

VOLUME 35 ISSUE 1 • SPRING/SUMMER 2021

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# Care



## Caregiver Centered Care

Connecting  
Regulation to  
Practice

Mandatory Module  
on Restricted  
Activities



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# How Healthcare Regulation Connects to Professional Practice

An important part of professional practice for licensed practical nurses (LPNs) is to fully understand the requirements, accountabilities, and professional expectations of the profession as defined by governing legislation.

Albertans expect their healthcare system to support them to be as healthy as possible and that requires knowledge and accountability on the part of those providing care. Meeting this expectation requires that LPNs understand the connection between regulation and practice to provide safe, competent, and ethical nursing care.

Understanding regulatory responsibility can be broken into two major components. Part 1 captures the legislative context and provides structure for how the College of Licensed Practical Nurses of Alberta (CLPNA) fits into health profession regulation. Part 2 explains how LPN practice fits into this legislative context, which can be explained via three core components of regulatory functions: registration, competence, and conduct.

## Part 1

### Setting the Environment for Regulatory Responsibility

The environment for regulatory responsibility is demonstrated in the graphic and includes the following key components:

- Legislation
- Regulation
- The Regulatory College
- The Employer
- The LPN
- The Public

Protection of the public is the foundation for the LPN regulatory framework in Alberta. All components of the regulatory framework and every action taken within each component work together to serve this purpose.

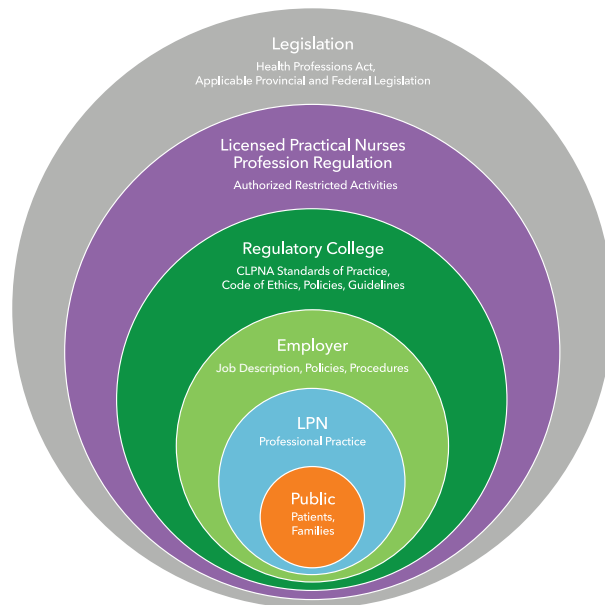
#### Legislation

In Alberta, the *Health Professions Act* (HPA) is the major piece of legislation that underpins all health professions. The HPA outlines requirements for health professions to be regulated by regulatory colleges. It sets rules for registration, continuing competence, and professional conduct. Additionally, the HPA outlines the responsibilities and boundaries of regulatory colleges. Schedule 10 of the HPA is specific to the LPN profession.

#### Regulation

Broad parameters and common provisions for regulating health professions are established in various pieces of legislation, including the HPA. More specific details and

#### Alberta Licensed Practical Nurse Regulatory Responsibility



requirements are found in regulation. Each health profession has their own professional regulation. There are also other supporting regulations under the HPA.

At the time of writing, the most important regulation for LPNs is the *Licensed Practical Nurses Profession Regulation*. It provides more specific details for the licensed practical nursing profession in Alberta and details authorized restricted activities.

#### The Regulatory College

The CLPNA is the regulatory college for LPNs established under the HPA. The CLPNA exists within the regulatory framework to protect Albertans. The mandate of public protection underpins the core and supporting functions of the CLPNA. The CLPNA is committed to public protection by establishing:

- Minimum entrance requirements for registration (education)
- Continuing competence requirements
- Disciplinary and conduct functions

The CLPNA also establishes practice standards, a code of ethics, policies, and guidelines to inform LPNs of their professional responsibilities. All standards and policy documents can be found on the CLPNA website.

#### The Employer

Employers of LPNs play an important role in building and maintaining quality workplaces and ensuring the public's

right to safe and ethical nursing care. As regulated health professionals, LPNs practice independently and as part of a team, working within their scope of practice and job description.

### The LPN

This component of the regulatory framework focuses on the LPN. As regulated health professionals, LPNs meet registration, competence, and conduct requirements outlined by legislation, regulation, the regulatory college, and the employer. For more detailed information about LPN professional practice in the regulatory framework, please see part 2 below.

### The Public

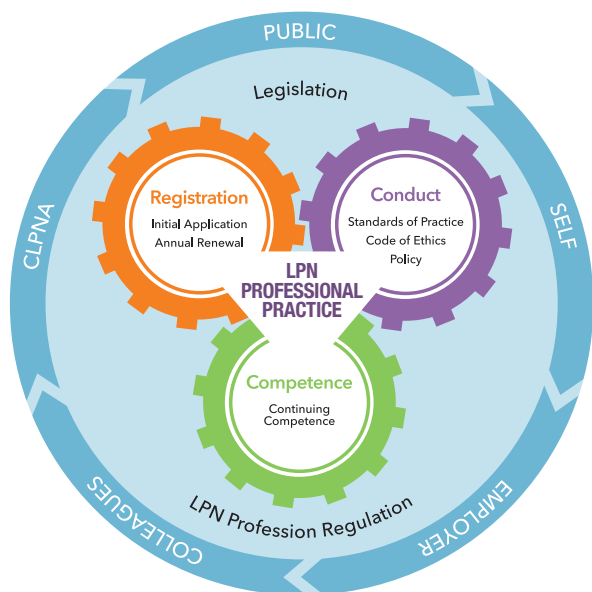
The public is at the core of the regulatory framework because all other components work together to ensure the protection of the public. Additionally, the public acts as a quality assurance mechanism for any actions or changes made to other levels of the regulatory framework. Members of the public can provide feedback directly to the LPN, the employer, the regulatory college, or the government to offer guidance on protection of the public. Health profession regulation focuses on the responsibilities of both institutions and individuals which demonstrates a shared responsibility to provide quality healthcare for all Albertans.

## Part 2

## Understanding LPN Professional Practice in the Regulatory Framework

As noted above, LPNs are a key player in the regulatory framework. Part 2 of this article focuses on how LPNs interact with the other components through the lens of professional practice. Specifically, we will talk about 3 components of LPN professional practice: registration, competence, and conduct.

Alberta Licensed Practical Nurse  
Professional Practice Accountability



### Registration

To be eligible for registration as an LPN in Alberta, practical nurse applicants must have a practical nursing diploma approved by the CLPNA's Council, registration in another Canadian jurisdiction as an LPN, or the equivalent knowledge and experience. To practice as an LPN in Alberta, individuals must be registered and have a valid Practice Permit from the CLPNA.

Regulated members must participate in the Continuing Competence Program on an annual basis and complete an annual renewal application by December 31st to practice in the upcoming registration year.

### Competence

The Competency Profile for LPNs defines the knowledge, skills, attitudes, and judgements expected of LPNs in Alberta. The Competency Profile is also a guide to determine learning as part of LPNs' continuing competence requirements.

LPNs in Alberta have full responsibility and accountability for their own practice and are expected to practice within their own level of professional competence, refining their knowledge, skill and ability through additional education, certification, and experience.

### Conduct

LPNs have the professional responsibility to practice in accordance with the Standards of Practice and Code of Ethics. When an LPN's nursing practice falls below professional standards, it may constitute unprofessional conduct.

Under the authority of the *Health Professions Act*, the CLPNA is responsible for protecting the public from unethical, unskilled, and unsafe nursing practice of LPNs. As such, there is a formal process to manage complaints of unprofessional conduct against LPNs.

As discussed, registration, competence, and conduct functions are intended to fulfill the CLPNA's mandate "To regulate and lead the profession in a manner that protects and serves the public through excellence in practical nursing."

The CLPNA has a diverse role in regulating the LPN profession. It is important for LPNs to understand and connect their regulatory responsibility to their nursing practice. Professionalism requires that LPNs demonstrate professional standards when providing nursing care and collaborate with patients, colleagues, and other members of the healthcare team.

The many components of LPN regulation examined through the CLPNA's regulatory framework and by connecting regulation to practice underpins the commitment and integrity required to ensure public safety.

Numerous resources to support LPNs in meeting their regulatory responsibility and accountability can be found on the CLPNA website: [clpna.com](http://clpna.com). ■

# Mandatory Module on Restricted Activities

According to Alberta's Government Organization Act, restricted activities are considered high-risk health services that require additional education, skills, and, at times, supervision requirements. This can also be an area of confusion for healthcare providers.

The College of Licensed Practical Nurses of Alberta (CLPNA) released a mandatory education module in February 2020, "Understanding Restricted Activities", to explain restricted activities in general and, specifically, the restricted activities that LPNs are authorized to perform.

All CLPNA members must take the module by June 1, 2022, as per the *Standards of Practice on Restricted Activities and Advanced Practice*. Similar content is incorporated in Alberta's approved practical nurse programs so that all new graduates will have learned the material by the same deadline.

The module thoroughly unpacks the details needed to understand that, before performing any restricted activity, the LPN must ensure:

1. The restricted activity is authorized by the LPN Regulation and standards of practice;
2. The restricted activity is appropriate within the context of the practice of practical nursing;
3. They have the competence and competencies needed to perform the restricted activity from their entry-level practical nursing education or from advanced education or training;
4. Advanced authorization is obtained (if required);
5. The LPN's employer supports the LPN performing the restricted activity;
6. Other required supports and/or resources are available to perform the restricted activity safely in that specific practice setting; and
7. They are demonstrating evidence-informed clinical judgement and decision making.

The CLPNA launched a new learning management system to provide member-only access to free, online education to support practice competence. Fourteen learning modules, including "Understanding Restricted Activities", were released in 2020. By year's end, LPNs completed 42,000 learning modules. LPNs can access all modules through their myCLPNA.com account. ■



CLPNA's Learning Modules Completed in 2020	Total
Understanding Restricted Activities (mandatory)	6,008
Administering Medications via CVC, PICC, and IVAD	6,606
Administering Parenteral Nutrition	5,240
Ear Syringing	3,786
Administering Blood and Blood Products: Transfusion	4,627
Dispensing of Medications	3,526
Administration of Nitrous Oxide	1,854
Immunization	3,416
Fetal Heart Monitoring	1,333
Non-Ionizing Radiation	2,872
Administering Diagnostic Imaging Contrast Agents	1,162
Protecting Patients from Sexual Abuse and Sexual Misconduct	953
PTSD Awareness & Mental Health and Wellness for LPNs	578
Caregiver-Centered Care	46
<b>Total Modules Completed</b>	<b>42,007</b>

For questions related to the LPN Profession Regulation and resulting LPN practice changes, please contact the CLPNA's Professional Practice Team at [practice@clpna.com](mailto:practice@clpna.com), 780-484-8886 or 1-800-661-5877 (toll-free in Alberta).



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# VITAL SUPPORT:

## Caregiver-Centered Care

By Kristin Baker



Lacey Shontreau is worried, stressed, and exhausted.

She works full time while studying to write the practical nurse registration exam. On top of these demands, she's the family caregiver to her mom, who was recently diagnosed with early onset dementia.

"I haven't sorted out everything she needs yet and I'm feeling very overwhelmed," she says. "I care for patients all day and then I go home to care for my mom at night. I don't have enough time to study, and I'm stressed out all the time. I didn't think it would be this hard."

Shontreau coordinates her mom's medical appointments, administers her medication, and helps with her household chores, all while figuring out how to work with the many healthcare professionals involved in her mom's care. She feels her opinion sometimes isn't heard when decisions regarding her mom's care are made; she worries about the potential consequences.

It's been a challenging time for her, but Shontreau has the support of her coworkers. Some of them are family caregivers, too. They've made suggestions about how she can be involved in care decisions, advocate for her mom, and navigate the healthcare system. This has helped her to take the first steps alongside her mom on her healthcare journey. But it's also made her reflect on encounters with her own patients' family caregivers.

Shontreau's experience as both a healthcare provider and a family caregiver form the main story line in a series of videos featured in the College of Licensed Practical Nurses of Alberta's (CLPNA) Caregiver-Centered Care self-study module. The recently launched module explores the challenges faced by family caregivers and the role that healthcare providers can play in supporting them. While Shontreau's character is fictional, the issues she faces as both a healthcare provider and a family caregiver are real.

One in four Canadians currently provides care for a member of their family. It could be caring for a parent who has dementia, a child with a disability, a brother with a mental illness, a close friend with a broken leg or a spouse with a chronic condition. It can be short- or long-term care or, in some cases, lifelong care. These unpaid family caregivers are the backbone of the healthcare system.

"First and foremost, family caregivers help to sustain care in the community," says Dr. Jasneet Parmar, associate professor in the Department of Family Medicine at the University of Alberta and the medical lead of Home Living and Transitions for Alberta Health Services Edmonton Zone. >

“The kind of care they provide, if they were not available – the healthcare system could not go on. Think of all the care-related activities family caregivers provide!”

A family caregiver is any person who takes on a generally unpaid caring role and provides emotional, physical, or practical support in response to physical and/or mental illnesses, disabilities, or age-related needs.

research around caregiver support. She has also been a caregiver for an ailing parent and found it to be a stressful situation.

“That’s what took me down that path. As a physician who cares for the elderly, I needed the family caregivers to take care of the seniors that I was seeing,” says Parmar. “But what I was not doing was looking out for the caregivers’ needs and how I could support them. All I was doing was giving direction

“At that conference we realized there are a lot of grievances that family caregivers suffer when interacting with us,” recalls Parmar. “Their voices were very loud and heartbreaking.”

Sharon Anderson, MEd, MSc, PhD, attended that first conference. She later became the research coordinator for Parmar. Anderson also has a personal connection to caregiver research – her husband had a stroke in 1997 and she became his family caregiver.



This can include a range of support such as performing clinical services, medical monitoring, rehabilitation, transportation, financial assistance, housework, picking up medications, arranging appointments and navigating the healthcare system.

People often become a family caregiver out of love, respect, and responsibility for the care receiver, but it can also be a very demanding and challenging role.

“Caregiving, as much as it can be fulfilling and satisfying, we recognize that it can be stressful,” says Parmar.

She knows this from both professional and personal experience. Parmar has served in a variety of ways to lead the

and advice. And then I became a family caregiver myself.”

This experience showed her what it was like to be on the other side of caregiving.

“That’s what got me thinking, do we have a role to play with these people who are supporting the system and are very stressed out? What are we doing? And that’s when we started to explore.”

The initial plan was that Parmar and her team would research the topic. They began talking to other healthcare professionals, including the CLPNA’s representatives. In 2014, the research team held their first stakeholder conference to establish priorities.

“Our healthcare trajectories are getting longer,” says Anderson. “People are living longer, and they provide care for longer. On average, somebody is caring for 6.1 years now, when it used to just be a couple of years.”

That unpaid labour is worth a staggering \$66.5 billion per year (source: Caregivercare.ca). The healthcare system is not sustainable without the help of family caregivers.

“We really weren’t recognizing family caregivers. There’s nothing in our policies that recognizes them in the [healthcare] system,” Parmar says. “So instead of looking to the government or a community organization, we started to look into it ourselves.”

Parmar found that there was very little research into the topic of caregiver care and support. It became obvious that something needed to be done to help the caregivers themselves. Anderson recalls that point being made very clear when a man stood up at one of the research sessions and said, “Stop trying to build a better caregiver! You keep educating us to be better caregivers, but what we need is your support!”

“We talk about patient- and family-

caregivers,” says Anderson. “What we’re doing is a cultural shift. We’re trying to change things and the CLPNA has been with us making that change from the very beginning.”

The research team worked closely with the CLPNA and other stakeholders to determine the best way to educate and train healthcare providers about caregiver-centered care. It was decided that evidence-informed competencies should form the foundation of that

since its inception. They helped the researchers understand the LPN scope of practice and how integral LPNs can be to a paradigm shift of this nature.

“Collaboration between family caregivers and healthcare professionals is becoming even more important in our healthcare environment,” says Standing. “That’s what motivated the CLPNA’s Caregiver-Centered Care learning module that includes the Foundational Level Caregiver-Centered



centered care, but what we mean by that is how can families look after the patients? What can we do to educate the caregiver? An ‘aha’ moment for me is that family caregivers throughout the care trajectory are actually interacting with healthcare staff on a regular basis,” says Parmar.

Recognizing that healthcare workers at all levels and in all sectors have an important role to play in the support of family caregivers helped shape the focus of the research. It became more about supporting the family caregiver in their caregiving efforts rather than simply assigning them caregiving tasks.

“Caregiver-centered care is about person-centered care for family

knowledge. Six core competency domains applicable to all healthcare providers were established.

“We recognize that healthcare providers have their own stresses and challenges,” says Anderson. “But if you are engaged with family caregivers and recognize them, communicate with them, partner with them, it supports the health and wellbeing of the caregiver. It makes your work easier and improves your relationship, and staff benefit from that relationship.”

Glenda Tarnowski, the CLPNA’s Director of Professional Practice and Sharlene Standing, the CLPNA’s Director of Professional Development, have been involved in the research

Care Course. It focuses on assisting LPNs in expanding their knowledge and competencies in this area.”

The LPN competency profile includes knowledge of person-centered care. In this way, every LPN already possesses the foundation necessary to incorporate caregiver-centered care competencies into their practice.

“The basis of caregiver-centered care is woven within the LPN Competency Profile which outlines LPN scope of practice, and a distinct module like Caregiver-Centered Care builds on that base,” says Tarnowski. “There’s a foundational understanding that LPNs should be looking at who’s in the person’s circle of care, and >

whether those caregivers are included in the decision making for that individual.”

Recognizing the caregiver role is the first of the six competency domains identified through the research. The other domains include:

- communicating with family members
- partnering with family caregivers
- fostering resilience in family caregivers
- navigating health and social systems and accessing resources
- enhancing the culture and context of care

Each domain contains a set of competency indicators that highlight the knowledge, skills, attitudes and values that shape caregiver-centered care practice.

“It’s applicable for all LPNs in all healthcare settings,” says Tarnowski. “By changing their own individual practice, LPNs can have an incredible system impact. The CLPNA appreciated that right from the start and felt we could contribute to this important work at that level.”

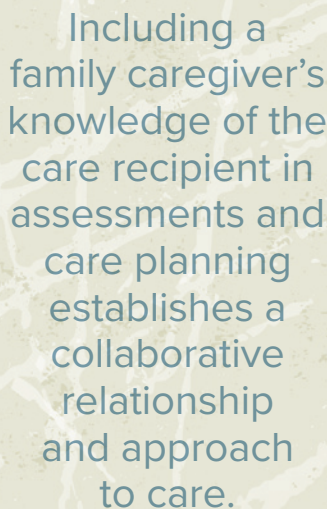
Family caregivers often have a lot of knowledge about the person in care. Their familiarity with the patient is a critical piece to providing respectful person-centered care. For example, a woman with dementia might refuse to eat her meals. Her care team may not know how to solve this problem until a family caregiver tells them the patient’s preference is to eat her meals from a bowl rather than a plate. This slight change in meal presentation is important information the care team would not have had otherwise.

Including a family caregiver’s knowledge of the care recipient in assessments and care planning establishes a collaborative relationship and approach to care.

“It’s important to include family caregivers at all stages of care,” says

Tarnowski. “It completes the puzzle. When that individual is not included in the caregiving paradigm, there’s a wealth of information about the person [in care] that’s lost.”

She also notes that even seemingly small actions on the part of an LPN can make a caregiver feel they – and their efforts – are recognized and supported. Taking the moment to explain something to a family caregiver or saying, “How are you doing today?” are steps that can easily be incorporated into transactions with family caregivers.



Including a family caregiver’s knowledge of the care recipient in assessments and care planning establishes a collaborative relationship and approach to care.

“Often it’s due to multitasking and the demands of the day that those moments are missed,” says Tarnowski. “The modules reinforce that it’s important to take time to connect with the caregiver because in the long run it will be a better experience for everyone.”

The Caregiver-Centered Care module includes a series of six short videos that illustrate how each of the competencies might be incorporated into an LPN’s practice. The entire module takes approximately three hours to complete. The learning can be done individually or in a group setting such as a long-term care facility (when supported by the employer).

“For example, a six-week ‘lunch and learn’ could be a way to support staff in taking the learning journey together,” says Tarnowski. “When staff have an opportunity to learn together, the collective learning can positively impact changed behaviours across a care setting.”

She also points out that the responsibility of an LPN is to provide safe care to the public. Safe care includes understanding the needs of the care recipient while also considering those of the individuals that make up their circle of care. The inclusion of family caregivers is an important aspect of providing safe care.

At the end of the Caregiver-Centered Care module’s video series, Shontreau is feeling more supported in the care of her mom. Using communication, respect, and empathy, she is better able to support the family caregivers she encounters in her own work.

“LPNs who complete the module will also benefit from the learning as they incorporate the caregiver-centered care competencies into their practice,” says Tarnowski.

For Anderson and Parmar, the ideal outcome of the caregiver-centered care research and education would be a healthcare system where caregivers are supported throughout their caregiving journey and patients have better care because of it.

“If everyone does a little bit, all family caregivers can be supported in the way they need to be supported,” says Anderson.

Feedback received from LPNs who have completed the online learning module to date has been very positive.

“The CLPNA’s goal is to see as many LPNs as possible complete this learning to expand their knowledge and competence,” says Standing. “It will positively impact the health journey of Albertans.” ■



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# CHANGING HOW WE TALK ABOUT SUBSTANCE USE\*

The language we use has a direct and profound impact on those around us. The negative impacts of stigma can be reduced by changing the language we use about substance use.

## TWO KEY PRINCIPLES INCLUDE:

- Using neutral, medically accurate terminology when describing substance use
- Using “people-first” language, that focuses first on the individual or individuals, not the action (e.g. “people who use drugs”)

It is also important to make sure that the language we use to talk about substance use is respectful and compassionate.

TOPIC	INSTEAD OF	USE
People who use drugs	Addicts Junkies Users Drug abusers Recreational drug user	People who use drugs People with a substance use disorder People with lived/living experience People who occasionally use drugs
People who have used drugs	Former drug addict Referring to a person as being “clean”	People who have used drugs People with lived/living experience People in recovery
Drug use	Substance/drug abuse Substance/drug misuse	Substance/drug use Substance use disorder/opioid use disorder Problematic [drug] use [Drug] dependence

\* This document was created in discussion with people with lived and living experience, through existing research and documentation from other organizations trying to address stigma. This is not an exhaustive list. Furthermore, as a result of the evolving discussion around the best language to use to accurately discuss substance use, this list will likely be revised.

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Canada



# Alberta's Opioid Crisis: An Ongoing Public Health Concern

Throughout 2020, the public health emergency related to the COVID-19 pandemic was at the forefront of most of our minds and continues to be of concern in 2021. However, COVID-19 is not the only public health emergency Albertans are facing. Alberta is still confronted with an ongoing opioid crisis impacting thousands of Albertans.

Opioid or any substance use may lead to a substance use disorder. As healthcare providers, it is important to not stigmatize people facing addictions and ensure the language we use is respectful and compassionate. Mental health is a core component to a person's wellbeing and problematic drug use is just like any other health condition that a person may be dealing with.

At the same time, not everyone who uses opioids may have an opioid use disorder. In some instances, an

individual may be using an opioid for the first time and experience an overdose. Therefore, it is always important to be respectful, professional, and aware of personal biases when someone is seeking more information about the opioid crisis and available resources from healthcare providers.

When providing health teaching and coaching to individuals about opioids, adopt a harm reduction approach by withholding judgement, providing a safe space for individuals to make their own decisions, and supporting access to resources, while respecting the individual's right to make behaviour changes when they are ready. By remaining committed to supporting patient rights, health, and wellbeing, LPNs can better support them.

LPNs are encouraged to refresh their knowledge about signs and symptoms of opioid overdose, how to educate >

others about substance use, and how to administer Naloxone. Taking these actions will support Alberta's response to the opioid crisis.

Some signs and symptoms of an opioid overdose include:

- Decreased level of consciousness
- Irregular, slow, or absent breathing (respiratory distress)
- Skin or nail discolouration (cyanosis)
- Cold or clammy to touch (diaphoretic)
- Choking, snoring, or gurgling noises (agonal breathing)
- Nausea or vomiting
- Seizure-like movements (tonic-clonic)
- Pinpoint or tiny pupils (myosis)

Alberta Health Services (AHS) provides free online training for health professionals to help guide

interactions with those who use opioids, to recognize the signs and symptoms of an opioid overdose, and how to properly administer Naloxone to someone experiencing an opioid overdose. You can access this training on the AHS website: <https://www.albertahealthservices.ca/info/page13663.aspx>.

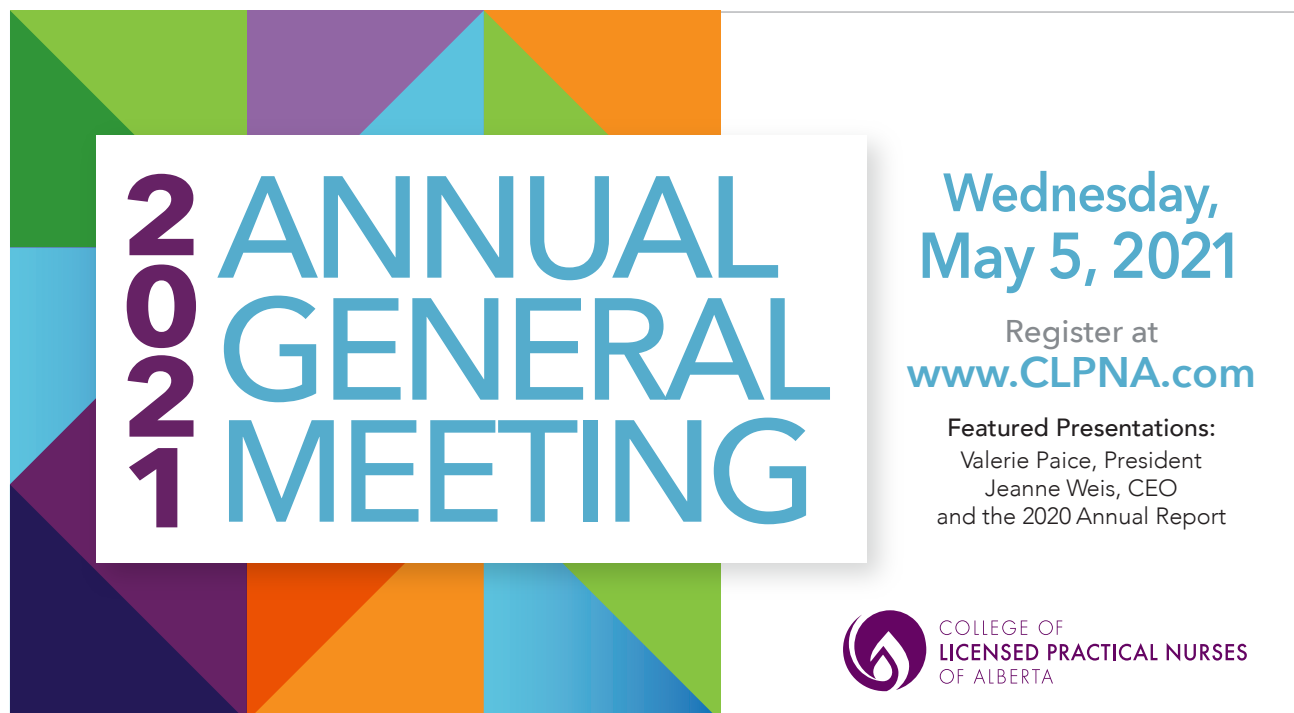
Alberta Health Services has also created a knowledge checklist to guide healthcare providers on recognizing an opioid overdose, administering Naloxone, and ensuring the appropriate emergency medical services are contacted. This is a helpful resource for LPNs when educating patients and families about Naloxone. You can find this checklist at: <https://www.albertahealthservices.ca/assets/healthinfo/mh/hi-amh-thn-participant-knowledge-checklist.pdf>.

The CLPNA recently updated the *Naloxone and the Role of the Licensed Practical Nurse in Alberta* Info Sheet.

This resource contains information about take home Naloxone kits, the LPN's role in educating patients and families, and administering Naloxone. You can find this Info Sheet here: [https://www.clpna.com/wp-content/uploads/2018/02/doc\\_Info\\_Sheet\\_Naloxone.pdf](https://www.clpna.com/wp-content/uploads/2018/02/doc_Info_Sheet_Naloxone.pdf).

Many Albertans have been affected by the opioid crisis. We can all work together to support the response to this ongoing public health emergency by providing non-judgemental, quality, person-centred care. ■

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




**2021 ANNUAL GENERAL MEETING**

**Wednesday, May 5, 2021**

Register at [www.CLPNA.com](http://www.CLPNA.com)

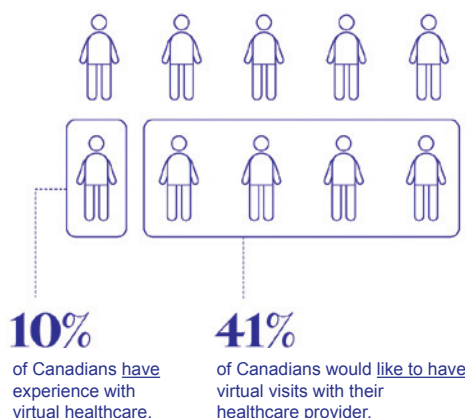
**Featured Presentations:**  
Valerie Paice, President  
Jeanne Weis, CEO  
and the 2020 Annual Report

 COLLEGE OF  
LICENSED PRACTICAL NURSES  
OF ALBERTA

# WEBSide Manner

## Virtual Care Resources for Healthcare Providers and Healthcare Leaders

The way you care for patients is changing. Check out these valuable resources to help you and your colleagues improve virtual care appointments.



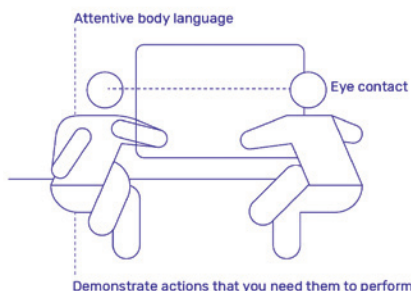
And these numbers continue to rise...

Source: Canadian Medical Association

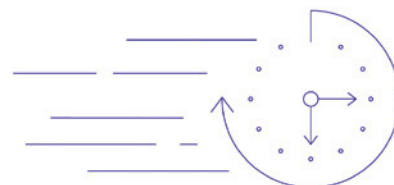
Create a workstation that's private, quiet, well-lit and distraction-free.



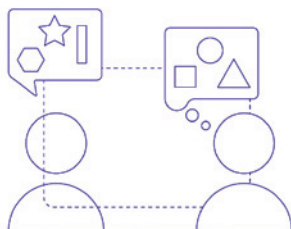
Make extra effort to engage with patients using visual cues.



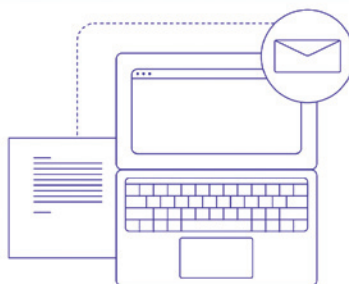
Don't rush—pause and encourage patients to ask questions.



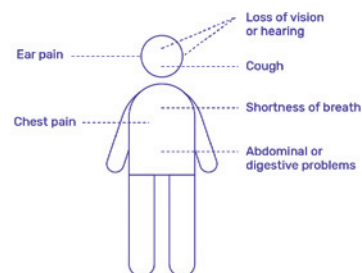
Be aware of potential language or communication barriers and care requirements in advance and adjust approach accordingly.



Share resources with patients after your visit that they may find helpful.



Symptoms not suitable for virtual care include but aren't limited to:



# CLPNA 2020 YEAR IN NUMBERS

806

Alberta graduate  
registrations

2019 - 1171

401

Out of Province  
registrations

2019 - 391

75

IEN\* registrations

2019 - 139

17,656

total LPN registrations

2.3%

growth in  
registration

152

complaints  
received

27

hearings  
completed

38

average age  
of LPNs

\*Internationally educated nurse

# 90%

of Alberta  
candidates passed  
CPNRE Exam  
on 1st write

## Top Places of Employment



Hospital

36%  
5277



Continuing Care\*

29%  
4244



Community Care\*\*

27%  
3939

## Employment

# 41%

Full-time

5998

# 40%

Part-time

5828

# 19%

Casual

2768

## Practice Consultations

# 2578

inquiry responses

Learning Modules  
Completed

# 42,007

32 Webinars

# 7056

attendees

Self-Study Courses  
Completed

# 21,560

\*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.

# Building Resilience Will Serve Us Well

By Michelle O'Rourke, RN, MA



Experiencing personal health and wellness can seem like an elusive dream in these chaotic times. There seem to be many stresses to tend to - family, home, finances, time management — on top of the pressures we may experience at work. Anxiety around tensions in our world, coupled with the fears and sense of collective grief with COVID-19, all add to the strain we feel on any given day.

Learning and applying strategies to maintain our wellness is important. Nurses are encouraged to focus on their overall wellbeing as part of their responsibility for maintaining their fitness to practice. One way to do this is to focus on building resilience. Resilience refers to the ability to adapt and thrive when faced with adversity. The good news is that resilience can be developed and strengthened.

Imagine for a moment a tall, beautiful tree. When a storm comes along, the tree bends and sways, almost to its breaking point. Once the winds die down, the tree stands strong again. Its strength is tested in the storm, but if it

has firm roots and is grounded in solid ground, it not only recovers but grows stronger. Our lives are much the same. Building good habits and strategies for staying healthy amidst our everyday challenges serves us well — particularly when a crisis arises, and we attempt to weather the storm without becoming depleted. As nurses, avoiding the pitfalls of compassion fatigue and burnout can be accomplished by ensuring we are caring for ourselves now and not putting it off until we have more time!

There are three main areas that can help build resilience: 1) attention to **self-care**; 2) raising our **self-awareness** through self-reflection, and 3) **decreasing stress**. One way to bring down our stress level is to exercise mindfulness. Mindfulness is the practice of having an awareness and acceptance of the present moment without judgement. When taking a moment for a few deep breaths and focusing on the present, instead of focusing on the past or worries of the future, we are being mindful.

People that care for others sometimes find it difficult to prioritize caring for themselves. Self-care is an intentional

way of living – where our values, attitudes, and actions are integrated into our daily routines. The way you care for yourself is unique, and you determine what works best for you.

As nurses, building helpful strategies into your routine is a good first step! This can include:

- Taking stock of your responsibilities: prioritize and delegate
- Finding some time for yourself every day – quiet and unplugged
- Identifying what refreshes you and building it into your schedule
- Enjoying nature, the arts, music, or hobbies
- Spending time with family and friends
- Maintaining a personal life outside of work
- Taking time to exercise, sleep, and eat well - remember to play!
- Seeking support – at home and work
- Tending to your own spiritual needs
- Setting healthy personal boundaries
- Engaging in self-reflective practice
- Practicing self-compassion

To learn more about building resilience, watch the **Resilience: A Mindset for Wellness** presentation on the CLPNA's YouTube Channel, and complete the online Resilience learning module available through myCLPNA.com. Take good care of yourself – there is only one you! ■

*Michelle O'Rourke, RN, MA, is a registered nurse with a background in Emergency Nursing, Parish Nursing, and Hospice Palliative Care. She has also studied theology and spirituality, and was instrumental in helping to design and build a 10-bed residential hospice. Michelle is the author of two books focused on palliative care, and is excited about her new one, titled **Healthy Caregiving: Perspectives for Caring Professionals**. She is passionate about helping family caregivers as well as professional caregivers learn the importance of taking care of themselves while they care for others. Michelle and her husband Tom reside in Chatham, Ontario.*



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**Apply to an LPN role today at one of our seniors living communities in Cochrane, Edmonton, Red Deer and Wetaskiwin.**

Apply now at [jobs.sehc.com](https://jobs.sehc.com)



The Home of Health™

# Nursing with Heart: Talking to a Leader in Harm Reduction

By Shawna Dirksen

Compassionate and completely committed to her profession, Marliiss Taylor has been a registered nurse for well over three decades. She has made countless contributions to the health and medical field all while following a career path that is anything but conventional.

Marliiss is a program manager with Streetworks, an inner city program that applies harm reduction principles to help street-involved people who use substances live safer, healthier lives. In her role at Streetworks, she makes a difference each day, helping people who use substances access important medical care and resources.

Marliiss has contributed to harm reduction initiatives not only provincially and nationally, but also internationally in Guyana and Siberia. She has been recognized with both a Clinical Innovation Award and a Leadership Award from the Nursing Honour Society, and has received a YMCA Woman of Distinction Award in Health and Medicine.

Marliiss talked to CARE Magazine about her nursing career, opioids and harm reduction, and the stigma surrounding substance users.

**You've been a program manager with Streetworks for more than 20 years. Why have you dedicated your career to harm reduction?**

For me, this is the way nursing makes the most sense. Abstinence or disease-based nursing is not the right solution for many. With people who use substances, there is often more to the story. Using a harm reduction approach means we do not demand



things of people that they can't do. We ensure people who use substances, and who are often involved in other risky activities like sex work, get the care they need. We help them be as healthy as possible by not putting them in a riskier environment than they are already in. This field lets me be the best nurse I can be.

**You are clearly very passionate about what you do. What keeps that passion going?**

I really love transcultural nursing. I get to come from a place where I look not at what people can't do, but at what people can do. Some of the stories I hear would break your heart or make you angry, so it's important to come at things in a positive way. This kind of nursing is relationship based. You really need to let yourself care about people and let them get to know you as a human being.

**What impact is the opioid crisis having on nurses?**

I think it has opened a door that many people don't want open. It's

an area that many nurses don't have confidence in; there is often a lack of understanding or even fear. I think most healthcare professionals knew opioids were a problem, but many had no idea of the magnitude. I think the overdose crisis has led to uncertainty for many nurses. They aren't sure how to approach people who use substances or they react from fear.

**What would you say to nurses about the stigma surrounding substance users?**

I think many people stigmatize without realizing it. A lot of it comes from media messaging and pop culture - news stories and television shows showing people who use substances at their absolute worst. This kind of stigma prevents people from seeking help when they need it. They are afraid of judgement or afraid that their substance use will be put on record. Most nurses want to do their best, but when some don't, the message gets out on the street. As a result, many people don't receive care.

**What advice do you have for nurses to help them care for patients who use substances?**

Nurses are in an incredibly unique position to provide care and support to people who use substances, but the judgement piece is a killer. We must appreciate that people use substances for a reason. We need to treat people like people and move away from that notion of "good" or "bad". Often people who use substances or who work in the sex trade are seen as one-issue people, but they are folks who also get appendicitis, or have babies, or catch a cold. Everything in their health picture is not about the at-risk behaviour. These are just people. ■

*This article is a reprint from CARE Spring 2019 as opioid use in Alberta remains a crisis.*

# Hearing

Many of us take our ability to communicate for granted. Yet the ability to speak, hear and be heard is much more vital to our everyday lives than most of us realize. Each year, Speech-Language & Audiology Canada dedicates the month of May to raising public awareness about communication disorders and the professionals who can help.

## Common Hearing & Other Auditory Disorders:

### Hearing Loss

Hearing loss is a partial or total inability to hear. The severity of the hearing impairment can range from mild to profound and can be in one or both ears. There are different types of hearing loss, which are caused by problems in different parts of the outer, middle and inner ear as well as the hearing nerve. Hearing loss can be caused by the natural aging process, excessive exposure to noise, head trauma, a history of ear infections or hereditary factors.

### Auditory Processing Disorder

Auditory processing disorder (or APD) is a disorder that affects the way the brain processes sound — in other words, what the brain does with what the ear hears. Some symptoms of APD include poor listening, trouble following directions, short attention span and difficulty reading. People with APD can have normal hearing and APD is not related to intelligence.

### Tinnitus

Tinnitus (TIN-A-TUS) refers to “ringing in the ears” when no other sound is present. Tinnitus can sound like hissing, roaring, pulsing, whooshing, chirping, whistling or clicking. Tinnitus can occur in one ear or both ears and while tinnitus is often associated with hearing loss, people with normal hearing can also have it. Sometimes the sounds are accompanied by pressure or pain in or around the ear or by a painful sensitivity to sounds. The impact of tinnitus ranges from annoying to debilitating.

### Hyperacusis

Hyperacusis is a health condition characterized by an over-sensitivity to certain sounds. A person with severe hyperacusis has difficulty tolerating everyday sounds, some of which may seem unpleasantly loud to that person but not to other people. Although all sounds may be perceived as too loud, high frequency (pitch) sounds may be particularly troublesome.

[www.sac-oac.ca](http://www.sac-oac.ca)



Speech-Language &  
Audiology Canada  
Communicating care

An estimated

**19% of Canadian adults**

have at least mild hearing loss in the speech frequency range.

## TIPS for talking with someone who has a hearing disorder:

- Get the person's attention by saying their name or touching their arm before you start talking.
- Speak clearly and loudly enough to be heard, but do NOT shout. Shouting distorts the speech sounds.
- Be patient and provide the person with some extra time to respond. Hearing and processing sounds may take a bit longer.
- Avoid putting anything around your face and mouth when you are speaking (e.g., pens, phones, hands). People with hearing loss use visual cues to help them understand the message. People without hearing loss also use visual cues!
- Create an ideal listening environment: move away from noise sources and choose a place with good lighting.
- Position yourself across from the listener rather than beside. Look at the person when talking.
- During group discussions only one person should speak at a time.
- Smaller group discussions are ideal. Listening in a large group setting can be difficult.

**AUDIOLOGISTS** are highly-trained hearing health professionals who identify, assess and manage individuals with hearing and balance disorders as well as other auditory disorders.

# How to Manage Anxiety During COVID-19

## A Guide for Frontline Workers

By Elaine Conrad, Trainer (MEd, RP), Crisis & Trauma Resource Institute

“I just don’t want to do this anymore,” an exhausted healthcare worker uttered as he hung his head against his arms before heading off to visit the next anxious patient. It’s a story that numerous frontline workers are telling as they face the onslaught of frustrated patients, family members, and coworkers who are also facing the ever-changing landscape of the “new normal.”

There’s a steep learning curve for frontline workers in all fields as they try to keep up with the changing regulations, angry clients, and extra demands of their jobs. Is it any wonder that anxiety is climbing?

How can we manage anxiety before it manages us?

When I was working as a nurse, I remember times when we faced extreme changes to protocol which required us to quickly adapt and caused a huge amount of anxiety among staff. One important thing I’ll never forget were the sage words of one of my supervisors: “Cut yourself some slack – this is new for all of us and we’re gonna have a little anxiety about it. Take a deep breath, give yourself a moment to digest it all, and then open the door and go to work.” In other words, many of us will face anxiety – don’t beat yourself up over it.

If you are feeling anxious and worried about everything that’s going on right now, give yourself a break! It’s likely that your neighbour, partner, co-worker and even your employer are also feeling anxious. The first tip is to cut yourself some slack and realize that this is part of the “new normal.”

Being slightly anxious is actually quite normal – being overly anxious and letting it interfere with your sleep, thoughts, and ability to work, play, or enjoy life is what’s harmful. That’s when it manages us. Letting anxiety take control of you is not only exhausting, but it can lead to physical problems such as a reduced immunity to disease. What better reason could you have during a pandemic to take steps to reduce risks?



**Here are five ways frontline workers can reduce anxiety:**

### EXERCISE

Physical exercise during COVID-19 is still possible, even if you have limited space and time. With the weather changing (for the better), take the opportunity to get out and grab some natural vitamin D as it’s been shown to reduce anxiety and boost our immunity. Even taking ten minutes and walking around the building will do wonders for improving your mood. Allow your face to feel the sun, breathe in the air – really breathe it in, put on some excellent music if you can, and enjoy the feel of the air on your skin. Do not think about work, COVID-19, bills, or anything but the feel of the sun, the air, and how wonderful it feels to be outside.

### PRACTICE POSITIVE MESSAGES

Fill your breakroom, office, car, or wherever you spend your downtime with pictures that bring you hope. I went through my old photos on my phone and laptop and started pulling up pictures that bring me great joy – pictures of the ocean,

sun, waves, my family, etc. Find whatever inspires you and fill your space with those memories. If you have a locker at work, put a positive message on the inside of the door along with a picture that makes you smile. It's hard to be anxious when you are looking at a relaxing scene.

## CHOOSE YOUR SOCIAL MEDIA AND NEWS WISELY

While social media can be our friend when we are socially isolated, it can also be a source of added stress and increase our anxiety. If you must check the news, limit it to once a day and make sure it is a source that is reliable. Remember, many news articles are written to draw you in with taglines that are often distressing. As for social media, you may have to carefully choose which friends you continue to follow during this time to protect your mental health.

## BE SELFISH ABOUT SELF-CARE

Set aside time for self-care. While you may want to rush directly in the door to be with family, taking the time after work to de-stress in your car by listening to calming music and practicing deep breathing will not only help with your anxiety, it will help lessen the overall stress levels for your loved ones as well. Ask those close to you to give you a set amount of time so that you can sit and be quiet, grab a shower, a glass of water, a snack, and relax before they ask about your day.

## CONNECT WITH OTHER PEOPLE

We are not meant to be alone. Humans are relational beings and social distancing and self-isolation have made nurturing relationships difficult. When feeling stressed, text a friend – a controlled vent is usually a great way to express what you are feeling and let off some steam. Video conference on your phone if you are able – sometimes just seeing the face of someone you know cares about you can help reduce stress and reduce anxiety. If you have time, play a virtual game, tell a few jokes, or read to a child to activate a different area of your brain. Chat about something fun with one of your coworkers between clients. Have a funny face contest, and inject humour into the day as much as possible and is appropriate. Remember to connect with those you love as often as possible.

To all the frontline workers: the work you do is important and necessary. But to be helpful to others, you must put on your own oxygen mask first. If your anxiety continues to manage you, please reach out to a helping professional for support. ■

*This article was originally published by Crisis & Trauma Resource Institute and is reprinted with their permission.*

[www.ctrinstitute.com](http://www.ctrinstitute.com)

### **Motivational Interviewing**

Strategies for  
Supporting Change  
May 11, 9 am-4 pm CT

### **Anxiety**

Practical Intervention  
Strategies  
May 18, 9 am-4 pm CT

### **Depression**

Practical Intervention  
Strategies  
May 19, 9 am-4 pm CT

### **The Ethics of Helping**

Boundaries and  
Relationships  
June 3, 9 am-4 pm CT

### **De-escalating Potentially Violent Situations™**

June 8, 9 am-4 pm CT

### **Walking With Grief**

Helping Others Deal  
With Loss  
June 9-10, 9 am-4 pm CT

### **Vicarious Trauma**

Strategies for  
Resilience  
June 29, 9 am-4 pm CT

### **Critical Incident Group Debriefing**

July 6, 9 am-4 pm CT

## **UNABLE TO ATTEND ONE OF OUR LIVE VIRTUAL EVENTS?**



We offer many of our workshops and webinars as on-demand products.

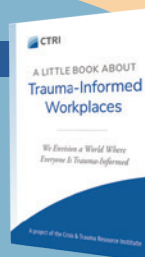
## **FREE RESOURCES**

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- Assessment tools
- COVID-19 resources

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# Evaluating the Credibility of Health Websites: Can You Trust Dr. Google?

## How to Tell if It's Legit

There are several tools available to evaluate health websites. Most of them list criteria that reliable websites should meet. Here is a summary of the main criteria to look out for:

**Author** — The website should clearly identify the author, institution, and editorial board (the people responsible for the professional review of the content).

**Date** — The website should contain current scientific information, and the content should be updated regularly.

**Objectivity** — The website should be evidence-based and objective (factual) in its content, listing benefits and risks (e.g., side effects). The website should mention other treatment options, if available, including no treatment, and it should encourage patients to consult with a health care professional.

**Purpose** — The website should state its purpose clearly. Any advertising should be clearly marked and separated from the site's main content.

**Transparency** — The website should identify its ownership, sources of funding, and explain how it collects and uses personal information.

**Usability** — The website should be easy to use, well-organized, and well-designed. It should provide a way of contacting the owner of the site.

There will be some credible websites that don't meet all the criteria. Likewise, there will be unreliable websites that look very slick and seem to meet all of them. Ultimately, the only way to know if online health information is accurate is to find the source and read the scientific study being referenced. Learning how to evaluate for the credible criteria, however, will help you start filtering.

## Examples of Credible Health Websites

The Medical Library Association has put together a list of pre-screened health websites called the *MLA Top Health Websites*. These websites can be accessed on the CAPHIS — Consumer and Patient Health Information Section — site: [www.mlanet.org/page/top-health-websites](http://www.mlanet.org/page/top-health-websites).

### Red Flags

- ! The website relies on single cases or personal testimonials.
- ! The information is presented in a sensational, overly emotional, or alarmist way.
- ! The website implies that a treatment affects everyone in the same way (e.g., 100% success rate).
- ! The website is trying to sell you something.
- ! It is not clear who the author is or what qualifications or conflicts of interest he or she has.
- ! Studies are referenced, but they are old (from 10 years ago or more) or the year of publication is not provided.
- ! Links are broken — this could indicate that the site has not been updated recently and that the health information could be outdated.

### Tools for Evaluating Health Websites

#### DISCERN

A validated instrument that enables patients and information providers to judge the quality of written consumer health information. It consists of 15 questions and a rating scale.

#### HONcode

A set of principles for evaluating websites and a certification seal that websites can obtain after being assessed by the Health On the Net (HON) expert team.

#### JAMA Benchmarks

Four criteria to score a website (0 to 4 points) based on authorship, attribution, disclosure, and currency.

#### ABOUT CADTH

CADTH is an independent, not-for-profit organization responsible for providing Canada's health care decision-makers with objective evidence to help make informed decisions about the optimal use of drugs and medical devices in our health care system.

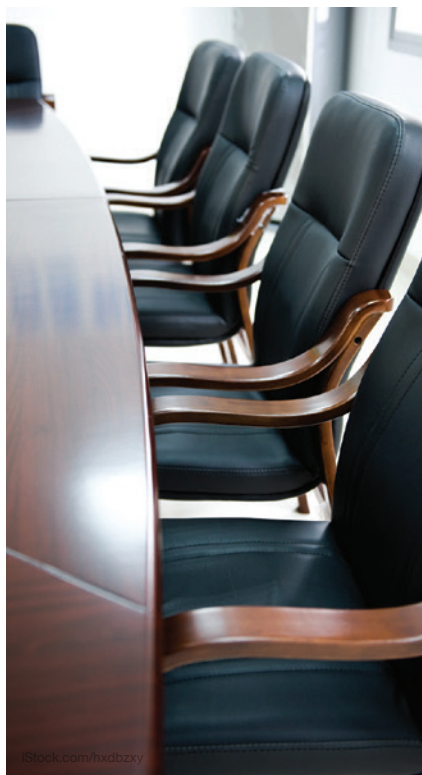
CADTH receives funding from Canada's federal, provincial, and territorial governments, with the exception of Quebec.

March 2020



# Alberta LPN News

PROTECTING THE PUBLIC INTEREST



## Increased Public Representation on the CLPNA's Council

**O**n April 1, 2021, the College of Licensed Practical Nurses of Alberta's (CLPNA) Council commences with a new composition of Council membership. The Council is the governing body of the CLPNA and previously consisted of an LPN president, seven elected regulated members, and three appointed public members.

The change in Council composition is in response to Bill 30 of the *Health Statutes Amendment Act* passed in July 2020. The Act requires all health professional regulatory colleges in Alberta to increase public member representation from 25 percent to 50 percent of the total Council membership. Public members are selected and appointed by the provincial government and the remaining are appointment-based regulated LPN members.

### CLPNA'S COUNCIL COMPOSITION (as of April 1, 2021)

#### SIX PUBLIC MEMBERS:

- Larry Fitchner (new appointment, 2-year term)
- Linda Osinchuk (new appointment, 3-year term)
- Crystal Phillips (new appointment, 3-year term)
- John Chapman (reappointed until March 2023)
- Lisa Stebbins (continuing term until replacement)
- Austin Mardon (continuing term until replacement)

#### SIX REGULATED MEMBERS:

- President Valerie Paice
- Vice President Kurtis Kooiker
- Ashley Cesar
- Sherry Kanerek
- Joyce Rossiter
- Tiffany Smith

The Council extends a sincere thank you to *Jean Collins* and *Jennifer Peace* for their extended service during the transition as their terms are coming to an end. Additionally, three of the remaining regulated members' terms will conclude in August 2021. With this comes the opportunity for LPNs to apply to serve on Council.

# HIGHLIGHTS

## Changes to the Council and Bylaws due to Bill 30

The Council has completed extensive work to develop and update the Bylaws, Council competencies, and an application process for regulated members who wish to apply to serve on Council. The CLPNA Bylaws outline the Council members terms, transition plan, appointment committee, and other requirements. More details can be found on the CLPNA website for Council updates, Bylaws, and application details.

### Electoral Districts

Move from District Elected Council to an Appointed Competency-Based Council

As announced in December, the Council passed a motion to discontinue district elections and move to an appointed competency-based council composition. Under the updated Bylaws, regulated members on the Council are now being appointed to represent the province of Alberta as a whole. More details of the transition from elections to an appointed competency-based Council can be found in the Bylaws available on the CLPNA website.

### Competency-Based Appointment

Each Council member brings a unique perspective; however, there are key skills and abilities that will enhance the functioning of the Council so that it can perform its legislated mandate. Council members should, individually or collectively, possess the core competencies and skills required. The Council approved a Competency Matrix to outline the core competencies and skills, as set out in the following table. The full competency matrix can be found on the CLPNA website.

### Application Process

The application process for the upcoming Council positions will commence in April 2021 with an application deadline of early May. Regulated members must submit a complete application package to the CLPNA. The Appointment Committee will review the applications and provide recommendations to the Council at their June meeting. Additional information is located on the CLPNA website for the application package and deadlines.

### Appointment Committee

The Appointment Committee is responsible for reviewing applications for regulated member Council appointments, interviewing candidates, and recommending appointments of regulated members to the Council.

Council members are responsible for the governance of the CLPNA and the oversight of the CLPNA's management of its business and affairs. Serving on Council as a regulated member is a valuable opportunity for LPNs to support public protection as trusted leaders in healthcare.

Questions? Visit the [www.CLPNA.com](http://www.CLPNA.com) website or email us at [info@clpna.com](mailto:info@clpna.com).





## COVID-19 and the CLPNA: One Year Later

A year into the COVID-19 pandemic, every organization has experienced fundamental changes to how it does business. The College of Licensed Practical Nurses of Alberta is no exception.

In 2020, the CLPNA quickly adapted to a remote-work environment while maintaining our operations and commitment to public protection. We continued to respond to the needs of the healthcare system and to provide ongoing regulation of the LPN profession.

Operating virtually for the last year has not slowed down the staff or the projects, especially the multitude of policies and education required to help LPNs safely deliver healthcare during a pandemic. The CLPNA cancelled an Education Forum scheduled for April 2020, but educational webinars continued unabated with enthusiastic attendance.

We are on the cusp of a new era with exciting changes ahead in an evolving healthcare landscape. We look back on the last year with sincere gratitude and look ahead to 2021 with excitement and openness to new possibilities while remaining focused on protecting the public we serve.

# Introducing the CLPNA's Policy Framework

As part of protecting the public, the College of Licensed Practical Nurses of Alberta (CLPNA) developed a policy framework to guide staff in developing policy documents. The term “policy documents” is broad and can encompass various types of documents produced by the CLPNA.

Policy documents at the CLPNA are in three categories (Council, Membership, and CLPNA Operations) based on a consideration of two interrelated factors: 1) whose behaviour the document addresses, and 2) who is the intended audience. For LPNs, this usually means that the policy documents they are used to reading are membership documents, because these documents usually target and address the behaviour of LPNs. Council documents include documents like the Bylaws, which outline how the CLPNA and Council operates. The CLPNA's Operations documents help inform CLPNA staff or external stakeholders about requirements for their behaviour and work with the CLPNA.

## Documents in the Policy Framework

The policy framework provides context and guidance to ensure that documents are relevant, authoritative, and consistent with legislation, regulation, and other guiding documents. Some of the policy documents pertinent to LPNs and the public are standards of practice, policies, interpretive documents, and guidelines.

A **standard of practice** is an authoritative statement that outlines the minimum standard of behaviour expected of members in the profession. Standards outline scope of practice, broad expectations of all LPNs, or practice requirements that may impact the livelihood of LPNs.

**Policies** can be for membership or the CLPNA's Operations. Policies for members are clear and concise statements outlining requirements and expected behaviours of LPNs. A policy may address regulatory functions under the *Health Professions Act*, explain aspects of membership scope of practice, or detail practice expectations. A policy complements legislation, regulation, and standards of practice by establishing more specific or detailed expectations for members as required by the CLPNA. Policies for the CLPNA's Operations outline requirements and expected behaviours of the CLPNA's staff or external stakeholders.

An **interpretive document** explains legislation that affects practical nursing and how LPNs can practice in compliance with the law.



A **practice guideline** is an evidence-informed document designed to assist members with making decisions about appropriate practice. These documents support professional judgement and permit flexibility in practice. A CLPNA Operations guideline provides direction or considerations to the CLPNA's staff on dealing with a certain topic or situation. These documents may provide flexible instructions, principles to follow, or recommendations to carry out actions.

## The Purpose of the Policy Framework

The CLPNA designed the policy framework to ensure that all documents produced by the CLPNA are consistent and follow the same quality standards. We want to make documents easier to understand and be more accessible to our members and the public. Our goal is to produce policy documents supported by evidence that are clear, concise, and fulfill their stated purpose.

## What Members and Public Can Expect Moving Forward

With the implementation of the CLPNA's Policy Framework, the CLPNA is dedicated to creating consistency in all policy documents. Members and the public can expect new and updated policy documents to use consistent language, similar structures, and have clear links to legislation, regulation, and other policy documents. Additionally, applying the policy framework to the CLPNA's policy documents means that we can be more transparent in communicating not only the expectations required of LPNs but also what LPNs and the public can expect from the CLPNA.

# Complaints Against LPNs in 2020

Licensed Practical Nurses (LPNs) 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 (CLPNA) 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 2020, CLPNA received and opened a total of 152 complaint files, representing approximately one percent of the membership. This may seem like a low percentage; however, the CLPNA takes each complaint seriously.

Areas of concern in 2020 are included in the accompanying table.

In addition to the governing legislation and regulations, 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 imperative LPNs are familiar with these documents and understand their legal and professional obligations. Take the time to review these documents on [clpna.com](http://clpna.com) under the Governance tab.

The bottom line is LPNs must take responsibility for their actions (including errors) and ensure their practice is consistent with practice standards, guidelines, and all legislation applicable to the profession.

CLPNA COMPLAINTS BY TYPE (2020)	
53	Clinical Competence – Multiple
14	Unethical Conduct (inappropriate use of social media, crossing professional boundaries, working outside the scope of practice, lack of critical thinking, and lack of professionalism)
13	Clinical Competence – Medication Administration
13	Unprofessional Communication
9	Breach of Confidentiality/Privacy
8	Abandonment
7	Practicing Without a Permit
5	Bullying
5	Non-Nursing Conduct*
3	Drug Diversion
3	Incapacity (Mental/Physical)
3	Neglect
3	Patient Abuse – Physical
3	Sexual Abuse/Misconduct – Co-worker
3	Theft
2	Patient Abuse - Verbal
2	Working Outside Scope of Practice
1	Clinical Competence – Documentation
1	Patient Abuse - Mental
1	Substance Abuse
0	Clinical Competence – Health Assessment
0	Failed to Cooperate with Investigation
0	Sexual Abuse/Misconduct – Patient
0	Therapeutic Nurse-Client Relationship

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

## POLICY UPDATE

The CLPNA's Policy Department develops, revises, and updates policy documents. You may locate policy documents on three webpages in the Governance section of [clpna.com](http://clpna.com). Government legislation and regulation is under Legislation; Standards of Practice is under Standards & Code; and all other policy documents (policies, interpretive documents, practice guidelines, and info sheets) are under Practice & Policy.

### POLICIES

#### NEW - Access, Use, and Collection of Membership Data

- The purpose of this policy is to clarify when the CLPNA will allow researchers and stakeholders to access, use, and collect membership data, and data for research purposes.

### INTERPRETIVE DOCUMENT

#### UPDATED - Immunization Regulation Duties

- Previously an Info Sheet, this document became an Interpretive Document to better guide LPNs through the Immunization Regulation requirements.

#### UPDATED - LPN Role in Bringing a Personal Directive into Effect

- To guide the LPN involved in the care of a patient with a personal directive and clarify the LPN's role in bringing a personal directive into effect.

## CARE Magazine goes Bi-Annual

The distribution of the CARE magazine is changing. The regulatory-oriented nursing magazine, produced by the College of Licensed Practical Nurses of Alberta and delivered to over 20,000 LPNs and subscribers, is transitioning from a quarterly publication to bi-annual. CARE will be published twice in 2021, a Spring/Summer issue in April and a Fall/Winter issue in September.

CARE magazine shares information on Licensed Practical Nurse regulation issues, evidence-informed research, nursing policies and practices, and healthcare trends.

In 2018, peak distribution as a paper-based publication was over 18,000 copies. That same year, the CLPNA's members were offered the option to receive the magazine in a digital-only format, which proved popular, resulting in online subscriptions growing from 43% to 63%. The digital issue, while appealing to modern reading trends, has also had a positive impact on the environment by reducing paper consumption.

CARE magazine is available on [clpna.com](http://clpna.com) and by subscribing to the CLPNA's email service. Advertisers may contact [care@clpna.com](mailto:care@clpna.com), 780-484-8886 or 1-800-661-5877 (toll-free in Alberta).

## MANDATORY LPN LEARNING MODULE

## BEFORE JUNE 2022

All LPNs must complete the **Understanding Restricted Activities Module** before June 1, 2022, as per the CLPNA's *Standards of Practice on Restricted Activities and Advanced Practice*. The module describes high-risk health services that require additional education, skills, and, at times, supervision requirements.

Access the module on [www.myCLPNA.com](http://www.myCLPNA.com).



COLLEGE OF  
LICENSED PRACTICAL NURSES  
OF ALBERTA

# Introducing Student Memberships for Alberta's Practical Nurses

## Applications are open!

**S**tudent 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 College of Licensed Practical Nurses of Alberta (CLPNA).

The new 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. Therefore, 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. This is the first time that student memberships are being offered by the CLPNA.

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



## INTRODUCING 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.

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



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[www.CLPNA.com](http://www.CLPNA.com)



There are only  
four kinds of people  
in the world.

Those who have  
**been caregivers.**

Those who are  
**currently caregivers.**

Those who will  
**be caregivers,**  
and those who will  
**need a caregiver.**

- Rosalyn Carter -

@CLPNA

# *Calling all LPNs!*

**JOIN AGNA NOW!**

<https://agna.ca/membership/join-agna-2/>



## **AGNA**

**Alberta Gerontological  
Nurses Association**

### **Benefits:**

- ✓ Education - CLPNA Continuing Competency
- ✓ Connection - network with other nursing professionals
- ✓ Opportunity - volunteer, join a committee, add to your resume
- ✓ CNA Certification - Study Groups



### **To Join:**

<https://www.agna.ca/membership/join-agna-2/>



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Governance Documents



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