

Care



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contents | WINTER 2020



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- 4 | **REGULATORY SPOTLIGHT**
Immunization Reporting Requirements for All LPNs
- 5 | **REGULATORY SPOTLIGHT**
More Options for Immunization Education
- 6 | **REGULATORY SPOTLIGHT**
Keeping Up With COVID-19
- 8 | **COVER STORY**
Priority: Public Safety
The CLPNA's Complaints Process
Meet the CLPNA's Complaints Department. This team of dedicated professionals works to protect Albertans by ensuring LPNs are responsible and accountable to the public they serve.
- 15 | **To Be Vulnerable is To Be Heroic:**
Advice for Nurses Working During a Pandemic
- 17 | **How to Talk to Someone With Alzheimer's:**
Use Short Direct Sentences
- 20 | **RESEARCH**
Baking a Better Nursing Practice
- 23 | **2020 Awards of Excellence**
- 27 | **Alberta LPN News**
Protecting the Public Interest

Immunization Reporting Requirements for All LPNs

The Government of Alberta Immunization Regulation gives all health professionals, including licensed practical nurses (LPNs), additional responsibilities regarding immunizations. This aims to improve capacity to manage outbreaks, the quality of immunization services, and increase immunization rates.

The second stage of these regulations comes into effect in the new year.

Reporting Requirements in Effect January 1, 2021

Starting January 1, 2021, the Immunization Regulation requires all health professionals, including LPNs, to report immunizations and related assessments to the Chief Medical Officer of Health through the *Immunization Direct Submission Mechanism* (IDSM).

IDSM reports must be submitted no longer than seven days after the immunization is:

- administered,
- recommended but refused,
- contraindicated,
- or when an LPN receives a written record about past unreported immunization.

In Effect from December 17, 2018

Adverse Events Following Immunization (AEFI):

LPNs are required to report adverse events following immunization whether they administered the vaccine or not.

What to Report and Where to Report: Visit the AEFI reporting page on the Alberta Health Services (AHS) website: <https://www.albertahealthservices.ca/info/page16187.aspx> or call 1-855-444-2324.

Storage, Handling and Transportation: LPNs administering vaccines must follow the requirements related to vaccine storing, handling, and transporting as outlined in the Immunization Regulation. LPNs providing public-funded vaccines (i.e., employed with Alberta Health Services) must also follow parameters outlined in the Alberta Vaccine Cold Chain Policy.

For more information, please review the related CLPNA document on Immunization Regulation Duties on the CLPNA website by searching Immunization Regulation, and the Alberta Immunization Policy at <https://www.alberta.ca/alberta-immunization-policy.aspx> ■



More Options for Immunization Education

As a result of the LPN Regulation update on February 1, 2020, licensed practical nurses who have the education, training, and individual competence to administer immunizations safely are authorized to administer immunizations to individuals five years of age and older.

Administration of immunizations is no longer considered a specialized area of LPN practice, and therefore authorization by the CLPNA is no longer required or listed on an LPN's practice permit. LPNs who previously completed the approved education and had the immunization specialty on their practice permit may continue to administer vaccines without the need for further education or training.

To proceed in practice, LPNs must have the knowledge, skill, judgment, and competencies related to the concepts and principles of immunization

and immunity, communicable disease control, contraindications and risks, nursing interventions, and reporting requirements.

There are several options for LPNs to obtain education and training related to the administration of immunizations, including:

- the CLPNA's online Immunization Learning Module,
- a continuing education program, or
- employer-supported education and training. ■

For more, search 'Immunization Regulation' on www.clpna.com, or contact the CLPNA's Practice Team at practice@clpna.com, 780-484-8886 or 1-800-661-5877 (toll-free in Alberta).

Keeping Up With COVID-19

The entire world continues to cope with the COVID-19 pandemic, and it looks like this will continue for the foreseeable future. As licensed practical nurses play an important role in Alberta's response to the spreading disease, including completing nasopharyngeal swab testing, educating patients, and providing bedside care, LPNs must keep current with pandemic information. The novel coronavirus disproportionately affects seniors, and many LPNs work in continuing care, home care, and supportive living facilities. The functionality of the healthcare system in Alberta is maintained by its frontline staff, many of whom are LPNs.

The College of Licensed Practical Nurses of Alberta (CLPNA) created two info sheets, linked prominently on the CLPNA's homepage, to help LPNs stay up-to-date on the latest evidence and information. They highlight the importance of using reliable sources, including the Governments of Alberta and Canada, and the World Health Organization.

The Government of Alberta provides consistent updates to the case numbers, hospitalizations, and outbreaks in locations across the province (www.alberta.ca/coronavirus-info-for-albertans.aspx). Additionally, all public health orders from the Chief Medical Officer of Health are available (www.alberta.ca/covid-19-orders-and-legislation.aspx).

The Government of Canada offers national guidance, research and epidemiological data, and COVID-19



impacts within and outside the healthcare system (www.canada.ca/en/public-health/services/diseases/coronavirus-disease-covid-19.html).

The World Health Organization provides global trends on disease numbers, courses for the public and healthcare providers in dealing with COVID-19 impact, and suggestions for preventing the spread of misinformation (www.who.int/emergencies/diseases/novel-coronavirus-2019).

New guidance about COVID-19 is continually emerging, and it is essential to access accurate and timely information. The sources provided above, as well as the CLPNA's COVID-19 info sheets, help ensure that LPNs always have access to

reliable and applicable data for their practice.

The CLPNA recommends that LPNs remain alert and informed about the pandemic but not be alarmed. LPNs must continue to follow infection prevention and control best practices and adhere to employer requirements to aid public health.

Healthcare services delivery currently looks different in the collective response to the pandemic, and this change will likely continue as the system balances response measures and other healthcare services. As the LPN profession's regulator, the CLPNA will continue to support LPNs as new information, and provincial guidance unfolds. ■



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**Laura Crawford
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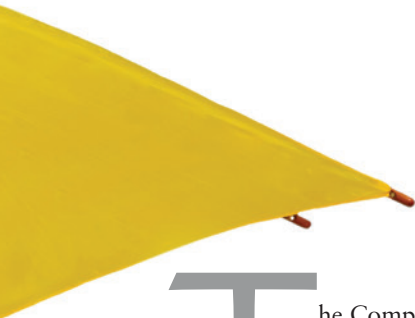
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Priority: Public Safety

The CLPNA's Complaints Process

By Mel Priestley



The Complaints Department of the College of Licensed Practical Nurses of Alberta (CLPNA) serves a critical role in supporting the CLPNA's mandate of protecting the public by regulating and leading the profession of licensed practical nursing.

Led by the Complaints Director, this five-person team is tasked with the goal of protecting the public by ensuring LPNs are responsible, accountable, and adhere to the Standards of Practice and Code of Ethics that guide the profession under the regulation of the Health Professions Act (HPA).

"This is an interesting and challenging field," says Sandy, the Complaints Director, "I have been working in this field for over nine years and I've expanded my experience and knowledge in countless ways, which contribute to the CLPNA's mandate of public protection."

The Complaints Department has over 80 years of combined experience working on the front lines as LPNs in various fields, including acute care, long-term care, and perioperative. The team also has a diverse mix of other professional experience, including work in healthcare administration and post-secondary education; working in other roles within the CLPNA; and training in change management and investigation.

In addition, the Complaints Department works with three external investigators, all of whom are former police officers and who have vast investigation skills: Katie Emter, Judy Palyga and Kerry Palyga.

This depth of knowledge and experience enables the CLPNA's Complaints Department to handle all concerns and complaints submitted to CLPNA.

What is a Complaint?

When an LPN's practice falls below the accepted Standards of Practice or Code of Ethics which guide the profession, this may constitute "unprofessional conduct". Of the CLPNA's over 17,000 registrants, only one percent have had a complaint against them.

Complaints may relate to issues ranging from improper medication administration processes, clinical practice, lack of knowledge and skill, unethical practice, to workplace bullying or abuse including physical, verbal, and sexual.

While some complaints can be very serious, and Sandy has sometimes worked on complaints which have resulted in criminal trials, those comprise a small percentage of total complaints.

"Any kind of abuse complaints are really tough to handle," says Susan, a Complaints Consultant. "You have to put your biases aside and remain objective and sometimes that can be really tough."

Sandy echoes this sentiment. "It is imperative to keep emotions out of decisions and not make a hasty decision on a complex file without taking the time to analyze the evidence available and the risk factors involved with each file," she says. >

To respect the privacy of the members of the Complaints Department, their last names have been omitted.

Photography by Nancy Critchley



The Complaints Department Team

“No two complaints are identical,” says Sandy. “One person will never make the same mistakes as another. Because every situation is unique, there is no one way to manage a file. Although there are guidelines, frameworks, and legislation in place, you must rely on many different factors to ensure procedural fairness. You have to have the ability to formulate a strong rationale to support any of your decisions.”

There are a number of methods to resolve a complaint led by formal processes in place under the authority of the Health Professions Act. After a complaint is received, the file is opened, an investigation takes place and a written report is completed. While the complaint process can take a considerable amount of time from opening to closing the complaint, the Complaints Department makes every effort to resolve a complaint within a one-year time frame, focused on protection of the public.

File Opened

The majority of complaints received are submitted by employers.

“Anytime there’s a termination or suspension, or if they feel that an LPN’s conduct is unprofessional, the employers are mandated to report to us,” explains Sandy. Complaints are also submitted from members of the public, including coworkers, patients, family and friends of patients, individuals working in other disciplines, and occasionally through the *Protection for Persons in Care Act*. Complaints can be made online by completing a form on the CLPNA’s website, or by sending a signed

and dated letter directly to the Complaints Director. Anonymous complaints are not accepted.

When a complaint is received, the Complaints Director conducts a triage process to set priorities and to ensure the necessary steps are taken to manage the complaint for the protection of the public. Each complaint is reviewed, then the complaint file is assigned to either the Complaints Director or the Complaints Consultants and an investigator is assigned. Every complaint received is investigated; this can be done by the Complaints Director, a Complaints Consultant, or by one of the external investigators.



Sandy - Complaints Director

When a complaint is received, the Complaints Director conducts a triage process to set priorities and to ensure the necessary steps are taken to manage the complaint for the protection of the public.

At the onset of the complaint process, an initial call is made to both the complainant and to the investigated member to review the complaint and to explain the complaint process.

“Nobody likes to have a complaint made against them,” Sandy says. “There’s a lot of anxiety and sometimes a lot of anger, but we try to make the process as non-threatening as possible.” Following the guidelines set out in the HPA, an initial letter is sent to both the investigated member and the complainant to notify them of the complaint and to inform them who will be investigating the matter. This is an important step to ensure openness and transparency, and to develop a report. The investigated member receives a copy of the complaint letter to ensure full transparency of the process at the onset.

Investigation

The CLPNA’s investigators are trained to complete objective investigations. The Complaints Director and the Complaints Consultants have had training and have earned a certificate for basic or advanced investigation from the Council on Licensure, Enforcement and Regulation.



Susan - Complaints Consultant

Investigation is a fact-finding mission. The role of the investigator is not to pass any judgment, make recommendations, or to resolve the complaint but rather to gather facts to complete a written investigation report. It is critical that investigators maintain their objectivity and set aside personal biases in order to remain open and objective throughout their investigation.

Investigations involve interviewing all the parties who may have relevant information and gathering all relevant documentation. For example, with complaints concerning improper medication administration, the investigation could involve interviews with the LPN’s coworkers who may have witnessed the incident, other staff working at that time, and the patients involved. The investigator would obtain copies of doctors’ orders and medication administration records. This would be done for each individual incident – so if there were several incidents of improper medication administration, the investigator would conduct interviews and review documentation for every single incident.

Katie Emter has worked as an external investigator for the CLPNA since 1995. Though the investigations she conducts are frequently complex and challenging, she finds the work very rewarding.

“One of the things that helps me stay motivated to do this work is that many times, just the investigation itself is enough for an LPN to self-reflect, review their processes and training, and remember the importance of what they’re required to do,” Katie says.

Resolution

At the conclusion of the investigation, a written investigation report is completed and submitted to the Complaints Director. A thorough review of the investigation report and the information gathered is done to determine the most effective resolution for public protection.

The HPA outlines the types of resolutions that can be used to resolve a complaint. These include a dismissal, Agreement and Undertaking, coaching or mentoring, education, or referral to a Disciplinary Hearing. These resolutions, except for a dismissal, may include orders of penalty such as reflection paper, remedial education, >



Bonnie - Hearings Director

finances, costs, suspensions, or supervised practice. In extreme cases, such as sexual abuse or sexual misconduct towards a patient, it will result in a cancellation of the investigated member's practice permit.

A dismissal of a complaint occurs when there is insufficient evidence to substantiate unprofessional conduct, or if the complaint is found to be trivial or vexatious. A decision is written including the rationale for the dismissal.

An Agreement and Undertaking is an effective way to resolve a complaint without referring the matter to a disciplinary hearing. As the name describes, the first part of the document is an agreement that the investigated member's practice is considered unprofessional and/or below standards, and the second part outlines what the investigated member must fulfill to remediate their practice and resolve the complaint.

A complaint of unprofessional conduct of a serious nature is referred to a disciplinary hearing where the Hearing Tribunal hears evidence from both the complainant and the investigated member. The Hearing Tribunal is a legislated committee established under the HPA. LPNs apply to serve on the committee and selected candidates are appointed by Council.

The Hearing Tribunal functions in a quasi-judicial role which is similar to the court system, whereby evidence is entered, and witnesses may be subpoenaed and questioned regarding the allegations against the investigated member.

The tribunal collectively acts as a judge in the decision-making process. These disciplinary hearings are legal proceedings and are open to the public.

If there is enough evidence, all files concerning sexual misconduct or sexual abuse are complaints of a serious nature and are automatically referred to a Disciplinary Hearing

There are three types of hearings: a contested hearing, when the LPN does not agree to the allegations or that their actions constituted unprofessional conduct – where witnesses would be called to present evidence; a partially contested hearing, in which the LPN may agree to some of the allegations or agree that an incident occurred, but not that it was unprofessional or below standards; and the third type, when the investigated member agrees to the allegations and agrees their actions constituted unprofessional conduct and an Agreed Statement of Facts would be presented to the Hearing Tribunal.

The Hearings Director, Bonnie, organizes all details of the hearings, including coordinating all the required documentation and parties involved, scheduling the hearing date, and assigning the Hearing Tribunal members.

“The best part of my job is the team that I work with on a daily basis,” Bonnie says. “The most challenging aspect is dealing with investigated members that don't want to cooperate with the process.” The HPA mandates that the investigated member must appear at a Disciplinary Hearing before the Hearing Tribunal.



Kim - Complaints Assistant

At the conclusion of all Disciplinary Hearings, a written decision by the Tribunal is distributed to the investigated member and the complainant.

Bill 21: An Act to Protect Patients, came into effect in 2019 and requires regulatory colleges, including the CLPNA to post all hearing tribunal decisions about cases of sexual abuse or sexual misconduct publicly on their website. The CLPNA decided to broaden this transparency further and now posts all decisions made by hearing tribunals, regardless of the nature of the case, on their website.

The Complaints Assistant is responsible for opening all the complaint files and for the ongoing monitoring of orders, in addition to handling the administration of the complaint process from inquiries to correspondence. This includes ensuring the complaint database is up-to-date and accurate, and assisting the Complaints Consultants, Director, and investigators with any other administrative needs they might have.

“I enjoy the collaboration between the team members in my department,” says Kim, the Complaints Assistant. “From everyday work to larger projects, it is great to work together and have everyone’s opinion be taken into account.”

Closing a Complaint File

Closing a complaint file occurs when the Complaints Director or Consultants verify the investigated member has successfully completed any orders of penalty.

The Complaints Department fulfills their mandate of public protection by ensuring the investigated member’s practice meets the Standards of Practice and Code of Ethics of the profession.

“Everybody makes mistakes and our main job is to remediate their behaviour and make them a better LPN,” says Susan. “It’s not about reprimanding them and making them feel terrible. We want to offer them remedial education first, to help them with their practice.”

In her experience conducting investigations for several regulating bodies across Alberta, Katie finds that the CLPNA is focused on improving the practice of its members.

“I believe that the CLPNA is very interested in helping LPNs reach their potential versus punishing them,” Katie says.

WHAT IS A COMPLAINT?

Examples of unprofessional conduct include, but are not limited to:

- Nursing practice and competency concerns
- Patient neglect/abuse (verbal, physical, emotional)
- Sexual abuse/sexual misconduct
- Abandonment of care
- Medication administration errors
- Patient safety concerns
- Breach of privacy/confidentiality
- Theft/fraud/deceit
- Conflict of interest
- Boundary concerns – inappropriate relationships
- Co-worker harassment/bullying

Working in the CLPNA’s Complaints Department is a complex responsibility that demands much of everyone involved.

“The variety of the work is stimulating and provides a sense of accomplishment, and collaborating with many different people is outstanding,” Sandy says. “We have the opportunity to contribute to the LPN profession by using a combination of skills and experience to manage complaints in an efficient and fair manner.”

Ultimately, the members of the Complaints Department take pride in their contribution to the protection of the public, and in their role in ensuring LPNs are providing professional services in Alberta that meet the CLPNA’s Standards of Practice and Code of Ethics. ■

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To Be Vulnerable Is To Be Heroic:

Advice for Nurses Working During a Pandemic

Canadian Nurse recently conducted a video interview with Louise Bradley, the president and CEO of the Mental Health Commission of Canada. Louise's story is condensed in this article.



Louise Bradley has learned a lot of leadership lessons from having been a nurse for many years. “As a nurse,” she says, “you get to draw on several skills because you’re exposed to many different situations.”

Louise’s experience with mental health began when she was a child, living in several foster homes, and carried on through graduate school, where she struggled to deal with the death of her best friend by suicide. She has spent most of her career in a wide variety of mental health settings, but perhaps her most important experience was working in a large hospital, where she realized her real role was tackling the workplace’s stigma toward mental health issues.

WHY MENTAL HEALTH IS IMPORTANT

Louise believes being vulnerable is incredibly important, because it allows nurses to feel comfortable to share their own stories. Hiding your feelings and struggles is bad for you and your patients. “The care that you give is impacted if you aren’t looking after your own mental health”.

HOW THE MENTAL HEALTH COMMISSION CAN HELP

Louise recommends two key courses from the Mental Health Commission of Canada. They’re condensed, online versions of two of their most popular in-person courses. Many nurses and

>

physicians have taken the in-person version of these courses and found them extremely useful.

- **Mental Health First Aid** is a course that allows you to identify mental health problems and what to do about them. Just as physical first aid is administered, mental health first aid is given until appropriate treatment is found.

- **The Working Mind** is an assessment of your own mental health. It's not a program that pathologizes any of the feelings you're having, but builds on your resiliency. It's a colour-coded assessment tool that allows you to see when you're starting to get to a level that requires action.

TIPS FOR NURSES WORKING DURING A PANDEMIC

Above all, Louise believes that mental health is just as important as physical health. But she recognizes that for nurses, it's complex. "That's why it's important to know when to reach out for help. Nurses have been trained and educated to think that we're the caregiver, not

the care receiver. It's really hard to switch those roles, they're both extremely intertwined," she says.

Because of the stigma, nurses come to believe that they must be superheroes all the time. But being vulnerable allows us to regain our strength so that we're able to provide the best care that we possibly can. Louise is a living example of that. ■

*Louise Bradley, CM MS, RN, CHE, has dedicated her professional life to improving the mental health of Canadians. In her current role as president and CEO of the Mental Health Commission of Canada, she oversaw the development of Canada's first federal mental health strategy, undertook the signature **Opening Minds** anti-stigma initiative, and created a globally recognized knowledge exchange centre.*

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**CONNECTING
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How To Talk To Someone With Alzheimer's:

Use Short Direct Sentences

By the Daily Caring Editorial Team



Communication changes when someone has Alzheimer's

When someone has Alzheimer's or dementia, changes in their brain cause a decline in their ability to listen and respond to normal conversation. So, that might leave you wondering how to talk to someone with Alzheimer's.

It turns out that speaking in short, direct sentences is a way to communicate that's more comfortable for them. With less information to process, they're more likely to understand what you're saying and respond appropriately.

We explain why this technique works and share four real-life examples of how to communicate kindly while using fewer words.

Why short sentences work better in dementia

Alzheimer's and dementia affect the brain's ability to process and retrieve information. That can make it very difficult for someone with dementia to listen, understand, and respond appropriately to normal conversation.

That's why using short, direct sentences with only one thought per sentence is recommended.

It makes it easier for someone with dementia to understand what you're saying. Thoughts that are long or complex can be overwhelming because it's too much to process.

This technique might feel strange at first because we're used to using friendly conversation to fill the silence, let someone know what's happening, or to show that we care.

But combining fewer words with a warm and positive tone will be less frustrating for seniors with dementia and is just as kind.

>

How to talk to someone with Alzheimer's: Four real-life examples

Each person is different and has a different level of cognitive impairment.

Use these four examples as a starting point and experiment to find what works best for both your older adult and you.

EXAMPLE 1:

It's time for your older adult to use the restroom

DO say: It's time to go to the bathroom now.

DON'T say: It's been about an hour since you last visited the bathroom so why don't we go to the bathroom and you can give it a try. Ok? How does that sound? Do you want to go to the bathroom now?

EXAMPLE 2:

It's time for your older adult to have lunch

DO say: Mmmmm, it's time to eat spaghetti!... (pause)...Let's go to the kitchen.

DON'T say: Are you hungry? It's lunch time and I thought you'd enjoy one of your favorites – spaghetti. Let's go to the kitchen so you can eat. After lunch, we'll

go outside for a walk so you can get some fresh air. How does that sound?

EXAMPLE 3:

You're taking your older adult to a doctor appointment

DO say: It's time to go out...(pause)...Here's your jacket...(pause)...Let's get into the car.

DON'T say: We're going to see Dr. Lee today. She's going to check to see how you're doing with those new medications. Remember how we had to reschedule the appointment from last month? I'm glad she had an opening this soon. You know what? It's a little chilly today, why don't you put on your jacket while I get the keys and then we'll go out to the car together.

EXAMPLE 4:

A family member or friend has come to visit

DO say: It's Mike, your brother...(pause)...He's come to say hello!

DON'T say: Oh look, you have a visitor! Do you know who that is? Mike was just here last week. Don't you remember? ■

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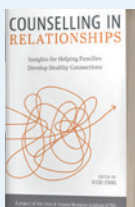


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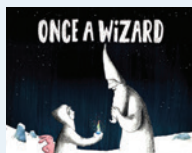
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Managing Difficult Phone Calls

January 29, 9 am-4 pm CT

Vicarious Trauma-Strategies for Resilience

February 4, 9 am-4 pm CT

Harm Reduction-A Framework for Change, Choice, and Control

February 5, 9 am-4 pm CT

Providing Support Remotely-Strategies for Helping From a Distance

February 9, 9 am-12 pm CT

Addictions & Mental Illness-Working with Co-occurring Disorders

February 10, 9 am-4 pm CT

Anxiety-Practical Intervention Strategies

February 18, 9 am-4 pm CT

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February 22, 9 am-4 pm CT

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Baking a Better Nursing Practice

By Kevin Lien, Nyla de Los Santos, Rebecca Foley Askew and Leah Phillips,
Departments of Policy and Research, CLPNA

Have you ever thought about how evidence-informed practice is kind of like baking cookies? The components of evidence-informed practice, like ingredients, are the broader context, **research evidence**, **healthcare environment**, **patient considerations**, and **clinical judgment**. The CLPNA's Practice Guideline on Evidence-Informed Practice is the recipe that helps bring it all together.

Using the baking metaphor, let's put together the ingredients and follow the recipe to lead us to evidence-informed nursing practice.

When we want to bake cookies, often, we start off by looking up recipes, and just as with research evidence, the quality of recipes can vary. You might follow a friend's recipe, which is similar to anecdotal evidence, so you might not know the quality of the "research." Or you might want to reach for your favourite recipe book, which could be similar to looking at unit documents in your nursing practice. If you really wanted to make spectacular cookies, you'd want to go to a source that you could trust. For example, you might find a recipe that's been tested by 100 people and received five stars – this would likely be a reliable, good quality recipe because it's been tested many times -- just like you'd find in a systematic review.

Now that you've found a recipe, it's time to figure out if this is possible. Some questions you can ask include: Are you allowed to use the kitchen? Do you have a functioning oven? Are the smoke detectors working? And do you have a fire extinguisher just in case something goes wrong? This evaluation is similar to evaluating the broader context in your nursing process. You can ask yourself questions like can I perform this intervention under legislation or regulation? Do employer policies support me in performing this task? And do I have the training and supervision I need?

Once you've considered the broader context, you can think about the materials you need to make your

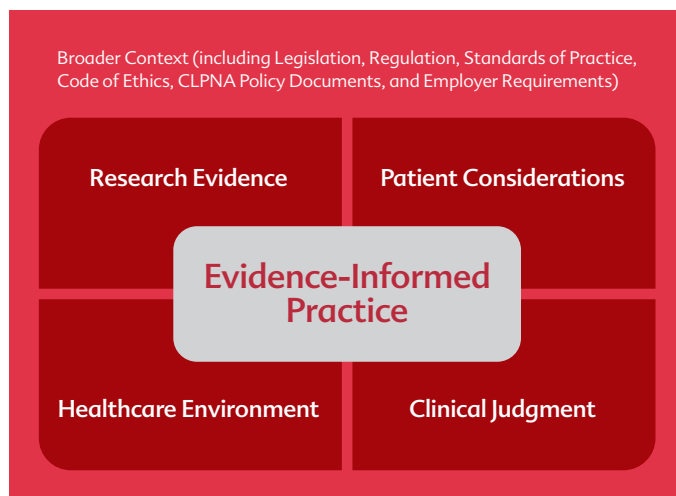
cookies. When evaluating a recipe, you need to consider what ingredients you have access to, the type of pans you have, and assess the complexity of the recipe. This evaluation is similar to how you'd evaluate your healthcare environment while nursing. You need to see whether or not you have the appropriate equipment in your setting, evaluate the complexity of the patient's needs, and check to see who is available on the healthcare team to assist when needed.

So let's say you've planned to make oatmeal raisin cookies, but you've found out that your son's friend hates

training as a baker combined with the equipment you're using. As with nursing, you use your critical thinking skills combined with your training to evaluate the best course of treatment for your patient or the best time to take those cookies out of the oven.

Now that your cookies are out of the oven, it's time to taste test to evaluate the quality of the cookies! This is the point where if you didn't reach your desired outcomes, you might want to consider how you could do things differently. Maybe that's finding a different recipe, choosing different ingredients, sharing the

cookies with a different group, or leaving them in the oven a little longer. The taste test is equivalent to the evaluation you would complete of your own nursing practice to see if the actions you took resulted in desired outcomes. You can consider how your patient responded to the intervention, if anything else might have affected the outcome, or whether there were different resources you needed.



raisins but loves chocolate. Therefore, you might decide to substitute chocolate chips for the raisins because it is a reasonable substitute within the recipe. This is similar to evaluating patient considerations as well as options within the healthcare plan. For instance, if a patient has allergies, the healthcare team could consider what other treatments would be appropriate.

Once your cookies are in the oven, how would you determine they're done? You might use your experience with baking and knowledge of your oven. Knowing when the cookies are ready is based on your experience and

Just like making great cookies, being a great nurse involves evidence-informed practice. You can use evidence to inform your nursing practice through understanding the broader context, looking at the research evidence, knowing what tools are available, considering patient needs and preferences, and using clinical judgment. And lastly, using your critical thinking skills throughout your nursing practice will help you determine and evaluate your actions. Bon appétit! ■



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AWARDS OF EXCELLENCE 2020

Dedication to demonstrating excellence in the areas of education, leadership, collaborative practice, and exemplary nursing knowledge define this year's Licensed Practical Nurse Awards of Excellence winners.

Awards were presented virtually due to the COVID-19 pandemic, instead of during the usual public event. LPN winners received \$1000, and all recipients received a commemorative award. Award recipients are selected by a committee of the Fredrickson-

McGregor Education Foundation for LPNs.

The Fredrickson-McGregor Education Foundation for Licensed Practical Nurses is dedicated to distributing educational grants and awards to members of the College of Licensed Practical Nurses of Alberta to enhance their nursing knowledge, skills and ability, and honour their achievements.



RITA MCGREGOR EXCELLENCE IN NURSING EDUCATION AWARD

Honouring LPN nurse educators or designated preceptors in a clinical setting who consistently demonstrate excellence in providing education in the workplace.

Winner: Eryn Winfield, LPN

Eryn is a practical nursing instructor at NorQuest College in Edmonton who is described as having a zest for the LPN profession. Her dedication to her students is demonstrated through her use of multiple tools and platforms to connect. Awareness of the diversity and various learning needs within her classroom inspired use of music, slide shows, verbal discussions and group debate. She brought in relevant presentations and programs to the classroom that were accurate and valuable to support learning.

She is committed to being approachable and available to her students, while ensuring that the foundations of nursing are taught with integrity. Eryn is a true champion for the LPN profession, always reminding her students that they are the future of nursing and to be proud of their profession.

NOMINEES:

Katlyn Sawatzky, LPN
Nicole Stewart, LPN

>



PAT FREDRICKSON EXCELLENCE IN LEADERSHIP AWARD

Honouring LPNs who consistently demonstrate excellence in leadership, advocacy, communication and a passion for the profession.

Winner: Tammy Tarkowski, LPN

Tammy has been a licensed practical nurse for 35 years and in 2011, she became the first LPN in a site manager role at the Two Hills Health Centre. She remains focused on being an LPN while leading a multi-disciplinary facility of over 200 employees. In the past nine years of Tammy's leadership, she has demonstrated not only passion for her role as a leader but has acted as a mentor for all disciplines of staff. Tammy has worked closely with local and Indigenous communities, and recently she spearheaded an attraction and retention committee for rural Alberta.

Tammy is passionate about dementia care, successfully acquiring a grant which allowed for the purchase of an ambient computer to enhance the lives of residents at the health centre. The "ABBY" machine is the second in Alberta and is laying the foundation of dementia care in our province.

Tammy encourages LPNs to work to their full scope of practice, inspiring, coaching, and finding solutions to challenges faced in the ever-changing healthcare system. Her drive and knowledge of the profession have made her an approachable leader, a role model for the profession, and an asset to her community.

NOMINEES:

Stephanie Bitango, LPN
Alison Cada, LPN
Marie Concepcion, LPN
Cathy Croze, LPN
Terry Duce, LPN
Marijke Maltais, LPN
Rosemarie Pinson, LPN
Brenda Propp, LPN
Myrna Tekle, LPN
Ayshea Thornton, LPN
Rhoda Vaness, LPN
Pattie Watt, LPN

For more information or to donate, discover the Foundation at <http://foundation.clpna.com> and follow @edfoundationlpn on Facebook and Instagram for the latest on supporting LPN excellence in Alberta.



LAURA CRAWFORD EXCELLENCE IN NURSING PRACTICE AWARD

Honouring LPNs who display exemplary nursing knowledge, promote an atmosphere of teamwork, mentor team members, and show pride in the profession.

Winner: Candace Frey, LPN

Candace is an LPN in a unique role as a sexual health practitioner at the Prostate Cancer Centre in Calgary. She advocates for her patients when they have specific requests or they need additional psychosocial support, helping to find solutions to improve their quality of life. Candace also acts as a clinical manager, creating a strong morale in her team, fostering open dialogue, accountability, and a sense of belonging. She actively seeks out opportunities for her staff to support their growth and contribute further to the success of the program.

Candace's nominator states, "Candace provides caring, compassionate care to men who are struggling. She has... developed a practice that has positively impacted so many men who are suffering or have suffered from... issues post-prostate cancer surgery." Candace's valuable knowledge in her field has made her an asset to the community and across western Canada. She is committed to her profession, and displays kindness, dignity, and compassion as she delivers exceptional care to her patients.

NOMINEES::

Shirley Fraser, LPN
Aubrey Guerzon, LPN
Jenny Lyne Ison, LPN
Andrea Keith, LPN
Shaleigh Kuhn, LPN
Marcia Larizza, LPN
Elaine Moquite, LPN
Scott Patterson, LPN



INTERPROFESSIONAL DEVELOPMENT AWARD

Recognizing non-LPN healthcare leaders who are instrumental in building quality practice environments.

Winner: Brenda Bell, RN

Brenda is a registered nurse at the WestView Health Centre in Stony Plain, managing the emergency department. She is described as an amazing advocate for both her staff and patients, ensuring that employee needs are met for both professional development and mental health.

She cultivates a collaborative practice environment by supporting LPNs to work to full scope in the emergency department alongside RNs and physicians at all levels of care. LPNs are meaningfully engaged, and suggestions are encouraged in order to better provide palliative care, home care, and substance abuse interventions. Educational opportunities are encouraged to allow LPNs to grow in their skills, work to their full scope of practice, and improve patient care.

Brenda is an advocate for LPNs, a compassionate leader and brings out the best in her staff.

NOMINEES:

Lynne Burak, RN
Jill Burt, Chaplain



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

THE CLPNA ADDS AN EXECUTIVE OFFICER TO THE TEAM



After a robust search with excellent candidates, the College of Licensed Practical Nurses of Alberta is pleased to welcome Carrie Waggott as the Executive Officer overseeing practice, policy, professional development and research.

Waggott joins Chief Executive Officer Jeanne Weis on the CLPNA's leadership team with Executive Officer Tamara Richter who oversees operations, registration, complaints and finance. The Executive Officers provide leadership over the day-to-day operations of all programs and services.

"We're so excited to have Carrie join us," says CEO Jeanne Weis. "At the CLPNA we have

a close working team and we look forward to adding Carrie's knowledge, enthusiasm and experience to the work we do together to regulate the profession in a manner that protects and serves the public."

Waggott has extensive experience in leading professional practice, policy development, educational and quality initiatives and earned a Master of Nursing focused on leadership, nursing education, and evidence-informed practice.

She comes to the CLPNA from Covenant Health where she held the role of Corporate Director of Professional Practice, Clinical Learning, Research and Libraries.

CLPNA's Council Composition Changing

The composition of the Council of the College of Licensed Practical Nurses of Alberta is undergoing significant changes due to recent government legislation and subsequent decisions by Council.

The CLPNA was mid-way into a Council nomination process in July when Bill 30 was introduced. At this time, the CLPNA's Council paused the proceedings to allow further review and planning. Bill 30 requires an equal number of public members and health profession members on health regulator's councils by April 1, 2021.

Due to these new requirements, motions were passed in September by the CLPNA's Council to change the group's size to six professional members and six public members. The current Council consists of an LPN president, seven LPNs, and three public members. Public members are vetted and appointed by the provincial government.

Additionally, the Council passed a motion to discontinue district elections and move to an appointed competency-based board. President Val Paice is "excited for the future ahead" regarding the new Council's 'look' as these methods are considered best practices today. Extensive work to develop board competencies and an application process is underway.

Additional information regarding these changes will be made public when available. The changes will be reflected in updated Bylaws. For continuity, two of the CLPNA's outgoing LPN members have agreed to stay on Council during the transition period.

The CLPNA thanks all Council nominees for District 2 (Calgary and area) and District 4 (Edmonton and area) for their interest and hopes they will consider applying for future Council positions.

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



2021

REGISTRATION RENEWAL

PRACTICE
PERMITS
expire
DEC. 31

**Members must successfully
complete the annual
Registration Renewal
process in order to:**

- work in Alberta as a Licensed Practical Nurse in 2021 (with Active registration type)
- OR change their registration type from Active to a non-practicing Associate
- OR cancel their practice permit and notify the CLPNA they are not renewing for 2021

**Login to www.myCLPNA.com
or see www.CLPNA.com
for details.**

WORKING WITH AN EXPIRED PRACTICE PERMIT

Only those LPNs with a current Practice Permit from the College of Licensed Practical Nurses of Alberta are authorized to work as an LPN in Alberta, as stated in Schedule 10 of the Health Professions Act.

The repercussions of working with an expired or invalid practice permit are severe and impact both an LPN's registration and disciplinary status with the CLPNA. The CLPNA notifies all employers immediately with a stop-work request until the LPN's practice permit has been reinstated. The reinstatement process includes fees totalling \$1280 (\$780 in Practice Permit Fees and a \$500 Complaints Fee) and may take several weeks.

FEES AND DEADLINES

2021 REGISTRATION RENEWAL FOR ACTIVE PRACTICE PERMIT		
Fees Paid October 1 - December 1	Fees Paid December 2 - 31	After December 31
\$350	\$550	Reinstatement Required \$300 Registration Levy may apply

Fees may be paid online by credit card (VISA or Mastercard) or through previous enrollment in the Pre-Authorized Payment Plan (PAP). For different payment methods, contact the CLPNA during business hours to make alternate arrangements. All fees will change at 12:00 am (midnight) on the dates listed. All registration fees are in Canadian dollars and are non-refundable.

Maternity or Short-Term Leave?

The CLPNA recommends LPNs renew for an Active Practice Permit to return to work without delay.

Retiring or Moving?

LPNs should select the "Cancel" option on their 2021 Registration Renewal application to cancel their registration altogether. Until the Renewal form is submitted, LPNs will continue to receive notices as required by the Health Professions Act.

RENEWAL CLOSES ON JANUARY 1

On January 1, 2021, the Registration Renewal system will close, and those who have not renewed will have their practice permit suspended. Those still wishing to register must complete the 'Previously Licensed in Alberta' process. Total fees will be \$780 (\$100 Application, \$350 Practice Permit, \$300 Registration Levy, \$30 Criminal Record Check). If the applicant worked without a valid practice permit, a \$500 Complaints Fee is added, for a total of \$1280.

Proof of Registration on Public Registry

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

Prepaying Fees for 2022

The new Pre-Authorized Debit Plan (PAD) allows members to pay their 2022 Registration Renewal Fee using automatic bank withdrawals of \$35/month for up to 10 months. Search 'Pre-Authorized Debit Plan' at www.clpna.com.

Practice Hours Requirement for 2022

By 2022, all licensed practical nurses will be required to have provided nursing services for a minimum of 1000 hours within the previous four-year period (2018 – 2021) to be eligible for registration. This requirement will not apply to recent graduates registered for fewer than four years.

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

CLPNA OFFICE HOURS

Contact the CLPNA about availability of in-person appointments.

Monday – Friday 8:30 am – 4:30 pm

OFFICE CLOSED

December 24-25

January 1, 2021

PRE-PAYMENTS ON NEW PRE-AUTHORIZED DEBIT PLAN

Thousands of LPNs currently subscribed to the College of Licensed Practical Nurses of Alberta's Pre-Authorized Payment Plan recently received a major service upgrade.

On November 2, the plan went entirely online, increasing simplicity, speed, and transparency for the users.

The NEW Pre-Authorized Debit Plan (PAD) allows registrants to pay a future Registration Renewal fee through automatic bank withdrawals. The plan splits the annual fee for an Active Practice Permit into 10 monthly payments.

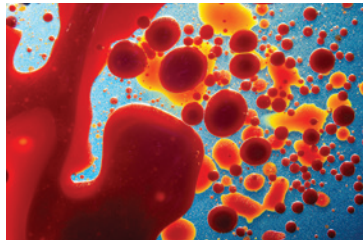
The PAD Plan is self-managed through the member's profile in myCLPNA.com with:

- Anytime subscription
- Anytime balance checks
- Anytime banking info updates
- Anytime cancellation

Subscribers to the CLPNA's Pre-Authorized Payment Plan (PAP) were automatically transferred to the PAD Plan for 2021.

New PAD subscribers will pay in advance for their 2022 Registration fee in up to 10 monthly withdrawals of \$35 starting February 1, 2021. Subscription is available any time. New subscribers cannot use PAD to pay for their 2021 Registration Renewal fee.

Complete details available by searching 'Pre-Authorized Debit Plan' on www.clpna.com. Contact the CLPNA's Registration Department at registration@clpna.com, 780-484-8886 or 1-800-661-5877 (toll-free in Alberta).



A COMPREHENSIVE GUIDE TO STUDY WITH CLPNA

The CLPNA's free, online self-study courses, and video presentations are intended for the continuing learning of licensed practical nurses.

With the scope of practice changes related to restricted activities that came into effect in February 2020, Alberta's LPNs are responsible for assessing their individual knowledge and competence in these areas of practice. LPNs may identify and require additional education if a knowledge gap exists or if specific education is needed for authorization to practice.

All courses can be accessed through www.studywithCLPNA.com and www.myCLPNA.com.

LEARNING MODULES (Members only)

CLPNA members can access these education modules by logging into their account on www.myCLPNA.com.

MANDATORY

By June 2022, all CLPNA members must complete this module as per the CLPNA's Standards of Practice on Restricted Activities and Advanced Practice.

- Understanding Restricted Activities

REQUIRED FOR ADVANCED AUTHORIZATION

Before performing or practicing in these areas of advanced practice, CLPNA members must complete the required advanced training or education that is required and have authorization from the CLPNA's Registrar noted on their practice permit.

- Administering Medications via Central Venous Catheter, Peripherally Inserted Central Catheter, and Implanted Venous Access Device
- Administering Parenteral Nutrition

OPTIONAL FOR RESTRICTED ACTIVITIES

These optional CLPNA modules build LPN competence in restricted activities.

- Administering Blood and Blood Products: Transfusion
- Administering Diagnostic Imaging Contrast Agents
- Administration of Nitrous Oxide
- Dispensing of Medications
- Ear Syringing
- Fetal Heart Monitoring
- Immunization
- Non-Ionizing Radiation

GENERAL SELF-STUDY COURSES

The following optional self-study courses on various topics are available at www.studywithclpna.com.

- Anaphylaxis Self-Study Course
- Diagnostic Tests & Laboratory Values Self-Study Course
- Elder Abuse Self-Study Course
- Health Assessment Self-Study Course
- Infection Prevention and Control Self-Study Course
- Infusion Therapy Self-Study Course (Under Review)
- Jurisprudence Exam Study Guide (for the Jurisprudence Exam)
- Learning to Learn: Professional Development Strategies for LPNs Self-Study Course
- LPN Code of Ethics Learning Module
- Medical Language and Terminology Self-Study Course
- Medication Administration Self-Study Course (Under Review)
- Medication Drug Calculations Self-Study Course
- Nursing Documentation 101
- Pressure Ulcers eCourse
- Relational Practice Self-Study Course



EDUCATIONAL VIDEOS

Many of these expert presentations were originally shared as a live webinar.

| REGULATORY RUDIMENTS

- Bill 21: An Act to Protect Patients (from Sexual Misconduct or Abuse)
- Connecting Regulation to LPN Professional Practice
- Continuing Competence Program for CLPNA Members
- Immunization Regulation for Alberta's LPNs
- Nurses in Independent Practice
- Overview of 2020 LPN Regulation Amendments
- Professional Boundaries – What LPNs Need to Know

| SAVVY SKILLS

- Advance Care Planning (3-part series)
 - 1: Advance Care Planning and Personal Directives
 - 2: Understanding Goals of Care Designations (GCDs) and Conversations
 - 3: Green Sleeve Documents and Processes
- Challenging Unconscious Bias to Benefit Caregiving
- Collaborative Practice in Nursing
- Diabetes and Drugs for Licensed Practical Nurses with Barb Bancroft
- Diabetes and Health Assessment with Barb Bancroft
- Elder Abuse Awareness for Licensed Practical Nurses
- End PJ Paralysis (Mobilizing Patients) for LPNs
- Falls and Fall Related Injury & Prevention
- Integrating Spirituality into Care for Nurses
- Palliative Care (3-part series)
 - Palliative Care – Communication and Support with Kath Murray
 - Palliative Care – Dealing with Dyspnea with Kath Murray
 - Palliative Care – Essential Tools for Licensed Practical Nurses with Kath Murray

| SAVVY SKILLS cont'd

- Patient and Family Centred Care
 - Patient and Family Centred Care – An Introduction with Paul Wright
 - Patient and Family Centred Care – The Patient's Voice with Paul Wright
- Professional Boundaries – What LPNs Need to Know
- Relational Practice: Beyond Introductions and Interviewing (for Licensed Practical Nurses)
- Trauma-Informed Care for Licensed Practical Nurses (with Early Childhood Development Support Services)
- Unconscious Bias (with Marni Panas, Alberta Health Services)

| WORKPLACE WISDOM

- Challenging Unconscious Bias to Benefit Caregiving
- Licensed Practical Nurses Supporting Caregivers with Debra Paches
- Nurses in Independent Practice
- Resilience – A Mindset for Wellness
- Respectful Workplaces – Building Healthy Relationships
- Workplace Bullying: Things Need to Change (with Alberta Health Services)

Visit www.studywithclpna.com to access.

For info, contact the CLPNA's Professional Development Team at profdev@clpna.com, 780-484-8886 or 1-800-661-5877 (toll free in Alberta).

POLICY UPDATE

New Practice Guideline: Evidence-Informed Practice

- The purpose of this practice guideline is to help LPNs through the process of performing evidence-informed practice. The document provides guidance on applying critical thinking to components of evidence-informed practice and helps LPNs incorporate evidence in the decision-making process.

New Policy: Research Funding

- The purpose of this policy is to outline expectations for recipients of the CLPNA's research funding regarding appropriate use, describes allowable research expenses, and other operational requirements.

New Policy: Substantial Equivalence

- The purpose of this document is to explain the requirements for substantial equivalence, describe the assessment process, and outline the potential results of the process. The substantial equivalence process can be accessed by internationally educated nurses applying for a practice permit with the CLPNA and LPNs looking for substantial equivalence in an area of advanced practice.

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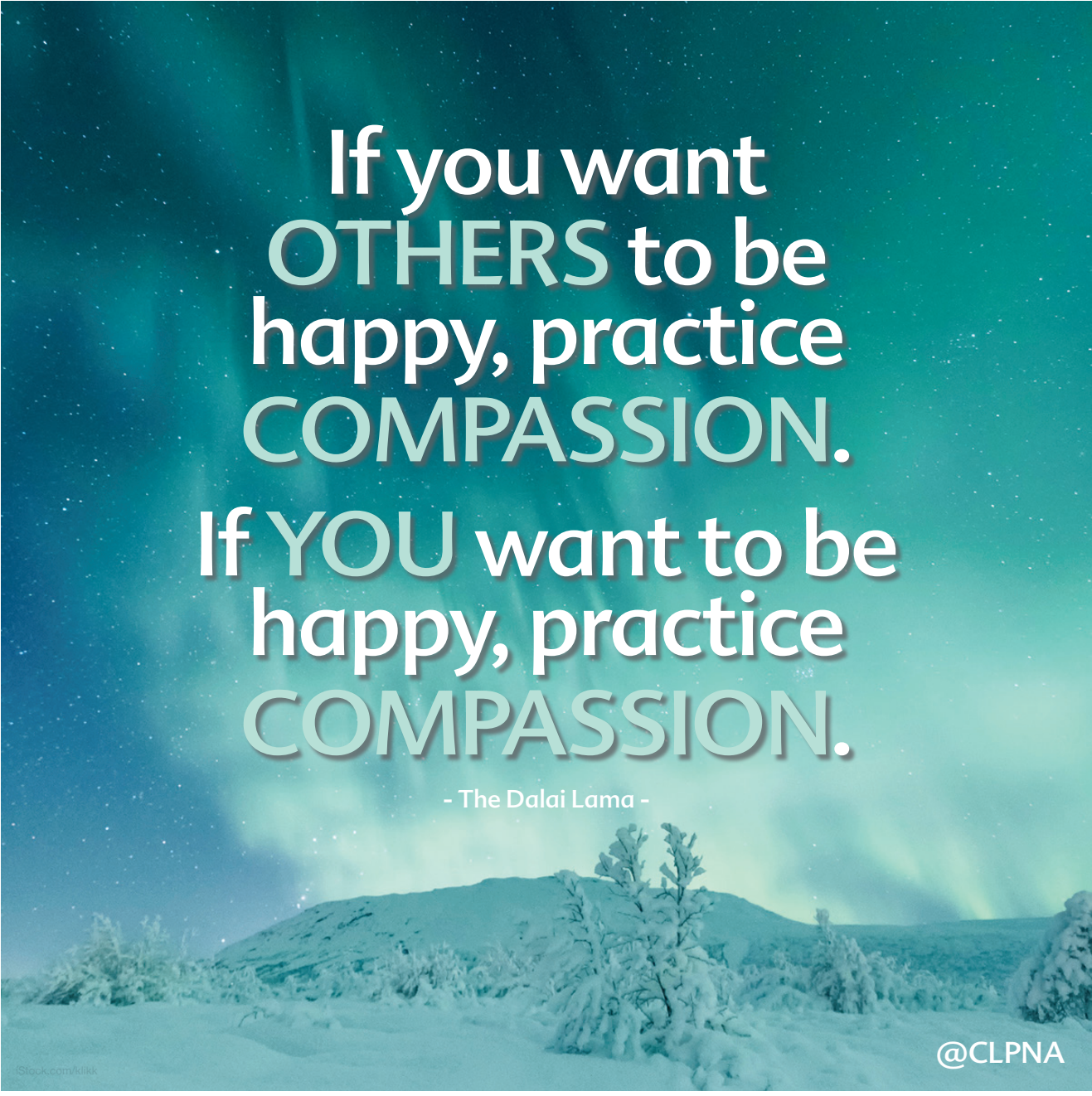
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- ✓ CNA Certification - Study Groups



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