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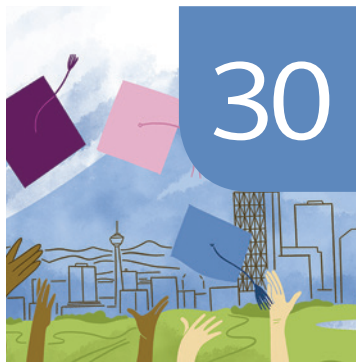
For the past 14 years, Bow Valley College's Practical Nurse program has prepared students for a nursing career with flexible learning options. Congratulations to Alberta's LPNs on more than 70 years of caring for our province's people.

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THE RICH — AND, AT
TIMES, SURPRISING —
HISTORY OF ALBERTA'S
LICENSED PRACTICAL
NURSES STRETCHES
BACK OVER MORE
THAN SEVEN DECADES.
WHAT BEGAN AS A
STRAIGHTFORWARD
POST-WAR OCCUPATION
FOR WOMEN IS
BETTER UNDERSTOOD
TODAY AS A HIGHLY
COMPETENT NURSING
PROFESSION DEFINED
BY REGULATORY
EXCELLENCE.

This history has been shaped by legislation, amalgamation, salary negotiations, rules, regulations, discipline, court decisions, registration and wider healthcare needs. At its core, though, that history - much like nursing itself - hinges on human stories.

The people who championed and pushed the profession forward over the years saw possibilities where others saw problems. They could look at a temporary barracks in post-war Calgary and imagine a training ground for healthcare workers (at first, strictly women); they believed a vocation could and must change with time; they were emboldened to gamble when others turned away; and they knew that education was the key to everything.

Without these people, the province's licensed practical nurses might have quietly slipped into the past. They didn't.

Instead, the many transitions in education, standards and legislation, along with the work of associations, unions and educators, have led to the carefully and thoughtfully regulated profession of today.

While we often hear about people, places, and events "making history," few moments feel historic as they happen. Only by looking back do we start to see, more clearly, the defining moments, the key figures, the formative, fortunate, and less favourable forks in the road.

Looking back over the history of a profession provides the same opportunities, even when that profession continues moving forward in time, focused on public protection and meeting the evolving needs of the healthcare system. There are moments to celebrate, crucial decisions, near misses, and milestones we might never see unless we take the time to reflect.

Even today, new history is being written. Contemporary licensed practical nurses are breaking new ground and providing rich fodder for future writers and historians. The profession will grow and change, guided by the goal of excellence in practical nursing, pushed on by people who continue to see its potential. ■



A New Kind of Nursing

1947-1960

Alberta's licensed practical nurses (LPNs) are a common sight in healthcare settings around the province today, providing care to patients, participating on multidisciplinary healthcare teams, and serving in leadership positions.

These healthcare workers belong to a branch of nursing with a unique past — an occupation that started with a war, and was propelled forward by those who continued going to battle in the workplace, pushing for pay equity between women and men, and preparing practical nurses for changing roles and responsibilities.

Still, Frances Ferguson could not have known all that was ahead when she looked out at the group of impeccably dressed women in grey and white on October 1, 1947 — the first civilian certified nursing aides (CNAs), who were about to receive certificates from Alberta's Minister of Health.

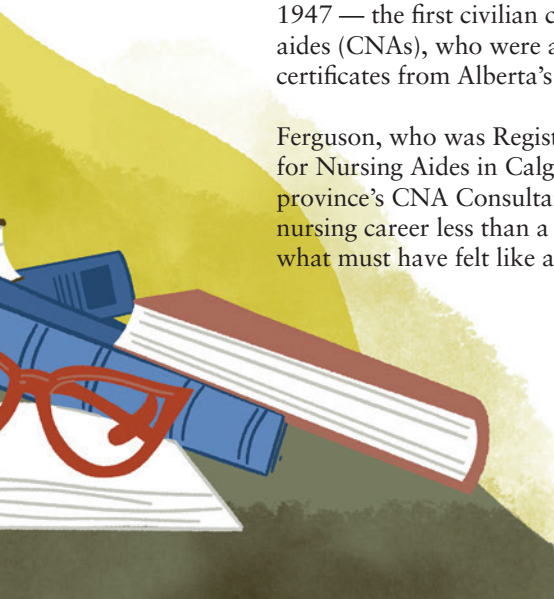
Ferguson, who was Registrar at the School for Nursing Aides in Calgary and the province's CNA Consultant, started her own nursing career less than a decade earlier, in what must have felt like a different world.

She trained at the Royal Alexandra Hospital in Edmonton and became a nurse just a year before Canada entered World War II. After post-graduate training in pediatrics at the Children's Memorial Hospital in Montreal, Ferguson stayed on there as assistant night supervisor until she joined the Royal Canadian Army Medical Corps, serving until 1945.

When the war ended, Ferguson returned to Alberta and got a position at a Canadian Vocational Training (CVT) school in Calgary that was getting ready to try something new: a training program for "practical nurses" that focused — at first — on service women coming back from WWII with new medical skills and a desire to work.

"The Alberta Association of Registered Nurses was approached and I must say that from the beginning, the Nurses have given their co-operation and support," Ferguson later said in an interview. "As I was an Ex-Service woman myself, and recently returned from overseas service, I was asked to assist in setting up the curriculum in 1945."

Service women started entering the following year. And with guidance from an advisory committee that included representatives from the Department of >



1947 - 1960



Veterans Affairs, CVTs, and the Alberta Association of Registered Nurses, Ferguson and other instructors at the school in Calgary started enrolling civilians in the “Certified Nursing Aide” program in 1947.

Almost two dozen civilians enrolled that January, though the program retained the discipline of its military roots. Consistent with this discipline, trainees wore very specific uniforms that evolved somewhat over time: a grey “hoover-style” smock, white bib-style apron with straps crossing behind the back, clean white shoes, and white stockings. After graduating, the CNAs earned an arm band that marked their new status, though that would change over time to a pin and a cap. Tidy hair was non-negotiable.

Initially, prospective trainees were between 17 and 40 years old, with at least Grade 9 education, an up-to-date vaccination

record, and completed medical exam, though the age of entry and education requirements increased in the years that followed.

When applying to the program, would-be students were asked to provide information on everything from their current living arrangements and marital status to their educational background, military service, and insurance status. Despite the pronounced need for these healthcare workers, standards were strict, and issues related to a woman’s appearance — her weight, for example, or susceptibility to acne — could stand in the way of a successful application.

For the first few months of their training, the would-be practical nurses took courses on everything from anatomy, community health, communicable and common disease to personal hygiene and home management in large “H”-shaped huts—long, single-



Student studies model of heart



Trainees at Calgary’s School for Nursing Aides, May 1950

1947

Nursing Aides Act passed, providing for the licensing of the Certified Nursing Aide. An annual license cost \$1.



1950

344 certified nursing aides have been licensed and 147 are in training.

From a 1950s era letter to a woman who had applied to the Nursing Aide training program:

“We note you presently weigh 175 pounds. Please note you must reduce your weight to at least 161 pounds before you can be considered for training. May we suggest you consult your physician regarding this matter.”

story wooden structures resembling temporary military barracks or training centres—in Calgary’s North Hill area, now home to the Southern Alberta Institute of Technology.

“Hut #7,” for example, included a 30-person classroom, a “demonstration room” with a dozen mock hospital beds, a kitchen with cooking labs, a large refrigerator, lockers, storage, and laundry facilities, along with an office for staff, student lockers, and a dressing room.

When instructors realized that students were spending every evening doing housework to work off

room and board in the city, they added another hut with three 10-person dormitories.

By the early 1950s, trainees who were accepted into the program got an allowance of \$8.75 to \$14.50 a week from the National Employment Service or Alberta Health Survey Committee, depending on their experience and family responsibilities, and \$25 per month from placement hospitals during their practicums.

Once students had spent an arduous 12 weeks digging into concepts as disparate as childbirth, wound bandaging, the signs of polio, syphilis, smallpox,

“In summer, the heat penetrated the walls and in winter, they sat in class with overshoes on to keep their feet warm or waded through subzero temperatures to another hut for another class. In one hut they were using, the floors were so rotten and worn, the stove fell through, in spite of the two layers of battleship linoleum covering it.” - from handwritten *Alberta Certified Nursing Aide Association* essay on history of profession.



Jean Frances Ferguson Sutherland, born in 1914, graduated from nursing in Edmonton in 1938. After pediatric post-graduate training and a job in Montreal, Ferguson enlisted in the Royal Canadian Army Medical Corps as a “Nursing Sister of Canada” in late 1942 or early 1943. She was posted both in Canada and overseas, serving in England, France, Belgium, and Holland. Before taking the helm at the burgeoning School for Nursing Aides in Calgary — where she helped enroll, register, train, post, certify, and find resources for nursing aide students — Ferguson also volunteered in the Pacific theatre of World War II. She went on to bring her training and nursing skills abroad again in late 1955, when she received Canadian government support to help establish a nurse training program in Ceylon (now Sri Lanka). An active member of the Alberta Association of Registered Nurses (now the College and Association of Registered Nurses of Alberta), Ferguson served as the organization’s president for a time. In her later years, she helped document wartime roles played by Canadian nurses, and volunteered with programs for senior citizens and retired nurses. She was awarded a Queen’s Golden Jubilee Medal for her military and civilian contributions in 2003, a few years before her death in 2008.

1952

New School for Nursing Aides opened at 1315 – 16 Ave NW, Calgary, the first school of its kind in Canada.



1955

First annual convention of the Alberta Certified Nursing Aides Association was held at Royal Alexandra Hospital. 67 attended.



Public health materials on sexually transmitted infections

Selected Rules of Etiquette that must be followed by Nursing Aides:

Always stand when speaking to those in authority.

Do not wear your uniform in a public place.

Do not become 'hard-hearted' but practice self-control in manner and expression.

From a nursing ethics exam

and other infectious disease scourges, they dispersed to sites across the province for three consecutive practical placements — working some 48 hours a week for

Early CNA trainees were required to get a chest x-ray before beginning their training "as a basal comparison in the event that the nursing aide is later exposed to tuberculosis."

six months — at community hospitals, mental health facilities, and sanatoriums where tuberculosis patients were treated.

At the end, nursing aides who completed the course paid their \$2.00 registration fee and an annual licensing fee of \$1.00 to receive a certificate to practice in the province. The vocation that would ultimately morph into a career — licensed

practical nursing — was born.

"You will have discovered during your practical training that, as a group, you are badly needed at the present time, and that there is a very definite place for you along with the registered nurse, in our hospitals," said Jean Clark, a member of the Alberta Health Survey Committee, addressing CNAs at a graduation ceremony in 1948.

By the end of 1949, the Calgary training program had turned out more than 300 CNAs, with another 110 students at various stages of their training. By 1951, there were 484 CNAs.

The occupation of nursing aide was growing, but the training program was still unable to keep pace with hospital requests for CNAs, according to correspondence from Ferguson, who was not

shy about writing to anyone and everyone who might help support and grow the CNA training program.

"I would like to have permission from the Dept. of Health to spend a little money, about \$25.00, for publicity which I would like to have re: 'Open House,' which I feel would help in the recruiting," she proposed in early 1953. In

1955, she approached the department about putting up CNA displays — and maybe a nursing-themed float — at the Calgary and Edmonton Summer Exhibitions.

Ferguson wrote letters to the public library recommending CNA-appropriate books for rural libraries. She corresponded with the people running practical



Students watch an instructor demonstration on bathing infants

1958
A second nursing aide school opened in Edmonton in the former Garneau High School. The Edmonton Journal described the school's amenities but noted "The school skeleton, however, has not arrived yet."





Graduating class, 1956



An NA is fitted for her uniform

Even in the earliest years, the training of nursing aides was referred to as practical nursing. A 1946 newspaper article reads, “The question of providing training for ex-service women as practical nurses has been discussed for some time by the officials at the Department of Veteran’s Affairs...”. An early course outline from the Calgary training school is titled “Practical Nursing”. This focus on “practical” nursing was fundamental to differentiate these new professional nurses from registered or “graduate” nurses.

nurse training programs in other provinces. In one letter, Ferguson pleaded with the health department for educational filmstrips (maybe send that new one on tuberculosis, in colour, if possible). In another, she reached out to the Director of Nursing at University of Alberta Hospital to find out which procedures nursing aide students and CNAs were being permitted to perform there.

In messages to hospital administrators, she lauded the skills of her graduates, who were already starting to walk the line between assisting at the bedside and offering practical nursing care — albeit under the strict supervision of doctors and registered nurses.

“It is our hope, I must admit, to teach these Nursing Aides to give efficient bedside nursing care in a limited number of nursing procedures,” Ferguson wrote in 1950. “With the present-day

shortage of Graduate Nurses for staff employment, instructional, and supervisory positions, it is hoped that nurses, student nurses, and nursing aides will eventually work together as a team.”

By the time a second CNA training centre opened in Edmonton in 1958, the practical nurses were starting to come together through the Nursing Aide Advisory Committee, which morphed into the Alberta Certified Nursing Aides Association by the early 1960s, to push for better wages and working conditions.

By then, though, Ferguson had moved on to an international development gig in Ceylon (now Sri Lanka). But the nursing occupation that she helped to establish in Alberta was gearing up to grow and change, paving the way for the practical nurses who would follow so many decades later. ■

1959

Uniforms were ordered through the nursing school, and cost \$4.25 for a grey smock, \$2.50 for white aprons, \$1.50 for bibs and .50 for caps.



1960

1,202 certified nursing aides were practising in Alberta.



New Demands & Changing Expectations

1961-1976

While the 1960s are often remembered as a time of societal upheaval, it took time for equality to begin to reach the workplace.

For women training and working as certified nursing aides (CNAs) in Alberta in the '60s and early '70s, discipline and strict healthcare hierarchies remained the norm. It would take concerted efforts and agitations from across the province — along with one profession-defining provincial court case — for the CNAs to start chipping away at those hierarchies, first by demonstrating that they deserved the same pay as their male peers working similar jobs.

In those days, CNA training in Alberta “was absolutely regimented,” keeping with

the profession’s military underpinnings, recalls Pat Fredrickson, who became a CNA in 1962, and went on to become the Executive Director/Registrar for the College of Licensed Practical Nurses of Alberta (CLPNA) from 1986 to 2006.

In the process, CNA training programs at Alberta Vocational Colleges in Edmonton and Calgary produced women with practical nursing skills, who were not allowed to call themselves nurses, but had the fortitude for battles, big and small.

After a few years of agitating, for example, CNAs got permission to branch out from their original uniform, a grey smock, white apron, white stockings and white shoes. The grey was “drab and depressing,” according to a disparaging article in the *Edmonton Journal* in 1967, which cautioned that a CNA could lose her license for daring to don white at work.

“Some young misses have tossed aside their grey outfits and moved to other provinces—simply so they could wear white,” the author asserted. >

1961 - 1976



By 1968, there was no need for a CNA to uproot based purely on the at-work outfit options (if that did indeed happen). That January, the president of Alberta's Certified Nursing Aide Association (ACNAA), Sylvia D'Hulster, sent out a memo stating that CNAs also had the option of wearing a one-piece, tailored grey uniform or — finally! — a white uniform with “Alberta Certified Nursing Aide flashes on both shoulders.”

Still, there were bigger challenges on the horizon.

As the dire conditions that followed World War II slowly dissipated, many

CNAs began to question their future role in healthcare.

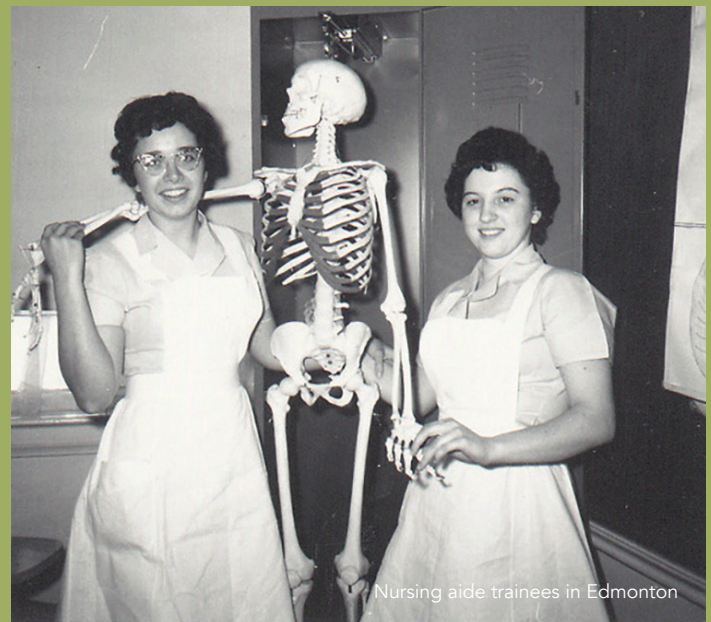
At the same time, the CNAs were starting to organize. The ACNAA, formed in 1961, took on a role in negotiating CNA salaries with the Alberta Hospital Association in late 1963 and became a CNA bargaining agent in 1971. The following year, the organization became a founding member of a national group called the Canadian Association of Practical and Nursing Assistants.

Some CNAs joined unions such as the Civil Service Association (now the

Under regulations at that time, CNAs “could do anything that we were trained or educated to do,” remembers Pat Fredrickson, (in photo with skeleton, on left), who completed her training at that time. “If you were trained on the job, you could do it, or if you were educated in your program, you could do it.”



Orderlies at Charles Camshell Hospital, Edmonton



Nursing aide trainees in Edmonton

1961

Alberta Certified Nursing Aide Association incorporated; membership 443.

1963

There were approximately 1,200 CNAs in Alberta hospitals. Demand for nursing aides continued to exceed the supply.

The Nursing Aides Act, introduced in 1947, had for its primary purpose the training of women nurses who did not possess the academic qualifications to enter professional nursing, and to give them a vocation which they could practice with personal satisfaction and contribute to the nursing field in the care of the sick. The program has fulfilled all these primary purposes admirably and at the present time it is felt that the institutional care of the sick could not function without them. They form an essential part of the nursing team.

– from 1962, The Schools for Nursing Aides report

Sample ages of graduates from the two nursing aide schools, circa 1960:

17.5 – 19 years:	177
20 – 29 years:	139
30 – 39 years:	27
40 – 49 years:	33
50 – 59 years:	19

In 1965, the Alberta government approved the establishment of Alberta Vocational Centres (AVCs) which replaced the Canadian Vocational Training schools (CVTs) that first offered practical nurse training. By the early 1970s, the responsibility for nursing aide education was handed over from the original nursing schools to these new AVCs, which later changed from vocational centres to vocational colleges.

orderlies in hospitals across the province, while being paid far less.

While CNAs had trained at vocational schools since the late 1940s, nursing orderlies were trained in hospital until 1967, when a formal training program was finally introduced. The Nursing Orderly training program moved to the AVCs in 1971, but remained separate, unregulated, and isolated from the CNA training program.

In a pointed letter to then-premier Peter Lougheed in 1973, one unhappy female healthcare worker from Camrose wrote, “Mr. Lougheed, I hope you will pardon my language, but shit looks and smells the same on a woman’s ward as it does on a man’s ward! I don’t understand why I should clean it up for \$107.00 a month less

Prior to the amalgamation of the Nursing Aide and Nursing Orderly Schools, the students from the two programs seldom mixed. As the amalgamation date drew closer, the student bodies began to mix and did share some lab space. The N.O. students became brave and decided to borrow (without consent) the N.A. school mascot. ... Retaliation occurred with the kidnapping of an N.O. by the N.A. students. All ended peacefully when [an N.A. student’s] husband arrived in police uniform to pick her up. So ended the case of the missing mascot and nursing orderly student!

– from AVC Edmonton’s 1991 booklet, “An Informal History of our College”

Alberta Union of Public Employees [AUPE]), but most didn’t.

Still, by the late 1960s, CNAs (who were almost exclusively female) realized they were doing the same work as male nursing

1967

The 30-week Alberta Nursing Orderly program launched in Edmonton.



1967

The ACNAA became the negotiating body for CNAs with the Alberta Hospital Association. They later became a bargaining agent for CNAs in 1971.



Laura Crawford

Even before the Professional Council of Registered Nursing Assistants launched and took over registration and certification for Alberta’s practical nurses (then called RNAs) in the mid-1980s, registered nurse Laura Crawford pushed for improved RNA education and training. In around 1978 — long before RNAs were typically offered post-basic training opportunities — Crawford was hired by the union representing RNAs to cross the province to offer catheterization training to Alberta’s practical nurses. “She was the first one that ever tried to get a bit of education out to the LPNs,” beyond the patchwork of on-the-job training done by employers, Rita McGregor (retired CLPNA Director) remembers. In honour of the significant contributions Crawford made in improving the educational and training opportunities available to today’s licensed practical nurses, the CLPNA established the Laura Crawford Excellence in Nursing Practice award, given each year to an LPN nominated by her or his peers. In keeping with the example set by Crawford herself, the award focuses not only on nominees’ knowledge, skills, and judgment in practice, but also their efforts to bolster teamwork, professional pride, and mentorship.

Required questions for applicants to the Schools for Nursing Aides – circa 1965:

Racial Origin / Church attended / Father’s name, employer and occupation / Health status of husband if married. Applicants also had to note whether they were subject to things like acne, eczema, frequent colds, hay fever, menstrual irregularity or pain.

than my male counterpart. I thought that the Human Rights Commission granted us equal rights, regardless of sex?”

The Minister of Health and Social Development received a strongly-worded letter from the same “very unhappy civil servant” not long after.

Pat Fredrickson, who was by then President of the ACNAA, sent a more diplomatic note — accompanied by a briefing on CNA and nursing orderly training and responsibilities — to the Department of Health and Social Development the same year, requesting a meeting on the pay equity issue.

For its part, AUPE, which represented many of the registered nursing orderlies at the time,

objected to the separate, sex-exclusive training programs that existed for the two professions, and accused at least one hospital board of conspiring with the ACNAA to keep CNA wages low so that they were preferentially hired over orderlies.

Pressure was mounting on all sides as more and more CNAs realized they were being shortchanged in the workplace.

Realizing that it would take just one key court decision to change things for practical nurses across the province, seven CNAs from Edmonton’s Royal Alexandra Hospital — Doreen Gares, Edna Gultner, Herta Kuchta, Stella Zurawell, Shirley Alm, Katherine Whitehead, and Carmelle Morin — submitted a complaint to Alberta’s Human Rights Commission in 1973



1968
The Minister of Health agreed to permit CNAs to wear white uniforms after dissatisfaction with the grey uniform throughout the 1960s.

1972
The Canadian Association of Practical and Nursing Assistants was founded; the ACNAA was a founding member.



Indigenous CNA graduates employed at Charles Camsell Hospital

Check your image — it's slipping!

In Burns' poem, a fine lady put on glamorous airs, unaware that a wee louse was giving away her true habits. Nurses are claiming — with some good reasons — to be professionals, but their looks give them away.

Glennis Zilm

Professional? Nurses? Well, maybe. But in their identifying uniforms, many look about as professional as a doctor making rounds in his bare feet or a lawyer pleading his case in a bathrobe.

During the past few years, I visited nearly 60 hospitals in six provinces. Almost without exception in these hospitals, many nurses were rumpled, dirty, and frumpy — so many that this antidy and, yes, unsanitary image is the one that stays in the mind.

It is true that clothes do not make the professional. But, being professional implies that one has a pride in oneself and in one's job; usually the professional shows his commitment to his calling by representing it well when on public view.

Being professional, too, implies that the individual polices himself, not that orders come from above. Yet, all too often directors of nursing or supervisors have to issue directives ("No rings," "Uniform skirts must be below the knee,").

Miss Zilm, now a reporter for The Canadian Press, was formerly assistant editor for *The Canadian Nurse*, and before that — obviously — a nursing instructor teaching nursing arts.

● There is nothing wrong with short skirts — patients like their nurses to look nice. But who would blame the man in the next bed from thinking all sorts of things?

DECEMBER 1969 THE CANADIAN NURSE 45

Equal pay ordered for nursing aides

EDMONTON (CP) — An Alberta Supreme Court judge has ordered that nursing aides be paid the same as registered nurses, a decision that could mean a pay raise for some 10,000 aides in the province.

The judge, J. C. Stewart, in a ruling handed down Wednesday, ordered Royal Alexandra Hospital to pay nursing aides the same as registered nurses. The ruling applies to all nursing aides in the province.

The judge said that the hospital had a duty to pay nursing aides the same as registered nurses because they perform similar functions to the latter and are also employed under the same contract.

The judge said that the hospital had a duty to pay nursing aides the same as registered nurses because they perform similar functions to the latter and are also employed under the same contract.

“A one-man board of inquiry found last summer that the nursing aides, predominantly female, are entitled under the Individual Rights Protection Act to the same pay as the predominantly male nursing orderlies at the [Royal Alexandra] hospital. The case is the first in which the Alberta government’s individual rights legislation has been tested in the courts and its findings are expected to affect pay scales in almost every Alberta hospital.”

— Calgary Herald, May 1975

against the Royal Alexandra Hospital Board of Governors, arguing for pay that was on par with that given to male orderlies.

David Cargill McDonald ruled in favour of pay equity for CNAs and nursing orderlies.

CNAs across the province held their breath. They also held off on pursuing similar cases, for the time being, in anticipation of a decision.

An inquiry stemming from the human rights complaint concluded that the CNAs *should* get paid as much as nursing orderlies, and the case was bounced to an Alberta courtroom in 1975. Not long after, in 1976, Justice

Some believe the CNA pay equity case, which reached Alberta’s Supreme Court, was the first of its kind in Canada. Although the situation has improved somewhat for women working in healthcare today, the issue of equal pay for equal work remains a hot button issue in Canada and other parts of the world even in the year 2020.

The decision would have wide-reaching ramifications for both professions — leading to a common, combined training program for CNAs and CNOs, along with a new shared title and the realization that, with the right training and education, there might be opportunities on the horizon to take on new responsibilities in healthcare settings. ■

1973

Seven CNAs at the Royal Alexandra Hospital complained about discriminatory wages.

1976

The Supreme Court of Alberta ruled that CNAs and registered nursing orderlies should be paid equal wages for work of equal value.





Conflict & Consolidation

1977-1987

Pat Fredrickson was facing rejection after rejection. But if she felt discouraged, it is not evident when she describes the experience more than 30 years later, speaking with conviction and a sense of purpose that has not faded with time.

“We had to be self-sufficient,” she says simply.

It was 1985 and the young nurse had visited three banks, seeking a loan to get a new nursing assistant organization off the ground. At the third bank, Fredrickson walked out with a personal loan of around \$90,000.

Fredrickson promptly invested the money in the Professional Council of Registered Nursing Assistants (PCRNA), an organization that eventually morphed into the College of Licensed Practical Nurses of Alberta.

At the time, the PCRNA was about to take over Alberta’s Registered Nursing Assistant (RNA) registry, handled by the provincial government up to that point. But to do so, the organization needed funding.

“It took some convincing,” she concedes. “We said to each of the banks, ‘We’re taking over the registry from the government. So we have a guaranteed income, as soon as that happens.’”

The investment made it possible to start pushing for improved education, a continued emphasis on patient care, and enhanced professionalism for practical nurses in the province, who were known as certified nursing aides (CNAs) until 1978, when their title changed to RNA.

But that moment in the mid-1980s also closed out a more tumultuous decade that saw the amalgamation between CNAs and nursing orderlies, early curriculum reviews, the first seeds of self-regulation for RNAs, and a slew of legislation that would ultimately change the profession.

In the wake of the 1970s pay equity dispute that reached Alberta’s Supreme Court, CNAs were mandated to receive the same pay as male nursing orderlies. But the court ruling had broader implications for nursing assistants and nursing orderly occupations in Alberta and beyond.

Under 1978 legislation—known as the Nursing Assistant Registration Act—CNAs and nursing orderlies were collectively given the title of RNA. Though training programs >

EQUA

LEGISLATION

1977 - 1987



for CNAs and orderlies had been strictly separate in the past, Fredrickson remembers, the now-joined RNAs were suddenly trained together, and treated as one group in the hospitals.

Fredrickson, who was working as a nurse at Glenrose Hospital at the time, remembers it as a “very bumpy transition.”

The provincial government offered nursing orderlies a window of about a year to register as RNAs with the government, without any additional training.

“When they changed the legislation, they combined the two. There was no stipulation for any kind of demonstration of knowledge,” Fredrickson notes.

While the merger made it possible for nurses to receive training in new areas such as catheterization, which some nursing orderlies had been doing already, it also served to strip away some of the duties practical nurses held previously.

Before then, including when Fredrickson herself started nursing, CNAs had been licensed to perform more or less any of duties they learned at school or on the job, provided they were under appropriate supervision.

“It was a real big step backwards to go to the Nursing Assistant Registration Act,” she says. She notes that government regulators overseeing RNAs lacked teeth when it came to matters of discipline.

In 1977, supervision of nursing aide programs was transferred to Alberta Advanced Education and Manpower and became physically located at the Alberta Vocational Centres in Edmonton and Calgary.



CLPNA archives



Students learn CPR from RNA instructor at AVC Calgary

1978

The Nursing Assistant Registration Act combined nursing aides and nursing orderlies under the designation of registered nursing assistants (RNAs).

1979

The Nursing Aide and Nursing Orderly programs at the Alberta Vocational Centres were amalgamated with a new curriculum.

Laura Crawford and other AVC staff chartered a plane and flew to High Prairie in April 1981 to make initial plans to offer the Nursing Assistant program there [at AVC Grouard]. While they met with the local president of AVC, the pilot took the plane up to scan the weather. When he landed, he went off the runway. Laura and the other staff had to push the plane back on the runway before they could fly home.

- from AVC Edmonton's 1991 booklet, "An Informal History of our College"

The Nursing Assistant Registration Act, passed in 1978, was largely limited to tracking RNA registration. The legislation lacked the authority to discipline individual RNAs, give oversight to RNA training programs, or guide educational approvals. "Our education program, in its history, had not had any kind of a review to determine the appropriateness of the program, the content of the program, or anything else," Pat Fredrickson says.

And educational reviews were inconsistent, even as RNA training programs expanded outside of Calgary and Edmonton, to a distance learning site in northern Alberta.

To address such gaps, the

province put together a multidisciplinary group of representatives including registered nurses, RNAs, orderlies, employers, and others to look into training—an early version of what became the Educational Standards Advisory Committee.

After touring the province to figure out what nursing assistant skills might be missing from the existing training program, representatives from the group made recommendations that led to early curriculum changes in the fall of 1979.

Still, there remained no clear avenue for enforcing educational standards at the centres offering nursing assistant training at the time. That started to change as Fredrickson and others saw an opportunity to refine and reshape the profession from the inside—starting with control of RNA registration.

Alberta LPNs Make Waves Nationally

Until the late 1980s, Alberta was one of the only places in the country where RNAs did not write a national exam at the end of their program. When the province's would-be RNAs did start taking the exam, it quickly became clear that the test did not address many of the areas in which Alberta RNAs were being trained.

The national exam "was done to the lowest common denominator," Fredrickson says. "So, not acceptable to our expectations."

As she remembers it, the relatively easy testing standards in place nationally at the time reflected the inconsistent training programs in place across the country.

"We weren't going to have all our grads who were doing [an upgraded educational program] write this Mickey Mouse exam. For what purpose?" Rita McGregor remembers.

Realizing that RNAs' value in the healthcare system was contingent on consistent training and education, she and her compatriots took on the not-so-simple task of trying to improve national testing and education standards in other provinces. By collaborating with practice advisory committees and other national groups, education programs started converging on consistency across the country. This made it possible to start pinpointing the knowledge required on a more challenging national exam.

That focus on consistency carried on when Executive Director Linda Stanger took the helm at CLPNA, with the increased use of the competency profiling approaches in other parts of Canada.

"That really contributed to harmonizing competencies," Stanger adds, noting that "as we have shared best practices, many of those have come out of Alberta."

Diploma programs have become standard for practical nurses across the country, and the national exam now focuses on the application of knowledge rather than processes alone.

The programs developed by and for LPNs in Alberta have since stretched to other parts of the world. Jean Valgardson, who chairs CLPNA's Education Standards Advisory Committee, has visited China several times in recent years to provide standards training for nursing programs there.

Although it's impossible to quantify the impact Alberta LPN influencers have had on national and international standards in education and practice, it's clear a significant difference has been made for the profession.

1979

The first "post-registration module" for nursing assistant students was offered at AVC Edmonton in cardiopulmonary resuscitation.



1981

The Nursing Assistant program was offered for the first time outside of Edmonton and Calgary, at the AVC in Grouard, now Northern Lakes College.

Once pieces of legislation from the early 1980s opened the door to the possibility of a self-governing association for registered nursing assistants, Pat Fredrickson and others knew they wanted to apply. In the meantime, though, funds were tight and there was a crucial need to document and demonstrate the skills many RNAs were bringing to healthcare — as well as standardize such skills and training. The first iteration of the Education Standards Advisory Committee (ESAC) was appointed in the late 1980s, and was led by government, not the Professional Council of Registered Nursing Assistants. A multi-disciplinary group, which included RNAs, registered nurses, and others, put together a set of original standards and appointed the first ESAC group, originally headed by Dr. Patrick J. Fahy (educator and chair of ESAC, 1990-92). For an early curriculum review, Fahy and Karen Polowick “flew, in his little private plane, all over the province to review: what are they [the RNAs] doing in hospital, what do they need to do, what do they need to know to be able to do that,” Fredrickson remembers. Another team looked at curriculum in each of the Alberta Vocational Colleges. By the time PCRNA took over the registry from the province in the mid-1980s, those early reviews were ready and the Council had appointed an Education Standards Advisory Committee—crucial steps in advancing future LPN education.

It took two more pieces of legislation — the 1980 Health Occupations Act and the Health Disciplines Act in 1982 — to open the door for self-regulation for many health professions. The practical nurses submitted their regulatory application in 1985 and held a founding convention in May to create the PCRNA with a mandate to seek designation under the

Health Occupations Act and then the Health Disciplines Act.

Fredrickson and her colleagues felt a sense of urgency that came from the realization that the future of RNAs, or today’s LPNs, was on the line. Without the ability to push for more consistency in the profession, she believes practical nurses would have

In 1987, the entrance requirement for the Registered Nursing Assistant program increased to grade 12.

faded into obscurity in a handful of years, since the variable skills and training that continued to pervade the profession at the time made many employers hesitant to hire or retain RNAs.

“If we had not done the things that we did, we would not have survived five years,” Fredrickson insists. “Hospitals were phasing out their RNAs. They didn’t have the knowledge or the ability, so employers were phasing them out.”

Despite progress made in earning wages that were on par with those of nursing orderlies, the difference in wages between RNAs and registered nurses grew significantly between the mid-1970s and mid-1980s.

According to a report prepared in 1986 by the Alberta Association of Registered Nursing Assistants (AARNA) (the union representing RNAs), RNAs earned around 91 percent of the RNs’ hourly wage, on average, in 1976. By 1985, RNAs were only making about 76 percent of what registered nurses earned each hour.

“From our discussions, it would appear that the [Alberta Association of Registered Nurses] is taking

the view that the RNA is no longer a valid area of nursing in active care hospitals,” the report states. “They believe the RNA role should be exclusively in auxiliary hospitals and nursing homes.”

Among the reasons cited, the report further noted that “CEOs and [Directors of Nursing] felt the RNA’s current level of training and education is barely adequate.”



RNAs walk an information picket in Calgary in June 1981. They were unhappy that RNAs lost through attrition were being replaced by other healthcare workers.

1982

The Alberta Health Disciplines Act was passed (formerly the Health Occupations Act of 1980). This act allowed for some healthcare professions to pursue self-regulation.

1985

An amendment to the Health Disciplines Act opened the doors to self-governance for designated health disciplines.



AARNA display, 1987



1977 graduates



IV therapy pilot class, Valleyview, 1986



1985

The Professional Council of Registered Nursing Assistants (PCRNA) was established.

1987

RNAs became the first self-regulated health association under the Alberta Health Disciplines Act, and lobbied for the change of title to licensed practical nurse (LPN).

From an AARNA document explaining the creation of the PCRNA:

“Professional associations are quite different from unions. Their purpose and philosophy is to protect the public by guaranteeing standards of practice and safe, knowledgeable practitioners through a provincial register and discipline mechanism.”

- January 1985, “AARNA Creates the Professional Council of Registered Nursing Assistants” document

Writing on behalf of Assistant Deputy Minister of Advanced Education Desmond Berghofer, then-director of Health and Social Services, Bill Novasky called that report “a very biased, poorly written, low quality research product,” and noted that officials at the Alberta Vocational College in Calgary “are upset with the report” and its “unfair and unsubstantiated conclusions.”

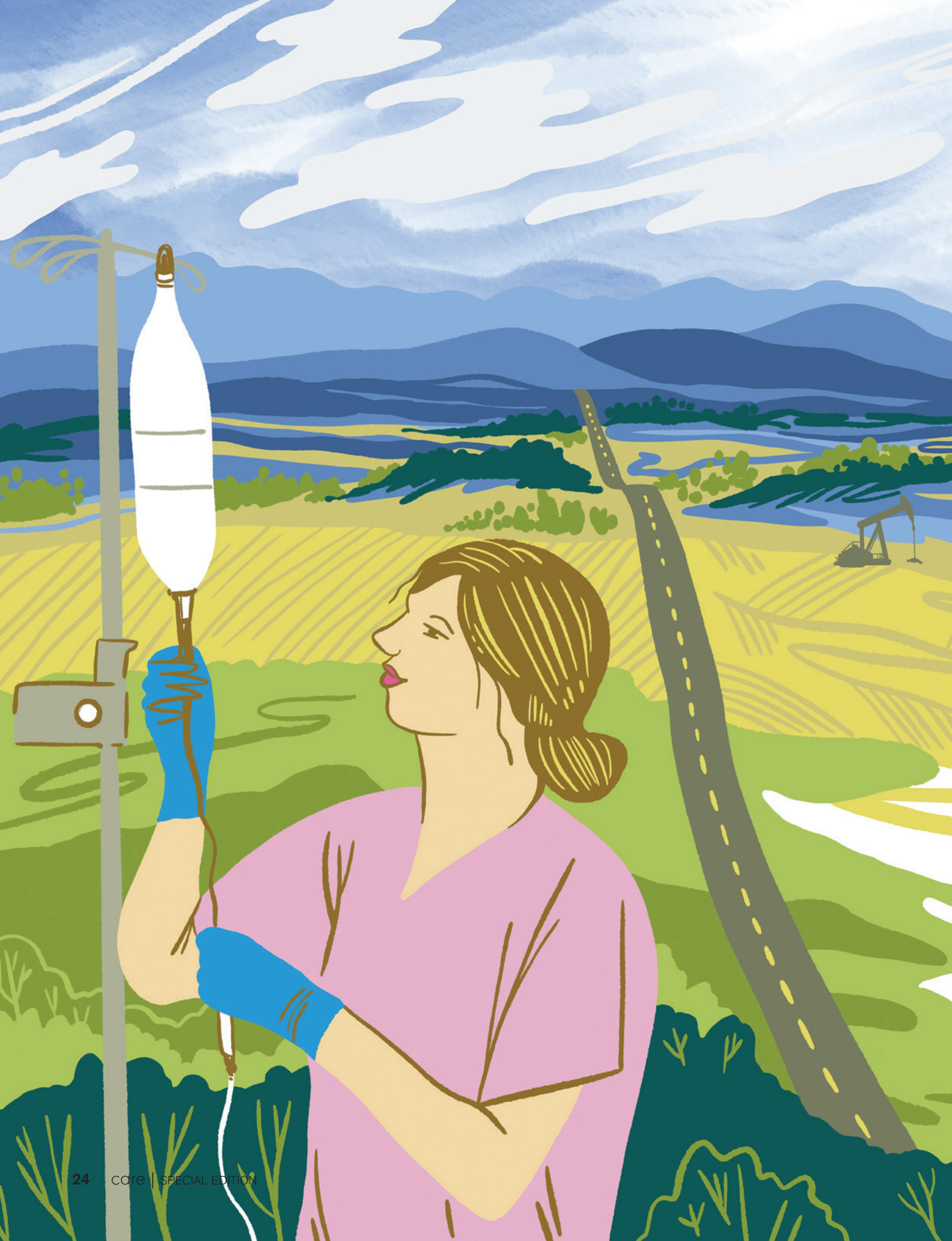
Despite the controversy, Fredrickson and other RNAs insisted they *were* being sidelined. And the only solution they could see was self-governance—a way to wrestle control of education programs from AVCs to standardize the curriculum and turn out more prepared, professional, and skilled nurses. But getting to that point would take several trips to the bank, and one big financial gamble.

The PCRNA officially took over registration in 1987, the same year Fredrickson was joined in her work by Rita McGregor, who had been working as the first RNA in the University of Alberta Hospital emergency room in Edmonton.

Not long after, the pair began visiting AVCs to pursue curriculum upgrades. In one early incident, Fredrickson and McGregor learned that RNAs were missing crucial obstetrics training, prompting in-person visits to PN training programs to push for curriculum changes.

“Oh we were bold,” Fredrickson says, laughing.

As it turned out, it would take still other bold gambles in RNA education and training to ultimately shape RNAs into practical nurses. But the momentum was building. ■



Beginning of Self-Regulation

1988-2003

If you find yourself in an Alberta hospital these days, odds are good that much of your day-to-day care will be delivered by a licensed practical nurse (LPN).

That wasn't always the case. It took decades of effort to have LPNs considered nurses in their own right, rather than nursing assistants or aides, through incremental increases in the practical nurses' scope of practice, education, and stature.

"Let me tell you about the pushback," Pat Fredrickson says, the corners of her mouth and eyes creasing upwards.

Nearly 14 years after retirement, Fredrickson reminisces about the trajectory of practical nurses in Alberta and beyond.

Fredrickson pushed hard for the formation of the Professional Council of Registered Nursing Assistants (PCRNA) in 1986, and stayed on as the organization's executive director and registrar for two decades, through its transition to the Professional Council of Licensed Practical Nurses (PCLPN) in 1990 and the CLPNA, eight years later.

A milestone during that tenure was the recognition of practical nursing as a self-

regulated group in the eyes of the Alberta government. This came with the responsibility to protect the public through licensing, discipline, evaluation and education. As the PCRNA began handling LPN (then Registered Nursing Assistant) registrations in 1987, Fredrickson was determined that the new regulatory body would do more than rubber stamp registrations. Further changes in 1996 moved regulation of LPNs from the Health Occupations Act to the Health Disciplines Act, facilitating the transition of LPNs from an occupation to a profession.

She knew the organization had an unprecedented opportunity to push for the skills upgrades, educational program reviews, and curriculum updates necessary to make these professionals more employable, while expanding the kind of care RNAs could offer.

Education was "the fundamental piece to everything we achieved," say Rita McGregor, who was PCRNA's director of policy and practice from 1987 until 2006.

McGregor couldn't be blamed if she didn't recognize the magnitude of the task ahead when she joined the CLPNA. She was brought on to work on a national exam and education standards, and says, "Even we didn't know what that meant at the time."

Then again, she was not one to shy away from a challenge. >

1988 - 2003



It was clear to both Fredrickson and McGregor that RNAs were not being consistently educated or used to their potential in the late 1980s — to the detriment of the profession, employers, the public, and RNAs themselves.

At that time, the Alberta Vocational Centres (AVCs)

A **1987-88** survey of practical nurse employers found that 50.5% viewed the basic education of PNs as adequate; 49.5% said PNs require increased skills in the basic program.

- from 'Position Statement on the Future Utilization of Practical Nurses and Nursing Assistants', 1990

that educated RNAs in Calgary, Edmonton, and Grouard “did whatever they wanted,” according to Fredrickson. So when

Fredrickson and McGregor started to show up at the centres asking for modest curriculum changes recommended by an independent reviewer, they were met with resistance.

“I said, ‘We want a new program and we want it now,’” McGregor remembers, adding that institutions “were not used to working with the regulator of the profession they were teaching.”

“We really had to demonstrate: ‘This is our role, this is our mandate. And come hell or high water, we will meet the needs that we see are out there,’” she says.

In 1990 — the same year legislation made it possible for RNAs to adopt the more widely used title of LPN — the province funded an Education Standards Advisory Committee (ESAC)



LPN, Edmonton General Hospital



OR pilot program, August 1994

1990

The title of registered nursing assistant was changed to licensed practical nurse (LPN). The PCRNA became the Professional Council of Licensed Practical Nurses (PCLPN).

1995

Membership decline and devaluation of the LPN profession led to mandatory upgrading in Physical Assessment, Medication Administration and Infusion Therapy.

From a presentation to the Health Disciplines Board, 1996:

Voluntary compliance has been excellent, with in excess of 1500 LPNs in 1994 and about 2000 in 1995 completing continuing education programs. ... the Board of Governors of the PCLPN recently sent a letter to all LPNs advising them they would be required to complete specific education programs prior to January 1, 1999 to be eligible for renewal of registration in that year.

made up of LPN, registered nurse, government, education, and other representatives tasked with developing standards for practical nurse program approval.

“The schools immediately said, ‘Oh, this will be more costly, and government won’t give us any money.’ In the end, government gave them a lot of money to change these programs,” McGregor says. “Because we convinced government of the benefit of having educated and economical [LPNs] that can really do more.”

The savings were particularly appealing by the mid-1990s, when the provincial government put the squeeze on healthcare spending, steadily decreasing the proportion of Alberta’s gross domestic product that

went toward healthcare from 1993 to 1997. Hospital closures, healthcare pay cuts, layoffs and the regionalization of the health system put further pressure on the profession and the teams in which they worked.

A regulatory change in 1997 opened the door for LPNs to administer additional medications, including narcotics and subcutaneous injections (although practical nurses in some settings had been giving meds decades earlier, it was not an officially sanctioned part of their role or formal education).

But what else were practical nurses across the province actually doing? What were they capable of? How did the job differ from one healthcare centre to the next? Nobody really knew.

The LPN Operating Room certificate pilot program began in 1994 at the Royal Alexandra Hospital, and was later transferred to Grant MacEwan Community College (now MacEwan University). It was approved as a post-basic program in 1995.

“We built a lot of really good allies,” recalls Pat Fredrickson. In the 1980s, one of those allies was **Karen Polowick**, a registered nurse. Polowick, with experience in education, was named an honorary licensed practical nurse in 2006 in acknowledgement of her significant contributions to the profession. In addition to extensive work in Edmonton, Polowick toured the province in the early 1980s to document the skills and responsibilities of RNAs, a process crucial to keeping the curriculum current and meeting needs where practical nurses were employed. She later contributed to the Competency Profile and Continuing Competency Program development, and helped build an education program to train practical nurses to do immunization as well as intramuscular and intradermal injections.

In the early 1990s, practical nurses wanted to know, “What do we have to do to be able to move the profession ahead?” says Pat Fredrickson. To answer such questions, the organization hired a strategist: former Edmonton MLA **David King**. King was instrumental in helping practical nurses connect with government representatives about practical nurses’ capabilities. Fredrickson remembers practical nurses arriving en masse at the Alberta legislature for a meeting with MLAs. “Rather than do a demonstration, we did some positive action,” Fredrickson explains, noting that King provided insights on who to approach in government, and how. For over 20 years, an education bursary in his honour was facilitated by the CLPNA to recognize King’s wish that all LPNs be taught by fellow practical nurses.

1997

Regulation amendments allowed LPNs to administer narcotics and subcutaneous injections.



1997

The 50th anniversary of the practical nurse profession in Alberta. (Also the year the PCLPN got an email account and started a website.)

Marion Boyd is a registered nurse who played an instrumental role in developing educational programs for Alberta's LPNs. As a nursing consultant, Boyd helped the CLPNA meet with practical nursing groups from across the country to develop national core competencies for LPNs—information needed before the federal government could establish labour mobility standards for the profession. Boyd also helped develop a perioperative training program for LPNs in the 1990s, which eventually led to increased education standards in operating rooms across Alberta.



April 1, 1995 – Alberta creates 17 regional health authorities to eliminate local hospital and public health boards.

Recognizing the significant problems that faced the profession, Dr. Bill DuPerron agreed to develop a competency profile for Alberta LPNs — a document clearly outlining all of the knowledge, skills, attitudes, behaviours and judgments that practical nurses were already offering in different parts of the province.

Dr. DuPerron, who was Director of Health Education, Immigration and Workforce Planning with Alberta Health

and Wellness, saw an opportunity for practical nurses to get out ahead of the competency requirements that were already on the horizon under the new legislation that governed the regulation of health professions.

Dr. DuPerron believed those who got on board early would be “perceived, very accurately, as being leaders — leaders, not only among other health professions, but also as [regulatory] leaders by those within government.”

The development of

the highly detailed LPN Competency Profile served as a ground-breaking document for the profession. It allowed government, educators, and most importantly, employers, to better understand the full range of practice knowledge, skills and abilities of the LPN.

“The competencies were magic,” McGregor says. “When it’s all on paper and had been validated and was clearly in the curriculum, it started to shut down some of the naysayers.”

The resulting competency profile, completed in 1998, was then used to guide education program development so new LPNs

could be educated at the highest skill level that was already out there.

New LPN grads were, by then, receiving somewhat more standardized education. But many LPNs already in practice entered the profession with far different schooling, prompting the PCLPN to approve mandatory education upgrades in 1995 for all LPNs.

Since few post-basic educational programs were yet in place, the CLPNA hired dozens of registered nurses to deliver those upgrades — which included new modules in physical assessment, medication administration, and infusion therapy — and

1999 – An Aboriginal Practical Nurse program was proposed for the community of Hobbema. In its few years of existence, the program produced a number of Indigenous LPN graduates.

“I think many RNs are concerned that the quality of care is going to decline. I don’t think that is going to happen. Under the Health Professions Act regulations, each health care discipline is going to be accountable and will be monitored.”

– Sharon Richardson, President of AARN, 2002, AGM

1998

The PCLPN changed its name to the College of Licensed Practical Nurses of Alberta (CLPNA) – the same year the first competency profile was released.



1998

Members of the CHCG union, which included RNAs, went on a short-lived, but illegal strike.





1997 PCLPN campaign

**I'm
educated
for quality
care.**

Licensed Practical Nurses

“For the first time in fourteen years, since 1986, the number of registrants in the College at the end of the year 2000 exceeded the number of registrants from the previous year. The number of registrants at the end of the year 2000 was 4,429, up from 4,337 in 1999.”

– Pat Fredrickson, 2000 CLPNA annual report

to instruct LPNs from 1996 to 1999. LPNs had to complete the upgrade before registering in 1999.

“Nobody fought us more than our members with the upgrading, but nobody needed that upgrading more than our members needed it,” McGregor says.

Teresa Bateman, now the senior director of communications at CLPNA, remembers the mandatory upgrade well. Like many LPNs, she paid for the courses out of her own pocket.

But any qualms about the cost were quickly quashed by the quality of the education and importance of the material. “We know learning transforms people, and this experience did that, significantly elevating the confidence of LPNs all over Alberta,” says Bateman.

Bateman had a chance to witness that again as the CLPNA’s continuing competency coordinator/practice consultant, later touring the province with McGregor and others to present a version of the competency profile that came out in 2000.

In the lead-up to the Health Professions Act (HPA) proclamation that would define an independent LPN scope of practice and introduce restricted activities and specialties, the CLPNA visited as many healthcare centres as possible to share the profile.

When the HPA LPN regulation did come into force in 2003, LPNs finally became autonomous. After years of determined work and struggle to justify education, ability and commitment, they moved past their origin as a post-war occupation born to assist and supplement the duties of registered nurses. LPNs, at least on paper, were now professional nurses in their own right and the legislation laid a framework for further growth. ■



An LPN in High Level preps for the OR

2000

Registration numbers for LPNs began to increase for the first time since 1986.



2003

LPNs were proclaimed as a regulated health profession under the Health Professions Act (HPA).



Reshaping the Profession

2004-2020

After graduating from the University of Calgary in the mid-1970s, Linda Stanger had little experience working with practical nurses, in part because they (then called certified nursing aides) didn't often get plum clinical postings at the big hospitals in the city.

It was when the newly-minted registered nurse started at her first post in Drumheller that Stanger met the women who would shape her perspective on quality care.

"The LPNs I worked with were amazing nurses, very skilled, innovative and compassionate," she says. She calls those early days in Drumheller "the beginning of my long-standing respect and appreciation for the profession."

In 2005, after a spell as a public member on their Council, Stanger joined the College of Licensed Practical Nurses of Alberta as the incoming executive director, taking the helm from trailblazers Pat Fredrickson and Rita McGregor, who retired in 2006.

This transition, along with the proclamation of licensed practical nursing as a regulated profession under the Health Professions Act in 2003, brought a new focus to the CLPNA's role as a regulatory body as well as new autonomy and professional expectations to LPNs, making the profession fully self-governing.

Stanger and the CLPNA's team had a new style of leadership, with a renewed emphasis on professionalism and regulation. They focused on LPN understanding of restricted activities, accountability and scope of practice, and assisting employers to understand competencies.

In 1999, prior to Linda taking the helm, Gloria Bauer brought her expertise as an experienced nurse educator to the Education Standards Advisory Committee (ESAC). She played a key role in developing revised standards for the approval of practical nurse education programs, finalized and approved by the CLPNA Council in 2003.

The standards provided the framework for practical nurse (PN) educators to build a new and improved curriculum. All programs met those expectations within a few years. Students enrolling in PN programs as of September 2005 were granted a diploma in practical nursing upon graduation. In 2006, Advanced Education declared the diploma the accepted entry to practice for new LPNs. >

2004 - 2020



The increased educational rigour and accompanying credentials so many had pushed for were now available for LPNs. This milestone spurred a renaissance in practical nurse education in Alberta. The province went from three PN education programs to 10 in just a few years. This meant an

The CLPNA defined a collaborative role for LPNs in a Pandemic Influenza Contingency Plan.

— from 2005 CLPNA annual report

exponential increase in diploma-educated LPNs in the workforce, and a rapid change in the composition of the profession. Today, at least 64% of LPNs in practice graduated from an

Alberta diploma program. Once that diploma was in place, “it elevated the profession,” says Stanger. “The preparedness and confidence of LPNs really increased. Today, they’re proud to tell their patients, ‘I’m your nurse.’”

Now with the HPA and the diploma in place, significant opportunities for LPNs followed, including new specializations and work in healthcare leadership, education and research. Diploma-equipped LPNs were more readily accepted into higher education, including bachelor, master’s and doctoral degrees.

This growing professionalization was communicated to LPNs not just through their own successes. The CLPNA promoted essential LPN values: competence, accountability and patient safety. Their quarterly



NorQuest College 2006 LPN graduates



Bow Valley College PN students, 2010



An LPN specialized in orthopedics, 2006

2004

Canadian Council of Practical Nurse Regulators was formed.

2006

LPN graduates now enter the profession with a diploma in practical nursing. The Advanced Orthopedics program at NorQuest College was also approved this year.



“...Over 1,000 Alberta LPN candidates wrote the new Canadian Practical Nurse Registration Examination (CPNRE), achieving an impressive 97% pass rate for first-time writers. Comparatively, the national pass rate was 90% for first-time writers.”

– News & Views, Spring 2007

newsletter, News and Views, transformed into CARE magazine in 2008, to communicate excellence in practice, leadership, research and regulation.

Alberta found itself facing a nursing shortage in the early 2000s after the exodus of nurses during the healthcare cuts of the 90s. Practical nurse education programs received extra funding to respond, with the goal of graduating 1,000 LPNs per year in Alberta. Internationally-educated nurses were suddenly in demand, with RNs from the Philippines attractive as they required minimal additional education to license here as LPNs. The CLPNA responded quickly, working with government, health regions and educators to recruit hundreds of skilled nurses from the Philippines to Alberta. Another project used an Alberta curriculum to educate LPNs in Jamaica, preparing them to immigrate to the province.

Internal Trade intended to ease national worker mobility, harmonization of the profession began across the country. The Canadian Council for Practical Nurse Regulators (CCPNR), a national consortium, was formed in part to tackle this work.

By 2012, Alberta LPNs had collaborated on a CCPNR project to release new pan-Canadian Standards of Practice, a Code of Ethics, an Entry to Practice competency statement and more, including computerizing and growing the national exam competencies for new graduates.

The CLPNA also helped lead the development of a national assessment for internationally-educated nurses coming to Canada, and LPNs now experience relative ease of mobility. In 2013, Alberta LPNs were the first in Canada to write

In response to the 1995 Agreement on



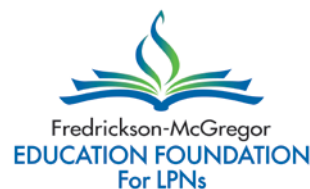
2006

Pat Fredrickson (L) retired from the CLPNA (1986 – 2006) as did Rita McGregor (1987 – 2006). Linda Stanger (R) became the new executive director and registrar.

2008

Between 2000 and 2008, seven provinces used the Alberta framework to build their own competency profiles; Manitoba, Saskatchewan & BC in 2005, the four Atlantic provinces in 2008.

Taking a huge role in shaping diploma education for Alberta's practical nurses is **Gloria Bauer**. Utilizing her diverse background in registered nursing education, Bauer was chair of the Education Standards Advisory Committee for more than a decade. She led the process of diploma program evaluation across the province from 2005 onward. This included practical nurse education at Bow Valley College in Calgary and NorQuest College in Edmonton, to burgeoning programs in Lethbridge, Medicine Hat, Red Deer, Lac La Biche, Lloydminster, Fort McMurray, Columbia College (the first private college for LPNs) and throughout the north via Northern Lakes College. She also collaborated with Athabasca University to determine articulation of PN education with their baccalaureate nursing program. She became an honorary member of the CLPNA in 2012.



The names of Pat Fredrickson and Rita McGregor were joined together in 2006 as an acknowledgement of their legacy. **The Fredrickson-McGregor Education Foundation for Licensed Practical Nurses** became the new name of a non-profit society to support practical nurse continuing education in the province after the provincial government endowed a \$3 million grant in 2006. This non-profit organization raises, manages and distributes education grants and awards to LPNs to enhance their nursing knowledge, skills and ability, and honour their many achievements. Over \$2 million in grants has been approved to enhance LPN competence and hundreds of LPNs have been nominated for awards of excellence.

The Health Professions Act

There were several pieces of regulation that shaped practical nursing in Alberta, but just one clearly delineates a before and after for LPNs: the Health Professions Act LPN Profession Regulation (2003).

Under that regulation, licensed practical nurses had authority to act autonomously for the first time in Alberta —giving LPNs the freedom, and accountability to apply their “knowledge, skills, and judgement to assess patients’ needs” and provide nursing care without having every move directed by a doctor or registered nurse. The Act allowed LPNs to be known as “nurses” in their own right.

The CLPNA was again put in charge of registration for the province’s LPNs, as well as registration requirements, restricted activities, and regulatory issues. LPNs looking to register needed an approved practical nursing diploma or certificate. For those with older credentials, active practical nursing and refresher programs were considered, provided applicants had completed the additional training needed to keep pace with the changing work environment.

The profession has continued to move forward in the intervening years, as reflected in scope of practice changes that came into effect for Alberta’s LPNs with regulation amendments in 2020.

a jurisprudence exam. “We’ve come a long way,” says Stanger. “The regulator and profession must remain nimble and responsive to the needs of Albertans. We must continue to evolve.”

In particular, she points to the importance of research to increase knowledge about the profession in support of quality care and sound regulatory decision-making.

“An important trait of a

profession is the ability to create knowledge about itself,” says Stanger, noting that the CLPNA was a leader within nursing regulatory bodies in establishing a research department. “There was previously very little research about and by LPNs, and this work is now



2008

CLPNA, NorQuest College and Capital Health worked to recruit, assess and register nearly 1,000 internationally-educated nurses from the Philippines to work in Alberta.

Home-care employment of LPNs increased by 49.1 percent from 2006 to 2010.

– CIHI, Statistics Canada



making a difference.”

Between 2001 and 2018, LPN registration grew an astonishing 5 to 10 percent every year – from a low of 4,342 nurses in 1999 to over 17,000 in 2020. This increasingly multicultural and multigenerational population is now over 8 percent male, up from 4.6 percent in 2006, and the average age of LPNs is now 38 -- five years younger than in 2006.

Healthcare needs were changing too, prompting the Education Standards Advisory Committee to take on a major overhaul of the program approval standards to keep education programs strong and consistent.

Stanger knew that Jean Valgardson, a veteran PN educator who previously served on ESAC in the lead-up to the Health Professions Act, was the right person to take this on. Valgardson rejoined ESAC in 2014, establishing guidance since used to review all nine Alberta colleges that currently educate LPNs. These enhanced standards

have informed program approval in Canada and guided nursing programs as far away as China.

As standards evolved, so did LPN competencies. The jump in competencies from 2005 to the 2015 edition of the LPN Competency Profile was “breathtaking,” according to Teresa Bateman, then director of practice at CLPNA.

“That 10-year window was enormous for this profession in achieving full utilization,” she says. “LPNs really stepped up, taking on competencies and committing to the requirements of the Continuing Competency Program.”

While registered nurses back to Frances Ferguson have championed practical nursing, Stanger feels her legacy is her investment in the profession. LPNs now step with confidence into leadership roles. Executive positions at the CLPNA once filled by RN consultants are now occupied by practical nurses, many with the advanced degrees.

2010

All graduates of PN programs have competence in IV initiation.





Check-up in Maskwacis, 2019



LPN gives hemodialysis, Southern Alberta, 2010



LPNs in the OR, Edmonton, 2015

The LPN Profession Regulation is amended to allow a broader range of nursing services by LPNs.

“The changes will increase continuity of care, increase safety and improve the overall patient experience.”

– Valerie Paice, LPN, president of the CLPNA
The Canadian Press, October 2019

There have been growing pains along the way. As recently as 2007, many LPNs felt they were not being used to their full potential: results of a CLPNA survey that year found many LPNs would not recommend the profession. By 2019, however, over 80 percent of LPNs would recommend the career and the majority felt fully utilized.

Stanger attributes this change in perspective to many factors, including LPNs who feel more valued due to improved education, roles and responsibilities, and increased optimism in the profession. And she knows there’s room for more.

“There’s still huge capacity in the profession to make a difference,” says Stanger, noting that more than half of LPNs worked part-time or casual in 2019. Additionally, after 17 years under the Health Professions

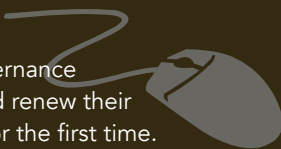
Act and a great deal of behind the scenes work, the profession regulation was amended in February 2020, further increasing the scope of practice.

As Stanger prepares to retire, she looks forward to a strong future for the profession to which she has devoted much of her career. “I know licensed practical nurses and the CLPNA have the capacity and the competence to make an even greater contribution to the health system.”

From its beginning as a humble postwar vocation over 70 years ago, the LPN profession has, and continues to transform. With leadership and supporters that have constantly challenged the definition of quality care and pushed against boundaries on LPN achievement and professionalism, licensed practical nurses are positioned to remain healthcare leaders into the future. ■

2011

25th year of self-governance for LPNs. LPNs could renew their registration online for the first time.



2016

Number of registered LPNs continued to grow with over 15,000 members.

2020

Amendments to the HPA Licensed Practical Nurses Profession Regulation came into effect February 1.





2020 and Beyond

Sometimes the moments when we stop to look back feel like the end of the road. They are not.

Alberta's LPNs are continuing to push boundaries and test the edges of their responsibilities. In October 2019, for example, a group of LPNs stood on the stone grey steps of Alberta's legislature in Edmonton with the Minister of Health to announce changes to the Licensed Practical Nurses Profession Regulation, opening new possibilities for LPNs to offer a broader range of nursing services.

The kinds of care licensed practical nurses can offer patients in the province now reaches well beyond the duties expected from the first batch of certified nursing assistants graduating in 1947 — when they might be helping a new mother with her infant one minute and changing the flowers in a patient's room the next.

Still, there are never guarantees that progress will continue. Challenges remain in nursing, professional self-regulation, the healthcare system and public health, as evidenced by the COVID-19 pandemic of 2020.

Yet, each day brings opportunities for Alberta's LPNs to use their skills, education, professionalism and determination, and to continue searching for ways to improve patient care. The opportunities the profession affords cannot be taken for granted. They are the result of hard work, vision and determination by licensed practical nurses, registered nurses, past associations and current regulators, and the many supporters of this profession past and present.

The achievements of today's LPNs must also be framed by the determination of their regulatory body to put service to and protection of the public above all else. This commitment to excellence in regulation underlies every piece of progress attained by Alberta's practical nurses.

Collections like this cannot possibly capture every person, place, and thing that brought us to this point. At best, they can offer a humble glimpse at worlds that are both similar to, and vastly different, from our own. But in the humanity and visioning of those who walked this journey with us, perhaps we can see possibilities for the future that we had not yet imagined. ■



BY BEING AN INTEGRAL PART OF THE INTERDISCIPLINARY TEAM AND THROUGH INITIATIVES LIKE DEMENTIA CARE TRAINING, LPNS ARE ADVOCATES FOR THE PATIENT.”

Jithu James, LPN

“Great leaps have been made in Alberta’s LPN profession, embracing new ways of working, new roles, new services and increased scope to make a valuable difference.”

Sharlene Standing, MA, BAHSA, LPN, Director of Professional Development, CLPNA

“LPNs are now leading-edge change agents in healthcare.”

Joyce Rossiter, LPN, CLPNA Council Member

“When LPNs provide competent, committed, ethical care within their scope of practice, they are ensuring patients receive safe care with the best possible outcomes.”

Susan Blatz, LPN, Complaints Consultant, CLPNA

“THE GREATEST CONTRIBUTION OF THE LPN PROFESSION IS THAT LPNS PRACTICE THE ART OF NURSING WHERE THE PATIENT IS INCLUDED IN DECISION-MAKING AND TREATED COMPASSIONATELY AS AN EQUAL PARTNER.”

Glenda Tarnowski, MA, LPN (OR), CHE, Director of Professional Practice, CLPNA



“The biggest changes I’ve seen as an LPN include becoming self-directed and working independently.”

Verna Ruskowsky, LPN

“The scope and role of the LPN is likely to evolve along with the system needs, to ensure consistent care by the LPN that is safe, competent and ethical.”

Jeanne Weis, MN, RN, LPN, CHPCN (c), Executive Officer, CLPNA

“THERE IS NOT ‘ONE LOOK’ OF AN LPN. THE VARIETY OF EXPERIENCES AND AREAS OF PRACTICE IN WHICH LPNS WORK SHOW THEIR ADAPTABILITY TO CHANGING SETTINGS. LPNS ARE WILLING TO LEARN AND GROW ALONG WITH TECHNOLOGICAL AND ENVIRONMENTAL CHANGES.”

Melanie Therrien, MPA, BHA, Registrar, CLPNA

“LPNs have opened many doors to get to where we are today. From being referred to as “just an LPN” to being highly recognized nurses: to me, that is the greatest achievement of the profession.”

Sandy Davis, BAHSA, LPN, Complaints Director, CLPNA



Congratulations

A sincere appreciation for continuing Florence Nightingale's legacy by ensuring patients and their families are cared for by highly competent and professional nurses.

Each year, Portage College graduates proudly celebrate their successes through the time-honoured pinning ceremony tradition.

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COLLEGE OF
LICENSED PRACTICAL NURSES
OF ALBERTA

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This special edition of CARE magazine is dedicated to the generations of certified nursing aides, nursing orderlies, registered nursing assistants and licensed practical nurses who have built this profession.

This rich history is built upon the professionalism, caring and determination of each person who made nursing their life's work.

THANK YOU!