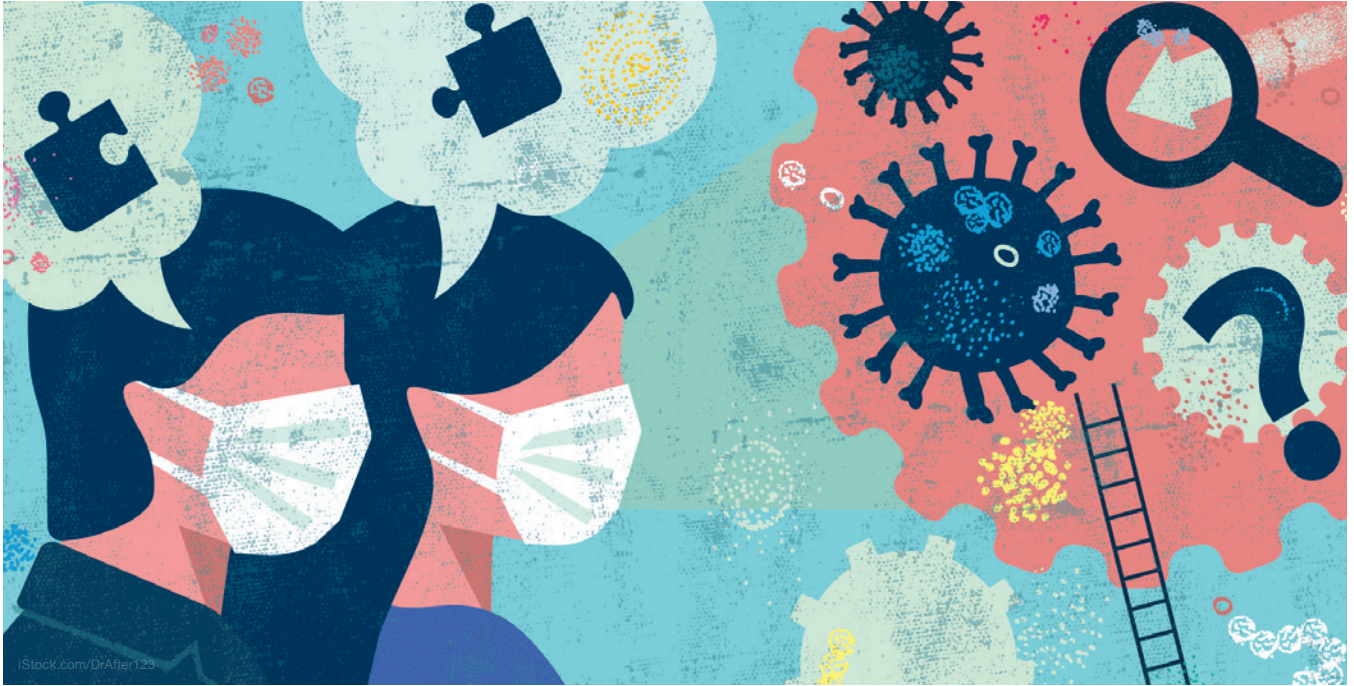
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Public Health  
Agency of Canada

Agence de la santé  
publique du Canada

Canada



# Resources for Supporting Long COVID

*This article was developed based on information provided by Alberta Health Services (AHS) and is intended to familiarize LPNs with resources related to Long COVID. LPNs have a professional and legal responsibility to follow legislated requirements, regulatory expectations, and employer requirements related to documentation.*

## What Is Long COVID?

Long COVID describes any signs and symptoms that continue or develop after an acute COVID-19 infection. It includes both ongoing, symptomatic COVID-19 (from 4 to 12 weeks) and post COVID-19 syndrome (12 weeks or more).

There are more than 200 documented symptoms of long COVID. Preliminary findings of the Alberta Long COVID Follow-Up Survey Study show the top five symptoms reported were fatigue (43%), headache (40%), difficulty sleeping (33%), confusion (27%), and dizziness (26%).

The goal of treatment for long COVID is to rule out more sinister conditions, help clients better cope with their symptoms, and validate their concerns and frustrations. There is currently no cure, and it's

important to set appropriate expectations for recovery. Fortunately, approximately 75% of people with long COVID will be able to self-manage their symptoms with supporting resources.

Long COVID is a relatively new chronic condition. This means that data is continuing to emerge about its treatments and symptoms. It is important to familiarize yourself with the latest information when providing resources to clients.

## What Resources Are Available?

LPNs can access long COVID resources via the Alberta Health Services website. AHS has a designated page for professionals supporting client care. Resources on this page include assessments to determine clients' rehabilitation needs.

LPNs who work closely with clients are well qualified to fill out these assessments, as they are likely to be able to note changes in function and condition. The following pages provide instructions in how to use the assessment tools provided by AHS.

---

These resources can be accessed at this address:  
<https://www.albertahealthservices.ca/topics/Page17540.aspx>



# Completing the Post COVID-19 Functional Status Scale

Along with the Post COVID-19 Symptom Checklist, the Post COVID-19 Functional Status Scale supports health professionals in identifying the rehabilitation needs of clients with long COVID. These forms are designed to be completed by any health professional at any point during the client's journey.


Put a check mark or x beside the functional score that best represents your client's limitations since their COVID-19 infection. This should only reflect changes since an infection, not from pre-existing conditions.

All clients should be given the universal self-care resources as early as possible. For clients who score 0-1, there is likely no need to refer to a physician or nurse practitioner, but be sure to chart the result.

Clients who have a score of 2-3 should be provided with targeted resources to support their symptoms. If clients have a score of 2-3, the client's physician or nurse practitioner should also be informed.

Clients who have scored 3-4 should receive personalized resources. To support the healthcare team in understanding which resources to provide, you can fill out the Post COVID-19 Symptom Checklist on the following page.

All resources are available on the AHS website.



Last Name (Legal)

First Name (Legal)

Preferred Name ☐ Last ☐ First

DOB (dd-Mon-yyyy)

PHN

ULI ☐ Same as PHN

MRN

Administrative Gender: ☐ Male ☐ Female

☐ Non-binary/Prefer not to disclose (X) ☐ Unknown

## Post COVID-19 Functional Status Scale and Post COVID-19 Symptom Checklist

This two-part tool is designed to identify rehabilitation and recovery needs of patients who have been diagnosed with or suspected to have COVID-19. Any healthcare provider can administer this tool at any time during the patient's journey.

### Part 1: Post COVID-19 Functional Status Scale (PCFS)

**How much is the patient currently affected in their everyday life by COVID-19?**

*Check the box beside the most accurate description and see below for appropriate resources and services.*

*Consider pre-existing conditions and whether there are changes from baseline (pre-COVID-19 infection) function.*

<input type="checkbox"/>	<b>No limitations = PCFS Score 0</b> No symptoms related to the COVID-19 infection.
<input type="checkbox"/>	<b>Negligible limitations = PCFS Score 1</b> Can perform all usual duties/activities, although still has persistent symptoms e.g. cough, loss of taste/smell.
<input type="checkbox"/>	<b>Slight limitations = PCFS Score 2</b> Occasionally needs to avoid or reduce usual duties/activities/work or needs to spread these over time due to symptoms. May require occasional assistance to complete activities due to persistent symptoms e.g. minor headache/fatigue, muscle aches.
<input type="checkbox"/>	<b>Moderate limitations = PCFS Score 3</b> Unable to perform all usual duties/activities/work due to symptoms e.g. chest pain, moderate fatigue/brain fog, nerve pain.
<input type="checkbox"/>	<b>Severe limitations = PCFS Score 4</b> Unable to take care of oneself, is dependent on nursing care and/or assistance from another person due to symptoms e.g. shortness of breath, severe fatigue/brain fog.

Practitioner Name	Signature/Designation	Date (dd-Mon-yyyy)
-------------------	-----------------------	--------------------

Healthcare providers are encouraged to factor in which resources and services are available in each situation to support their patient's unique needs. The majority of patients can self-manage with appropriate resources and supports.

**Resources for ALL patients (PCFS Score 0-4)**

**Universal Self Care Resources** should be shared with ALL patients as early as possible.

[Getting Healthy After COVID-19: Resources for Patients](#)

[After COVID-19: Information and resources to help you recover](#)

**Targeted Resources (PCFS Score 2-3)**

Services designed for groups of people with a common need.

[Alberta Healthy Living Program's Video Series for Patients](#)

**Personalized Resources (PCFS Score 3-4)**

Individualized, multidisciplinary care designed to meet the unique needs of an individual.

[Long COVID Patient Services](#)

**Additional Resources for Healthcare Providers**

[Recovery & Rehabilitation after COVID-19: Resources for Health Professionals](#)

[Information for Community Physicians](#)

Adapted from: Klok FA, Boon GJAM, Barco S, et al. The Post-COVID-19 Functional Status scale: a tool to measure functional status over time after COVID-19. Eur Respir J 2020; 56: 2001494 [https://doi.org/10.1183/13993003.01494-2020] is licensed under CC BY NC 4.0.

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# Completing the Post COVID-19 Symptom Checklist

There are more than 200 documented symptoms of long COVID. This two-page symptom checklist is meant to highlight the most significant of those symptoms. Note that long COVID is a diagnosis by exclusion, meaning that other causes need to be ruled out. As such, it is important to capture which symptoms may have been pre-existing.

There are five possible ratings for each symptom:

- Absent: The symptom is not present.
- Pre-existing (same): The client had the symptom prior to a COVID-19 infection, and it has not changed.
- Pre-existing (worse): The client had the symptom prior to a COVID-19 infection, and it has gotten worse since infection.
- New since COVID-19 (stable/improving): The client did not have the symptom prior to a COVID-19 infection, and the symptom is either improving or has not changed since infection.
- New since COVID-19 (worse): The client did not have the symptom prior to a COVID-19 infection, and the symptom has worsened since infection.

Once all of the information from the functional status scale and the symptoms checklist have been compiled, the healthcare team should have a much better idea of the level and type of supports and resources that will be most helpful to the client.



## Post COVID-19 Functional Status Scale and Post COVID-19 Symptom Checklist

Last Name (Legal)		First Name (Legal)	
Preferred Name <input type="checkbox"/> Last <input type="checkbox"/> First		DOB (dd-Mon-yyyy)	
PHN	ULI <input type="checkbox"/> Same as PHN	MRN	
Administrative Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Non-binary/Prefer not to disclose (X) <input type="checkbox"/> Unknown	

### Part 2: Post COVID-19 Symptom Checklist

This checklist is intended to highlight specific symptoms patients are **currently experiencing as a result of COVID-19**, so that appropriate resources and/or referrals can be provided.

Have patients indicate if their symptoms are absent, same, worse or stable/improving (for pre-existing or new since COVID-19).

**Upon completion**, providers should ask patients about **additional symptoms** that may have been missed along with other psychosocial concerns, financial changes since having COVID-19, difficulty working, etc.

Post COVID-19 Respiratory Symptoms	Absent	Pre-existing: same	Pre-existing: worse	New since COVID-19: stable/improving	New since COVID-19: worse
Shortness of breath/difficulty breathing at rest					
Shortness of breath/difficulty breathing with activity					
Cough					
Post COVID-19 Cardiovascular Symptoms	Absent	Pre-existing: same	Pre-existing: worse	New since COVID-19: stable/improving	New since COVID-19: worse
Chest pain at rest					
Chest pain with activity					
Palpitations					
Dizziness or fainting					
Post COVID-19 Gastrointestinal Symptoms	Absent	Pre-existing: same	Pre-existing: worse	New since COVID-19: stable/improving	New since COVID-19: worse
Nausea and/or vomiting					
Senses of taste/smell been affected					
Difficult eating/drinking/swallowing (e.g. choking, painful swallowing, coughing while eating/drinking)					
Eating less than usual for more than 1 week					
Lost/gained a significant amount of weight without trying <i>Include amount of weight gain/loss, for loss indicate a negative number: _____ (kg)</i>					
Difficulty with bowels (e.g. diarrhea, constipation)					
Difficulty with bladder (e.g. incontinence/leakage secondary to cough)					

Adapted from: Sivan M, Halpin S, Gee J. Assessing long term rehabilitation needs in COVID-19 survivors using a telephone screening tool (C19-YRS tool). ACNR. 2020; 19 (4): 14-7. doi: <https://doi.org/10.47795/NELE5960> is used under CC BY 4.0.

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Adapted from: Sivan M, Halpin S, Gee J. Assessing long term rehabilitation needs in COVID-19 survivors using a telephone screening tool (C19-YRS tool). ACNR. 2020; 19 (4): 14-7. doi: <https://doi.org/10.47795/NELE5960> is used under CC BY 4.0.

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The first professional association  
*by nurses. for nurses.*

The AAN is open to all nurses, including LPNs, NPs, RNs and RPNs.

## LPNs belong here.

*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

*AAN Members get*

- Exclusive networking opportunities
- Free monthly webinars
- Discounted courses and workshops
- Industry updates, news and policy changes
- Savings on products and services

LPNs obtaining a membership for the first time  
can receive 20% off the annual rate.

Use code **LPNCAREMAGAZINE** until July 15, 2023.

## Join today and help shape AAN.

[www.albertanursing.ca](http://www.albertanursing.ca) | [@alberta\\_nursing](https://twitter.com/alberta_nursing)

# 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.



# An LPN's Role in Helping Caregivers **THRIVE**



The Caregiver-Centered Care: Advanced Education modules are coming soon to myCLPNA. The Advanced Education modules build on the previously released foundational education to support LPN competency in caregiver-centered care.

One in four Canadians are family caregivers. These individuals assist family members, friends, and neighbours with long-term health problems, disabilities, and/or functional limitations. They provide support with daily tasks, coordinate care, and perform procedures like medication management and wound care.

Caregivers are all ages, backgrounds, and genders. Some caregivers may be supporting a loved one while working a full-time job or dealing with their own healthcare journey. While family caregivers can also be health professionals, many caregivers do their work without extra training and without experience accessing care and support in the healthcare system.

### What Does Caregiver-Centered Care Look Like?

Caregiver-centered care is person-centered care for family caregivers. It involves acknowledging the importance of caregivers within the healthcare team and building collaborative relationships between health professionals and family caregivers.

Caregivers often help in carrying out a client's care plan day to day. They often have a great deal of knowledge of the client's symptoms, routine, and care needs and can support professionals in providing safe and competent care.

Caregiver-centered care also involves supporting caregivers and understanding that the health and success of the client is also dependent on the success of their caregiver. It's important to recognize that being a family caregiver can create a great deal of stress and lead to burnout, especially if family caregivers remain unsupported. Caregivers are often dealing with anxiety over their loved one's condition, a lack of capacity for their own self-care, and a lack of time to maintain social relationships.

#### Caregiver-Centered Care Helps Caregivers THRIVE

When thinking about strategies for caregiver-centered care, think THRIVE:

Thank a caregiver for all they do.

Help them by offering assistance and support.

Recognize that caregivers are diverse.

Include family caregivers as part of the care team.

Value the contributions of caregivers.

Engage caregivers and create communities of support.

### How Can LPNs Integrate Caregiver-Centered Care into Their Practice?

Integrating caregiver-centered care into LPN practice means bringing a person-centered approach to working with family caregivers. Here are a few ideas for how to get started.

#### Establish Open Communication with Caregivers

LPNs can support improved relationships with caregivers through open and collaborative communication. Open communication means including caregivers in care conversations and being receptive to their perspectives as a member of a client's healthcare team.

Improved communication will give caregivers confidence in implementing the care plan. It will also help caregivers feel included in the decision-making process and create opportunities for the caregiver to share their knowledge and experiences.

>



**Techniques for Collaborative Communication**  
When communicating with caregivers, try using these techniques.

- Demonstrate respect: speak to the caregiver as well as your client.
- Show empathy and compassion: show that you understand the difficulties of being a caregiver.
- Listen attentively: pay attention to the issues that the caregiver discusses.
- Provide timely information: address the issues that caregivers raise when you can and connect them with further resources.

### **Foster Resilience in Caregivers**

Caregivers are often focused on caring for their loved one and don't focus on their own needs. This can easily lead to feelings of stress and, ultimately, burnout. LPNs can support family caregivers by acting as a resource and providing ideas for support.

#### **Conversations to Foster Resilience**

In order to provide support, it's important to check in with caregivers. To start, try asking one of these questions.

- How have you been today?
- Is there something that you need?
- What would you like to talk about?
- I know you are working hard at providing care. What do you need for support?
- What will help you?

### **Empower Caregivers to Ask for Help**

The healthcare system can be complicated to navigate. Caregivers often think that they need to have all the answers, and they may be hesitant to ask for help. Healthcare professionals can empower caregivers to ask for help by being proactive in understanding a caregiver's situation and needs.

Caregivers may need assistance that is beyond your scope. You can always refer them to other sources of support.

#### **More Support for Caregivers**

Here are some examples of where to refer caregivers for additional information and support.

- Need to learn about medications: pharmacist

- Need a respite from providing care: home care
- Need to connect with other caregivers: Caregivers Alberta
- Need to know more about a disease or condition: community organizations such as the Alzheimer's Society, MS Society, or ALS Society

## **Learn More About Caregiver-Centered Care**

As part of their continuing competency, LPNs collaborate and engage with clients and their families to provide person-centered care. If you are interested in adding to your caregiver-centered care competency, you can access resources through your myCLPNA account. ■

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# CAREGIVING

## by the Numbers

**7.8 million** caregivers

**1 in 4**

Canadians  
aged 15+ are  
caregivers.



Caregivers provide

**5.7 billion**  
**hours**

of unpaid care.

**2.8 million FTE\*** workers

would be needed to replace the hours  
of care that caregivers provide.

\*full-time equivalent



In Alberta...

Caregivers in Alberta provide **75-90%** of care to  
those living in the community.

Currently, 93.2% of Albertans live in community homes, but of these, 29% have moderately complex and 17% highly complex advancing chronic conditions.

Caregivers assist with **15-30%** of care needs in group  
homes, supportive living, and long-term care.

Alberta's family caregivers provide essential care to residents in congregate living.

Healthcare planners expect the demand for continuing  
care services to grow by **62%** by the year 2030.

### Caregivers assist with



Household chores



Financial and  
administrative tasks



Coordinating care



Transportation



Medication  
management

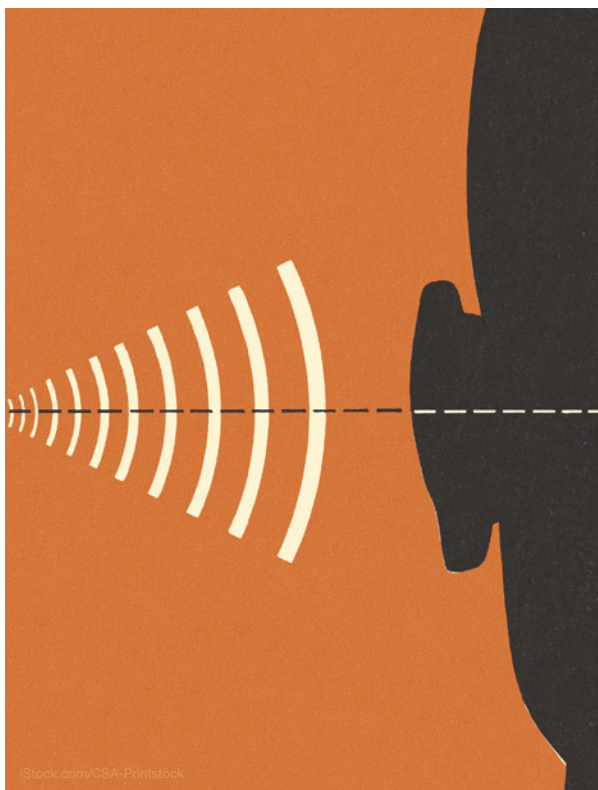


Wound care



# Communication Tips for Healthcare Providers

Tips for healthcare providers communicating with patients with hearing loss.



Masks can be an important part of infection control. However, for people with hearing loss, they can increase the struggle to communicate. Masks degrade speech and remove important lip reading cues and facial expressions. Additionally, listening with hearing loss is effortful. Stress, fatigue and illness can reduce the listener's resources to make that effort.

The Canadian Coalition for Adult Hearing Health, a collaboration between the Canadian Academy of Audiology and Speech-Language & Audiology Canada, is pleased to provide tips for healthcare providers communicating with patients with hearing loss.

- Ask your patient if they have hearing loss.
- Get your patient's attention first by saying their name or making a visual gesture.
- Before starting the consultation, confirm your patient can hear and understand you.
- Ensure your patient is wearing their hearing aids and glasses if applicable.
- Use a portable assistive listening device such as a Pocketalker, ensuring appropriate infection control protocols.
- Face your patient, even if you are wearing a mask.
- Use short sentences and pause between sentences.
- Ensure comprehension by asking if they understood or need clarification.
- Rephrase rather than repeat instructions if your patient does not understand.
- Slow your rate of speech.
- Speak slightly louder and clearly but naturally; do not shout as this can distort speech.
- Ensure good lighting; make sure the light is on your face rather than behind you.
- Reduce background noise as much as possible.
- Use pen and paper or a talk-to-text function on electronic devices for real-time interactions.
- Provide written materials.

*Adapted and reprinted with the permission of CCAHH.*

## ALBERTA LPN COMPETENCE EXAM



# TOUCHSTONE

INSTITUTE

COMPETENCY EVALUATION EXPERTS

The Alberta Licensed Practical Nurses Competence Examination (ALPNCE) is designed to assess current knowledge, skills, and attitudes of those seeking Licensed Practical Nurse (LPN) registration within the province of Alberta. This exam is not intended to replace the registration exam, but will serve as a step in the LPN registration pathway for those applicants for whom the CLPNA is seeking evidence of sufficient equivalency or prior learning.

The ALPNCE is used to evaluate the clinical skills of applicants seeking LPN registration in Alberta who have been referred by the CLPNA to Touchstone Institute. The exam is designed to assess an applicant's competency level in comparison to that of a recent graduate of a CLPNA approved Practical Nursing Program of Alberta.

**Contact the CLPNA's Registration team for a referral**

*Alberta LPN Competence Exam (ALPNCE) – Touchstone Institute*



COLLEGE OF  
**LICENSED PRACTICAL NURSES**  
OF ALBERTA

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