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Partnerships for the Environment

Evidence-Based Practice
Getting past the Mystique

Forging Our Future
Spring Conference 2011
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Your Bow Valley College tuition may be eligible for a grant from the Fredrickson-McGregor Education Foundation for LPNs. For more information visit: foundation.clpna.com

Bow Valley College’s Practical Nursing Diploma is recognized as one of Western Canada’s best. We offer full- and part-time programs in class and online, as well as specialized programs for internationally educated nurses and those re-entering the profession. We are also active in applied research – advancing nursing practice and keeping our programs relevant and up to date.
cover story

8 Ready to Grad
A great curriculum, fantastic instructors, and motivated students all result in building a professional nurse who is Ready To Grad. This story addresses the clinical side of PN education in Alberta.

Cover photo:
LPN Angela Nethercott by Chris Fields

feature

14 It’s Easy Being Green
Protecting our environment is a role everyone is responsible for and we must take seriously. This story showcases how easy it can be.
CLPNA Prepares for the Future

... Licensed Practical Nurses are increasingly assuming roles as “a nurse of choice”, as greater numbers of employers, other healthcare professionals, and the public recognize the contributions LPNs can bring to the health care team...

... More evidence-based research is needed on the effective utilization of LPNs in a broad range of healthcare outcomes...

... and the development of sound collaborative care delivery models optimizing the roles of LPNs will further enhance the efficiency of providing the “right care” at the “right time” to benefit those receiving health care services in Alberta...

Above are some of the major themes that emerged from recent strategic planning sessions carried out by the CLPNA Council and the senior staff of the College.

The current CLPNA Vision, Mission, and Values were developed to achieve goals for 2012. In the three years since our Vision was established, we have seen many accomplishments: LPN positions have increased in traditional and non-traditional settings; LPN roles continue to evolve to more full utilization; LPNs are involved in decision making throughout care settings; our membership continues to grow to meet the health care needs of Albertans; and we continue to pursue our main goal of regulatory excellence.

Work toward the goals of our strategic direction are still in progress; however our environment and our profession have faced major changes, validating the need for strategic planning. Some of the most profound changes include:

- The health care system in Alberta (and to some degree nationally) is going through a period of significant change and uncertainty.
- The financial challenges facing governments generally are resulting in the need to find great efficiencies in the use of limited funds.
- The relationship and relative roles of the Health Ministry and Alberta Health Services continue to evolve.
- A shortage of health care professionals (including LPNs) is being projected as mature or experienced employees retire over the next five to ten years.
- A variety of employers are increasingly utilizing LPNs in unique and “non-traditional” roles.
- Opportunities exist to see all health care professionals better utilized by working to their full potential.

As always, the College intends to ensure the LPN profession is well grounded and ready as health care evolves. CLPNA is framing our future direction and focus through revised Vision, Mission, and Values statements. Watch for these updated documents early in 2011.

Hugh Pedersen, President and Linda Stanger, Executive Director
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BARB BANCROFT, RN, MSN, PNP

9000 Drugs, Where to Start? Differentiate Quickly Among the Classes of Drugs with the “Suffix” of Each Class
- The “statins,” the “prils” the “triprana” and the “urtans”
- The “prazoles” and the “ulfis”
- The “olids”, the “aldols”, the “doxils” and the “dipensers”
- The “coxils” the “mauls”, and the “glistamens”
- The “conosomes”, the “cyclocons” and more

Clinical Uses and Mechanism of Action: The Key Things You Need to Know
- Analgesics; Drugs for Diabetics; Targeted Therapies
- Cholesterol Lowering Agents, Anti-Hypertensives
- Anti-Fungal and Anti-Viral Agents

Understanding the Common Treatment Regimens for Selected Clinical Conditions
- Hypertension; Chronic Heart Failure
- Diabetes Mellitus Type 2
- Depression

You’re Taking WHAT?? Clinical Interactions Between Drugs, Alternative Therapies and Food
- The Effect of Grapefruit Juice on the Metabolism of Certain Drugs
- Foods with Potassium; Foods with Vitamin K
- St John’s Wort

Specific Mechanisms of Actions of Drugs in Popular Use
- The “Highway System” and the “prils”
- The Nocurnal Liver and the “statins”
- The Proton Pump and the “prazoles”

Barb Bancroft is a widely acclaimed nursing teacher who has taught courses on Advanced Pathophysiology, Pharmacology, and Physical Assessment to both graduate and undergraduate students. Also certified as a Pediatric Nurse Practitioner, she has held faculty positions at the University of Virginia, the University of Arkansas, Loyola University of Chicago, and St. Xavier University of Chicago. Barb is known for her extensive knowledge of pathophysiology and as one of the most dynamic nursing speakers in North America today. Delivering her material with equal parts of evidence based practice, practical application, and humour, she has taught numerous seminars on clinical and health maintenance topics to healthcare professionals, including the Association for Practitioners for Infection Control, the Emergency Nurses’ Association, the American Academy of Nurse Practitioners, and more.

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<td>Ramada Hotel on Kingsway</td>
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On September 20, 2010, the Honourable Gene Zwozdesky, Minister of Alberta Health and Wellness, and Health Quality Council of Alberta (HQCA) Chief Executive Officer Dr. John Cowell launched a new provincial framework to guide, direct and support continuous and measureable improvement of patient safety for Albertans. The purpose of the Patient Safety Framework for Albertans is to develop and advance patient safety strategies in Alberta’s health care system with the goal of creating a safer system. It also outlines principles and identifies actions for organizations and health care providers that will facilitate and support an environment where the safest possible care can be given.

One of six significant outcomes from the framework is the establishment of a Patient/Family Safety Advisory Panel. Under the jurisdiction and guidance of the HQCA, the advisory panel will leverage the experiences and perspectives of patients and their families to improve and promote patient safety in Alberta’s health system. Deborah Prowse has been appointed interim chair.

In addition to the Patient/Family Safety Advisory Panel, there are five other strategic initiatives in the framework to:

- implement a provincial adverse event reporting and learning system;
- establish a provincial patient safety network;
- implement a model of patient safety management;
- have organizations develop and implement operational policies on a just and trusting culture, reporting and learning from adverse events, informing and disclosure;
- build knowledge capacity to support patient safety.

The Patient Safety Framework for Albertans was created under the leadership of the HQCA in collaboration with Alberta Health and Wellness, Alberta Health Services, the College of Physicians & Surgeons of Alberta, the Alberta College of Pharmacists, the College & Association of Registered Nurses of Alberta, the Alberta Medical Association and a member of the public.

The Patient Safety Framework for Albertans is available at www.hqca.ca.
Three days after Angela Nethercott graduated from Bow Valley College’s (BVC) Practical Nurse program in September 2010, she had more job offers than she knew what to do with. “I had four offers in one day, and the phone just kept ringing with interview requests,” says Nethercott, who returned to school after losing an office job during the economic downturn. Graduating at the top of her class certainly helped her prospects, but Nethercott credits the Bow Valley College PN program – particularly her practicum experiences – with enabling her to step into a job quickly and confidently.

“We’re going out there very well trained. We can do everything the system requires us to do. If they want me to work full scope, I can work full scope, which now includes IV initiation and IV medication administration,” Nethercott says. “As a student, Bow Valley College gives you the tools to succeed; you just have to utilize them.”
Nursing education and scope of practice have undergone dramatic changes in the last 10 years. Mary Anne Fish, Director of the BVC Practical Nurse program, notes that where there used to be a primary emphasis on teaching students bedside skills, today graduates emerge with a solid knowledge base and grounding in ethics, decision-making, communication and conflict resolution. “Practical Nursing is a profession as opposed to a job, complete with accountabilities and professional guidelines,” Fish says. “It’s pretty exciting times now – exciting and challenging. Our students have to deliver.”

The Bow Valley College Practical Nurse program, a two-year diploma fast-tracked to 18 months, is designed to provide the health care system with nurses who are work-ready on day one. More than 100 students sign up for each trimester intake. By the end of the program, they will have completed almost 1800 hours of education, including 860 hours of work, combining classroom theory, lab simulations and clinical practicums.

“Donna Adams, BVC’s Clinical Placement Facilitator, is an LPN with 40 years of experience who has extensive knowledge of Calgary, and the region’s health care system. She is the Calgary representative on the Council of the College of Licensed Practical Nurses of Alberta, a member of the provincial nursing placement committee, and regularly meets with other placement coordinators from Alberta post-secondary educational institutions.

Most importantly, she oversees the placement each year of more than 700 BVC Practical Nurse students and ensures that each one is a good fit for both the student and the employer. She meets with health care managers and reviews the BVC program with them, tours the site, and meets with staff to ensure they understand the learning objectives of practicum students. “I think of it as a partnership,” Adams says. “It’s crucial that it’s a supportive environment and a good experience for the student.” By the same token, the continued success of the program depends on how well practicum students perform. “I’m very proud of our program and believe we have the best of the best. It is important for me to be able to feel in my heart that our students are going to be an asset and not a liability.”

Adams says health care managers are often surprised at how knowledgeable BVC students are, which she says is due, in part, to their training in BVC’s simulation lab. Instructors use human simulators to help students learn how to conduct real-time patient assessments. “It creates a situation where students can think critically in a safe environment. With the proper patient assessments they’re able to detect small changes happening in the mannequins. Instructors can develop different scenarios, such as a client turning septic or an overdose of...”
medication,” Adams says. Students take the knowledge acquired from theoretical studies and their work in the Simulation Lab and, with the help of a seasoned instructor, put it to the test in the workplace during their clinical placements. Students work eight-hour shifts and debrief with the instructor at the end of the day. “Students take on the total care of the client,” Adams says. “The instructor is watching, supervising and teaching, and helping the student put their knowledge, theory and lab work into practice.”

By the time students are assigned their final practicum they’re expected to work as a professional. They will be paired with a preceptor, who is usually a working LPN (or sometimes an RN), and will handle a full caseload of four or five clients, depending on the complexity of each case. “Students have to come out of the program not only with the skills, but also with the knowledge and understanding behind it,” Mary Anne Fish says. “Current education gets nurses to see beyond the task; they’re expected to bring well-rounded competencies to the table.”

Another LPN with decades of experience, Inge Kovacs, oversees the alternate delivery component of the BVC program outside Calgary and in Aboriginal communities. BVC works with educational partners such as the Chinook consortium, Big Country consortium, Siksika Nation’s Old Sun Community College, and Red Crow Community College. All of BVC’s PN programs are fast, focused, and flexible. An LPN pilot project aimed at internationally educated nurses helps RNs, who don’t have the language requirements to practise in Canada, graduate as LPNs. The first two semesters are devoted to English as a Second Language, the last two to nursing in Canada. As well, there are roughly 50 students in the part-time PN program at any given time and they may take double the normal time to complete the program. Finally, PNs who have let their licences go can also upgrade through a special BVC program.

Graduate Angela Nethercott says her practicum experiences complemented BVC’s theoretical instruction in unique ways. “One thing you don’t get in the classroom is learning how to communicate with the different types of people you’ll encounter as a nurse,” she says. “In the practicum, you have to learn how to be flexible and innovative on the spot. Furthermore, you learn time management skills and how to prioritize the day’s workload.”

Today, LPNs are part of an inter-professional practice and work with doctors, registered nurses, and others in the field. “We assess LPNs’ strengths and professionalism throughout the program,” Clinical Placement Facilitator Donna Adams says. “They have to be responsible. If a mistake is made it has to be acknowledged and dealt with properly.”

In the practicums, you have to learn how to be flexible and innovative on the spot.

LPNs must be adept at communications and thoroughly understand the nursing process. By the end of their first clinical placement, BVC students are well-versed...
Nethercott says her practicums were rewarding in many ways. “There were so many touching moments where I had patients who truly appreciated my nursing care and said ‘Thank you, I’m sorry to see you go.’ It makes you feel really good when you’ve touched a person’s life and made it a little better. This is how I felt many times during clinical and at practicum.”

Nethercott agrees that BVC’s responsiveness to the changing needs of the health care system is one of its strengths. “They apply the nursing process to the program,” she says. “They assess the effectiveness of the education and the needs of the system, diagnose gaps or needs in the learning process, explore options for change, and then implement and evaluate.”

Today’s constantly changing health care scene requires just that kind of nimbleness and resiliency from educators, particularly as LPNs adapt to a new era of professionalism. “The fact that LPNs are part of a self-regulating profession is a privilege,” Fish says. “Our pledge as a post-secondary provider of practical nurses is to ensure that our graduates emerge with the highest standards of professionalism.”

The CLPNA thanks Bow Valley College and NorQuest College for their contributions towards this two-part series regarding collaboration in practical nurse education. Special thanks to Greg Harris at Bow Valley College and Diana Lake at NorQuest College.
The CLPNA was admitted as an Associate Member of the National Council of State Boards of Nursing (NCSBN) at their Annual Meeting on August 11-13, 2010 in Portland, Oregon. The CLPNA was pleased with the acceptance as participation with NCSBN supports our goal of regulatory excellence.

Linda Stanger, Executive Director of the CLPNA, states, “It’s important to the LPN profession that we align ourselves with larger nursing bodies with a wide range of resources as we pursue best practices in regulation and excellence in nursing standards. We’re also excited about the opportunity to advocate for LPNs on an international level.”

NCSBN Associate Members gain access to information, education, and networking opportunities regarding common issues to the nursing community. Numerous position statements, guiding principles, and model acts and rules are available for use by member boards. Associate Members may also contribute by sitting on non-standing committees.

The NCSBN is a U.S. national organization “through which boards of nursing act and counsel together on matters of common interest and concern affecting the public health, safety and welfare, including the development of licensing examinations of nursing”. They developed the national standards exams for American RNs and LPNs, the NCLEX-RN® and NCLEX-PN®. All 60 U.S. nursing regulatory boards are members of the NCSBN.

Associate Members include the College of Licensed Practical Nurses of Alberta, College of Registered Nurses of Alberta, College of Licensed Practical Nurses of British Columbia, College of Registered Nurses of British Columbia, College of Registered Nurses of Manitoba, College of Nurses of Ontario, and the Bermuda Nursing Council.

Linda Stanger, CLPNA Executive Director, welcomed into NCSBN membership by Kathy Apple, NCSBN Chief Executive Officer

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When Kermit the Frog warbled the song, ‘Bein’ Green’, it was 1970 and being environmentally friendly was not on most peoples’ radar. That same year, British Columbia was the first region in North America to implement a bottle deposit program. But wide-spread awareness of environmental issues was far in the future.

Fast forward forty years to 2010, and being environmentally aware has been embedded in the new generation. In Grade 4, children learn about recycling, minimizing waste, and sustaining the environment as part of the Alberta school curriculum. The idea that caring for the environment is the responsibility of tree-hugging hippies is a thing of the past.

At the Office

CLPNA believes we all have a responsibility to our community, at work and at home, to make environmentally friendly choices. The new CLPNA office in north Edmonton has one-third less square footage than the old office to save on space, cost, and utilities. Tamara Richter, Director of Operations at CLPNA, shares other green initiatives at the office.

“We are offering online registration for the first time this year to streamline our registration process, and to save money and paper. We hope to use 50% less paper with our mail outs, and hope that nurses will choose the online option. Reminders about renewing are only being sent out electronically to save mailing and paper costs,” says Richter.

All CLPNA staff have a recycle box beside their desk and use the recycling bins in the common kitchen. CLPNA encourages its staff to think before they print off emails, recycle and compost at home, and share ideas at work for improvements on reducing, reusing, and recycling. There’s even a chores list for everybody to pitch in to dispose of recycling. Tamara carefully considers all major purchases for the office for their environmental impact - the laser printers now use less ink and create less waste, and the appliances in the kitchen are more energy efficient.

“The College is in the industry of health care, which is so connected to the community and therefore the Earth,” Tamara explains. “It is our responsibility to think about everything we do in terms of the environment.”
Choosing Vendors Carefully

You may be reading this article on a paper copy of CARE magazine. CLPNA continues with the printed copy of this magazine because a professional magazine is a proven way to share information with its members, government contacts, health care administration, and the public.

“One paper magazine can be shared amongst many people, while an electronic version of a publication is often only seen by one person,” explains Teresa Bateman, Director of Professional Practice at CLPNA and Editor of CARE magazine. “Our members like getting CARE magazine in their hands, this way they can share it with colleagues, family, and friends.”

In 2009, 84.5% of the surveyed membership said they would prefer a printed rather than an emailed digital edition of CARE. Also, only 80% of the CLPNA membership has an email address. CLPNA recognizes the environmental impact of printing a magazine, and has chosen their printing processes and printing company carefully to offset that impact as much as possible.

ION Print Solutions is located in a non-descript looking building in Nisku. Walk inside, and this large 72 employee print shop offers up many surprises. The interior of the print shop floor is bright and clean, and does not smell of chemicals. The company believes it has a corporate responsibility to be environmental leaders in an industry not traditionally known as being green.

“It makes good business sense to think of the environment,” explains Craig McEwen, Managing Partner at ION. “We believe in sustaining our greater community, and I’m always thinking – what kind of world are we leaving for our children?”

ION recently invested in a $5 million Komori printing press from Japan – which uses less paper, power, and ink to print documents. The company looks at everything they do through a green lens — they recycle rags, use paper in a responsible fashion, and utilize chemical free plate making and vegetable ink. They made smart choices when renovating their space — with recycled LED light bulbs and environmentally friendly paint.

“We all have choices to reduce the impact on the Earth,” says McEwen. “We ask our staff at Town Hall meetings and through our blog for their ideas about recycling to constantly improve.” ION takes its role in environmental stewardship very seriously.

This philosophy extends to CLPNA’s conference planners, OOMPH! Events Inc. Both ION and OOMPH! subscribe to Bullfrog Power, which uses wind and hydro electricity instead of non-renewable sources like coal, oil, gas, and nuclear. The annual CLPNA Spring Conference has been using OOMPH! as conference planners for the past five years.

“CLPNA are one of our favourite clients,” says Ian MacGillivray, President of OOMPH!. “They are innovative and embrace change, and lead by example by making positive environmental choices.”

Conferences are big consumers of paper and energy and generators of waste. OOMPH! reduces the environmental impact of the CLPNA conferences with a number of initiatives: online registration, working with environmentally aware hotels, re-using signage from the conferences, and insisting that sponsors use bags that are made with recycled material and vegetable ink. They also encourage speakers to not print off handouts, and instead share their presentations online.

“We believe in being good corporate citizens. Frankly, there’s no excuse not to be green,” says MacGillivray.

At Home

Both corporations and individuals can make environmentally friendly choices. The first step is being aware that choices do exist, and consumers exercise power with how they...
choose to spend their money. The prices of green products in grocery stores have fallen to compete with their chemical-based counterparts. It now is easier to find environmentally friendly products—farmer’s markets abound with fresh grown food choices, and major grocery chains are now stocking organic produce. Using the community’s blue bags and blue bins to recycle bottles, cans, cardboard, newspapers, and junk mail costs no extra money, and is good role modelling for our children.

**Working the Green Shift**

Health care is a large consumer of energy. The disposable nature of many products in hospitals and care centers lends itself to a great amount of waste. Nurses can be green at work by speaking up to identify areas of waste and share ideas about lessening health care’s environmental impact. Being aware of the environment at every aspect in our lives is a good first step, and we can all influence what kind of Earth we leave our children and grandchildren—one recycled bottle at a time.

The 3 R’s of Environmentalism:

**REDUCE:** reduce the amount of waste produced and energy generated—use reusable coffee filters and cloth napkins, carry reusable bags when you go shopping

**REUSE:** reuse materials that would otherwise become waste—buy reusable containers and rechargeable batteries, write on both sides of the paper

**RECYCLE:** recycle materials whenever possible—through your city or town’s recycling program, and by considering if someone could use an item before you throw it out

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Registered Psychiatric Nurses (RPNs) are the largest single group of professional mental health professionals in their jurisdiction of regulation providing Canadians with professional mental health and health services for more than 50 years.

RPNs are a unique discipline of nursing, and are licensed and regulated by provincial bodies in British Columbia, Alberta, Saskatchewan, and Manitoba. The College of Registered Psychiatric Nurses of Alberta (CRPNA) regulates and governs Registered Psychiatric Nurses under the Health Professions Act (since November 2005) to protect and serve the public interest. CRPNA promotes professionalism, sets the entry to practice education requirements, administers registration exams and licensing requirements, deals with conduct of its membership, sets standards of practice and Code of Ethics, and develops a continuing competence program to ensure members continue to provide safe competent and ethical psychiatric nursing practice.

EDUCATION
Formal education for RPNs has been available in Canada since 1920. Canadian Registered Psychiatric Nurses receive their basic education in psychiatric nursing at the diploma or baccalaureate level – with special educational focus being placed on psychiatric and mental health issues and care delivery.

The Registered Psychiatric Nurses of Canada supports the movement towards Baccalaureate as entry to practice for the profession of psychiatric nursing in the future. In the ongoing development of the profession of psychiatric nursing, the movement towards degree preparation ensures that RPNs are well positioned to respond to the changing needs and demands of the work environment, and are fully prepared for expanded roles in the delivery of health services.

In Alberta, the current approved psychiatric nursing program is offered at MacEwan University (which is currently working on a post-basic degree to be offered in psychiatric nursing). This 28 month program comprises 89 credits of course work and is delivered at two sites: City Centre Campus in Edmonton and the Centennial Centre in Ponoka. Upon program completion, graduates receive a diploma in Psychiatric Nursing and are eligible to write the registration/licensure examination to become an RPN.

Additionally, students are able to acquire a Bachelor of Science in Psychiatric Nursing from Brandon University in Manitoba with post-diploma programs for RPNs available in British Columbia (Advanced Diploma & Bachelor of Health Sciences – Psychiatric Nursing). In January 2011, the first Masters in Psychiatric Nursing will be offered in Manitoba at the Brandon University.

PRACTICE
RPNs are valued health team partners in today’s complex multidisciplinary health care environments. Possessing sound clinical judgement and critical thinking skills, they promote health and provide holistic, client-centered care for clients experiencing mental and physical health problems. RPNs work in autonomous practice and have general and psychiatric nursing knowledge, skills and abilities. They practice in diverse settings with diverse clients, independently and in collaboration with other disciplines. Registered psychiatric nursing practice domains include: psychiatric nursing practice, psychiatric nursing education, psychiatric nursing administration, and psychiatric nursing research.

Many RPNs provide crisis and treatment intervention on a daily basis. They must possess excellent interpersonal and communication skills to be effective as therapists capable of compassion and empathy, and in exercising tact and diplomacy while counselling and providing treatment to patients.

With their specific education and experience, RPNs meet a wide range of psychiatric nursing care needs of clients regardless of complexity and predictability including health teaching, mental health promotion and illness prevention, drawing from theory, available evidence, and a comprehensive assessment.

WORK ENVIRONMENT
RPNs are employed in a broad range of settings that provide challenging and exciting opportunities for those interested in health care or a career in the mental health field.
health field. They work as staff nurses, managers, counsellors, clinical specialists, team leaders, supervisors, chief executive officers, executive directors, faculty, researchers, case managers, and consultants in hundreds of communities across Canada.

RPNs work throughout Northern and Western Canada: Nunavut, the Northwest Territories, the Yukon Territory, British Columbia, Alberta, Saskatchewan, and Manitoba. Currently, there are a few Registered Psychiatric Nurses practising in Ontario and Nova Scotia who maintain registration with one of the four Canadian regulatory bodies. Beyond Canada, RPNs contribute to mental health systems in New Zealand, Australia, England, Ireland, Wales, Tobago, and Japan.

RPNs are employed in hospitals that offer acute and sub-acute psychiatry, in emergency departments, medical surgical units, in continuing care settings, community mental health, addictions and substance abuse programs, palliative care, education, administration, research, and private practice. Specific centers like Alberta Hospital Edmonton and the Centennial Center in Ponoka and Claresholm are just a few of the major Alberta employers of RPNs. Many of Canada’s (Alberta’s) most experienced RPNs are actively involved in leadership roles in the country’s health system. RPNs play key roles in strengthening the delivery of mental health and health services by serving as team leaders, supervisors, senior administrators and decision makers – bringing valuable psychiatric nursing perspectives to their leadership roles and clinical settings, and helping to sustain and improve mental health care.

WORKING IN PARTNERSHIP

RPNs represent the single largest group of healthcare professionals in the mental health field. They are on the front lines, working as key members in an interdisciplinary team of healthcare professionals. RPNs work in full partnership with many healthcare professionals providing consultation about a broad range of client mental health and health needs and act as a resource to LPNs and RNs to meet client mental health needs. RPNs teach and deliver elements of established health programs and design, coordinate and implement mental health programs, including teaching, mental health promotion and illness prevention. RPNs contribute to appropriate resource utilization and make decisions about and allocate resources at program/unit/organizational levels.

For more about RPNs, contact the College of Registered Psychiatric Nurses of Alberta at www.crpna.ab.ca or 1-877-234-7666.
The Differences Between Various Types of Diabetes:
Type 1, Type 2, Gestational & Secondary
- Risk factors associated with each
- Pathophysiology associated with each
- Clinical manifestations associated with each

Long-Term Health Implications of Each Type of Diabetes
- Complications of Type 1 Diabetes—Microvascular Disease
- Complications of Type 2 Diabetes—Macrovascular Disease
- Complications of Gestational Diabetes—What is the Risk of of Developing Type 2 Diabetes? Implications for the Fetus
- Long-term complications of Secondary Diabetes

Controlling Blood Sugar for each Type of Diabetes
- Exercise, Diet, Weight Loss in Type 2 Diabetes
- Types of Insulin Regimens; Types of Oral Hypoglycemic Drugs
- Drugs Classified as Insulin Sensitizers
- Control of Diabetes During Pregnancy

Prevention and Treatment of the Long-Term Complications of each Type of Diabetes
- Neuropathy in Type 1 and Type 2 Diabetes
- Coronary Artery Disease in Type 1 and Type 2 Diabetes
- Neuropathy in Type 1 and Type 2 Diabetes
- Retinopathy in Type 1 and Type 2 Diabetes

Discuss the Various Tests used to Follow All Types of Diabetics
- Serum glucose monitoring; Hemoglobin A1C
- Urinary Albumin, Microalbuminuria
- Lipid profiles
- Neurological testing for neuropathy
- Yearly eye exams

Barb Bancroft is a widely acclaimed nursing teacher who has taught courses on Advanced Pathophysiology, Pharmacology, and Physical Assessment to both graduate and undergraduate students. Also certified as a Pediatric Nurse Practitioner, she has held faculty positions at the University of Virginia, the University of Arkansas, Loyola University of Chicago, and St. Xavier University of Chicago. Barb is known for her extensive knowledge of pathophysiology and as one of the most dynamic nursing speakers in North America today. Delivering her material with equal parts of evidence-based practice, practical application, and humour, she has taught numerous seminars on clinical and health maintenance topics to healthcare professionals, including the Association for Practitioners for Infection Control, The Emergency Nurses’ Association, the American Academy of Nurse Practitioners, and more.

Registration Form (Fax to 1.866.566.6628)
Yes! Please register me for the Diabetes workshop in:

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<th>City</th>
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<tr>
<td>☐ Edmonton</td>
<td>February 8, 2011</td>
<td>Ramada Hotel Kingsway</td>
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Join us for an exciting two-days, as speakers challenge, engage, and motivate; teleporting us into a futuristic discussion examining nursing and health care today and tomorrow. Hear from LPNs, RNs, RPNs and others who are eager for the future and what we can do together to make a difference.

SPEAKER HIGHLIGHT
Keynote Presentation By: Andre Picard

Critical Care – What’s Happening in Canada’s Health Care System
Andre Picard is an internationally acclaimed award winning journalist and author. Andre’s background as a public health reporter at the Globe and Mail provides valuable perspectives on health care today, and how we measure up nationally and internationally. With his provocative style, Andre will challenge us to transport into the future; discussing teams based on collaborative practice, patient-centered care, and improved health safety.
Experience the opportunity to:

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- Network and learn from leading minds in the profession
- Discuss the future of nursing and health care
- Re-energize, re-focus, re-engage

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Mention that you are attending the 2011 CLPNA Spring Conference to get special room rates!

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Register before March 9th, 2011 to get a discounted registration fee and a chance to win a $400 contribution to either an RRSP or RESP.

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First time attending the CLPNA Spring Conference? We’re so glad to have you, and as a “first-timer” you qualify to win a Canon Powershot Camera to capture all your memories.

**Please Join Us!**

Registration is available at www.clpnaconference.com
Are you inspired?
by someone in the nursing community

Call for nominations
The Bow Valley College Alumni Association (BVCAA) is recognizing the exemplary efforts of BVC Alumni through Rewards of Recognition and Rejuvenation.

Submit nominations by January 15, 2011.
Please contact us at: 403-355-4666 or alumni@bowvalleycollege.ca

Compassionate & caring, Amanda (Practical Nurse Alumna 2003) inspired Marie (Practical Nurse Alumna 2002) to nominate her for the Award.

Award recipients must be graduates of Bow Valley College or AVC Calgary.
Breaking the Silence
Managing Mental Health in the 21st Century
By Dr. Austin Mardon

REDUCING THE IMPACT OF MENTAL ILLNESS - There are three types of prevention when one is dealing with mental illnesses. The first is the attempt to prevent someone from becoming ill in the first place, the second is in the quick intervention after someone becomes ill to limit damage, and the third is in preventing relapse in those already diagnosed.

The first task is to identify those in our society who have the predisposition, genetic or environmental, to develop mental illnesses. This can sometimes be the hardest part. Families that have a history of mental illness rarely want to discuss it. Unfortunately, it is hidden and shameful in our society. Research shows that if women of child bearing years have adequate levels of folic acid and vitamin D, the risks of their children later developing schizophrenia is greatly reduced. However if a woman is never told by her parents that mental illness runs in the family, how can she be prepared?

The next step is to educate ourselves on the symptoms of early onset of mental illnesses. We can’t be afraid to intervene with our children out of fear that they will be labeled. Early intervention and treatment can often allow a child to develop normally. Mental illnesses are often looked at as an inability to adapt. When we are confronted with something that we cannot endure, a break can happen. Teaching susceptible children at a young age how to deal with stress, how to socialize normally, or even how to play, can make an enormous difference in their long term prognosis.

When susceptible teens begin to show symptoms, if they are immediately given a low dose of appropriate medication, it can prevent or postpone the onset of full psychiatric symptoms. Cognitive Behavioral Therapy has also shown promise in helping susceptible children and teenagers. The biggest barrier to early intervention is again stigma. For a child who is already showing signs such as an inability to socialize properly, labeling them as having a mental illness can make that social distance even greater. Additionally, parents of those with mental illnesses often blame themselves. That blaming can prevent a parent from accepting help.

Once a person develops full-blown schizophrenia or bipolar, prevention evolves into preventing relapse. One of the best tools in this battle is acceptance. When someone is newly blind or paralyzed, they have specialized facilities where they can learn to adapt to their new realities. Mental hospitals aren’t designed that way. They are designed to protect individuals from harming themselves or others while they are diagnosed and stabilized on their medications. Once someone is stabilized, they are often discharged immediately. There is little therapy designed for the newly diagnosed to learn to adapt to their new lives.

Preventing relapse starts with compliance with medication. Individuals need the support of their friends, family, spiritual advisors, in addition to their doctors and nurses. They need reminders while trying to get into the new habits of taking medications at certain times. They need encouragement to stay on medications that often have harsh side effects. They need a good relationship with their medical team to deal with side effects and the potential of needing a change in dosage or medication.

Lastly, the biggest prevention issue may be in preventing the depression and despair that often goes hand in hand with a diagnosis of mental illness. People, like myself, with schizophrenia, are often incapable of holding a full time job. Without a daily purpose to get out of bed for, what reason do we have to bother with our medicines? A life where you know that you will live below the poverty line, rarely receive respect or admiration, and/or be out and out feared, is a life that many would rather retreat from by going off their medication, and allowing themselves to descend into the relative comfort of insanity. We have to find something to get out of bed for every morning, whether it is a favorite sport, a part-time job, or a volunteer activity. An ounce of prevention is truly worth a pound of cure.

Austin Mardon received the Order of Canada in 2007 for his advocacy on behalf of those with schizophrenia. On September 24, 2010, the Alberta Medical Association gave him the Medal of Honour, their highest award for a non-physician for his work contributing to Alberta’s healthcare system. Contact Austin at aamardon@yahoo.ca.

The CLPNA extends sincere congratulations to Austin Mardon, seen here receiving his award from Dr. Christopher J. (Chip) Doig, President of Alberta Medical Association.
Recently a friend (“Kim”) phoned me and said that her mom was dying. Kim expressed great concern that her mom was in severe pain. She said, “The nurses have given her all the medication ordered, and say that there is nothing else they can do.”

After listening to her describe her mom’s obvious distress, I asked Kim to get a pen and paper and in very clear printing write down a series of questions, and then answer the questions based on her mother’s nonverbal behavior.

I then walked Kim through the Fraser Health Symptom Assessment Acronym (FHSAA) (see sidebar), provided her with questions associated with each “letter” (OPQRSTUV). Kim and her daughter completed a thorough assessment, wrote up a summary. Kim gave the nurse a verbal report and her written notes. She asked the nurse to please call the physician with this information. The nurse phoned the physician and handed the daughter the phone.

The ABCs of Effective Palliative Advocacy: Assessment and Communication Tools

By Katherine Murray, BSN, MA, CHPCN(C)

Symptom Identification: The Edmonton Symptom Assessment System (ESAS)

The ESAS tool helps to identify the presence of nine symptoms common in cancer patients: “pain, tiredness, nausea, depression, anxiety, drowsiness, appetite, wellbeing and shortness of breath…” (see http://www.palliative.org/PC/ClinicalInfo/AssessmentTools/ESAS.pdf) As nurses in Alberta, you can be proud that this tool was developed in your backyard by the Regional Palliative Care Program in Edmonton.

The patient rates the severity of the symptom on a scale of 0-10, with 10 representing the most severe symptom imaginable, and 0 being no symptom at all. Patients complete the ESAS independently. If the patient needs assistance, caregivers can either assist patients or complete the form on behalf of the patient. The symptoms identified and the corresponding scores are transferred to a graph where the patients’ experience of the symptom can be observed over time. A body map can remind patients to point out all sites that are uncomfortable and can provide a strong visual “statement” of the person’s experience.

In Kim’s situation, the pain was already identified as the most pressing issue.

Early Identification and Impeccable Assessment

The World Health Organization (WHO) defines palliative care as “an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems…”

Utilizing standardized assessment tools will assist us to identify problems and complete impeccable assessments.
Acronym provides a framework with suggested questions that can be adapted depending on the patient’s condition and the symptom being assessed. The Fraser Health Region website (www.fraserhealth.ca) provides questions adapted for assessing different symptoms. Your particular community may use another, though possibly similar, acronym.

The acronym helps to ensure that the necessary information is gathered. Without a strong assessment the professional receiving the report may not take appropriate or timely action.

Personally, this acronym has provided me with structure that ensures a more thorough, comprehensive assessment which has helped me to advocate successfully for symptom management. In the early days, I may have marched through the questions sounding like I was using a script. As I became more familiar with the acronym and how to adapt for the different symptoms, I was able to weave the questions into the conversation more skillfully, providing prompts that helped the patient to describe their experience.

Fraser Health Symptom Assessment Acronym (FHSAA)

**O - Onset** When did it begin? How long does it last? How often does it occur?

**P - Provoking/palliating** What brings it on? What makes it better? What makes it worse?

**Q - Quality** What does it feel like? Can you describe it?

**R - Region/radiation** Where is it? Does it spread anywhere?

**S - Severity** What is the intensity of this symptom (On a scale of 0 to 10 with 0 being none and 10 being worst possible)? Right now? At best? At worst? On average?

**T - Treatment** What medications and treatments are you currently using? How effective are these? Do you have any side effects from the medications and treatments?

**U - Understanding/impact on you** What do you believe is causing this symptom? How is this symptom affecting you and/or your family?

**V - Values** What is your goal for this symptom? What is your comfort goal or acceptable level for this symptom (On a scale of 0 to 10 with 0 being none and 10 being worst possible)?


**Communication**

Once Kim had completed her assessment and written her notes, she was organized and prepared to speak with the nurse and physician.

**Situation**

“Hi, my name is Kim, my mom is _________. I understand that she is dying. She is in severe pain and is in obvious distress. This is unacceptable to us as a family. We need to see her more comfortable. This is my assessment of her pain:

**Onset:** “The pain began a few weeks ago when she fell. She is getting worse each day.”

**Palliate:** “She seems comforted when we are with her, and when she can lie still.”

**Provoking:** “Mom yells when we try to reposition her, and yells if we try to sit her up. She moans and groans much of the time.”

**Quality:** “She can’t describe the pain. She can’t really talk anymore. But looking at her the pain seems great and constant.”

**Region/radiating:** “Her lower back and hips seemed especially sore when we touched her in those areas when she was still able to get up to the commode.”

**Severity:** “She can’t rate her pain. For us, the pain looks severe because she normally NEVER calls out or resists care, and is not known for yelling at or hitting people when they try to help.”

**Treatment:** “She receives morphine every four hours, and she settles about an hour after she gets it, and she sleeps for an hour, then she wakes up agitated again. Some nurses give her an extra ‘breakthrough dose’ which helps for a while. And then she is in pain again.”

**Understanding:** “She must have hurt herself when she fell. We don’t know for sure. She is dying so we do not want to send her to the hospital where she does not know anyone.”

**Value:** “Mom’s fear was about being in pain. She would have wanted to be more comfortable. As a daughter, I also want her to be comfortable! I need someone to help her get comfortable! I don’t want her living or dying in pain.”

**Response**

The physician listened to Kim and responded, “I had no idea that your mom was in so much pain!” He promptly ordered the necessary medications and committed to follow up the next day with the family physician. Over the next few days, the family continued to companion Kim’s mom. They appreciated the team members who took time to assess her comfort level, provide personal care and check in on how the family was doing. Kim’s mom died comfortably three days later.

**Conclusion**

The standardized assessment tools (ESAS and FHSAA) presented here can assist all members of the health care team, including the patient and family, to identify, assess, communicate, and advocate for symptom management.
For many, the term “research” typically conjures images of an environment with people in white lab coats working with test tubes and mice while they toss around terms like statistical analysis, triangulation, phenomenological, and ethnographic. Others understand research in terms of large clinical trials to test the effects of medications or vaccines happening somewhere “out there”, or in terms of phone surveys to help predict how a population may vote. These images and impressions are of activities that may seem far removed from the field of nursing and out of touch with your current practice.

Research, however involves so much more and is not just a domain reserved for researchers. Research is for nurses working every day in community, continuing care, and acute care settings, and is the driving force behind evidence-based practice because it provides the most current empirical knowledge for best practice.

What is evidence-based practice?

Evidence-based practice is a practical approach. LPN’s question, integrate, and evaluate practices. They look at advances in research to ensure that clients receive the best possible care. Evidence-based practice promotes client safety, and effective and efficient outcomes. (Mohide & Coker, 2005).

On its’ own, research can lack meaning for nurses. When research findings are integrated into nursing practice, they become practical, meaningful, and significant. Research that is published in journals and not widely read has little reduced utility for the practitioner. Evidence-based practice involves the process of integrating current research and the practitioner’s skill level, clients’ preferences, and the available resources, to make decisions about the client’s care. Evidence-based practice involves a five step process:

1) identifying a problem or posing a question about a clinical situation
2) collecting relevant evidence
3) critically evaluating the evidence
4) formulating a decision about a change in practice by integrating the information with the practitioner’s expertise, the available resources and the client’s preferences and values
5) evaluating the course of action and outcomes (Burns & Foley, 2005).

Driving forces for evidence-based practice

There are two major driving forces for the LPN regarding evidence-based practice. The most recent force is the September 20, 2010 announcement from Honorable Gene Zwozdesky, Minister of Alberta Health and Wellness and Dr. John Cowell, Health Quality Council Chief Executive Officer to launch the Patient Safety Framework for Albertans. The framework will guide, direct and support improvements in client safety. “The purpose of the Patient Safety Framework for Albertans is to develop and advance patient safety strategies in Alberta’s health care system with the goal of creating a safer system.” (Health Quality Council of Alberta, 2010) Evidence-based practice supports this initiative by ensuring the quality of care is optimal and safe.

The second force is related to our profession’s accountability under Alberta’s Health Professions Act. For years the College of Licensed Practical Nurses of Alberta (CLPNA) Standards of Practice have addressed evidence-based practice as a core standard of the profession. With the expanding role and scope of practice for the Licensed Practical Nurse, the Competency Profile for LPN’s (2005) also addresses these expectations under the Professionalism Competency W11:

Nursing and Clinical Research indicates that to meet the professionalism competency, a Licensed Practical Nurse will demonstrate:
• Knowledge of the elements and impact of nursing research and evidence-based practice
NEW Research Course for LPNs

While research can improve nursing practice, interpreting and understanding research can be challenging. These are skills that can be developed through formal education and continued engagement with research. To help LPN’s demystify research, Drs. Beth Perry and Virginia Vandall-Walker designed a continuing education research course for LPNs, to be offered in 2011 by NorQuest College. Virginia Vandall-Walker is confident that as the profession matures, nurses will want to move past their fears, apprehensions, or discounting of research and will seek opportunities to engage in research-related activities.

NorQuest’s research course provides one of those opportunities. She hopes that LPNs who take this course discover that research is fun, important, and incredibly informative and empowering. The course is geared to providing knowledge for a nurse to read, interpret, and either apply research findings directly to their practice, when appropriate, or discuss applying these findings with the care team. Foundational research information is presented, including: an overview of the two dominant research approaches, essential elements of the research process, ethical considerations associated with involvement in research, and selected features of qualitative and quantitative research.

REFERENCES

Essential Leadership Skills for Health Care Professionals

NorQuest College and Northern Lakes College have combined their resources to present this certificate program. Learn how to motivate and inspire your team! Delivered in two-day course modules, this program can be tailored to virtually every workplace and provides the flexibility for participants to focus on their own unique needs.

Upcoming Courses

- February 1 and 2, 2011 – MANAGING TIME
- March 7 and 8, 2011 – LEADERSHIP

Call Now!

For more information about this program, please contact Northern Lakes College toll-free at 1-866-652-3456, visit www.northernlakescollege.ca, or contact Jennifer Schneider at 780-644-6397 or email jennifer.schneider@norquest.ca

www.norquest.ca

PUT YOUR CAREER IN THE LEAD!
Health Ethics Week 2011

Health Ethics Week is an annual provincial initiative aimed at providing time and space for Alberta community organizations, health institutions, and individuals to explore ethical issues related to health and well-being. It has been designed with the following goals in mind:

- Emphasize the importance of examining values underlying health care and the health system
- Facilitate health ethics education for all Albertans
- Provide greater visibility for ethics committees and health ethics issues across the province

March 7 - 13, 2011
Doing the Right Thing, Doing the Thing Right

The theme addresses the relationship between acting ethically and following rules, codes and laws. It asks us to consider questions such as: What is the relationship between ethics and compliance, values and rules, organizational culture and quality improvement?

How ought we to work and live within the sometimes conflicting frameworks of codes of ethics and conduct, bills of rights, and legislated rules, while honoring our own values and virtues and those of patients and health care providers?

All Alberta organizations with an interest in health and well-being are encouraged to participate by hosting or participating in an activity exploring health ethics issues. For more info on Health Ethics Week, please visit the Provincial Health Ethics Network’s website at:

www.phen.ab.ca/ethicsweek
or contact PHEN at 1.800.472.4066
or info@phen.ab.ca

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ELECTROCARDIOGRAPHY WORKSHOP FOR HEALTH CARE PROFESSIONALS [ML600]
Jan 8 & 9, 2011 | May 7 & 8 | $425

ITLS BASIC PROVIDER [ITLS100]
See www.nait.ca/its for courses dates | $400

VAScular ASSESSMENT WITH ABI’S [DMS55]
Jan 29, 2011 | Mar 26 | May 28 | $320

PHLEBOTomy (VENIPUNCTURE) WORKSHOP FOR HEALTH CARE PROFESSIONALS [ML500]
Jan 15 & 16, 2011 | Mar 12 & 13 | Apr 20 & May 1 | $475

VAScular ASSESSMENT WITH ABI’S [DMS55]
Jan 29, 2011 | Mar 26 | May 28 | $320

Download a Continuing Education calendar at www.nait.ca/ContinuingEducation

For more information or to register, call 780.471.6248

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An Alberta LPN is the Canadian Editor for a new textbook on the market: Lippincott’s Textbook for Personal Support Workers. Editor Marilyn McGreer, LPN, was until recently a coordinator for NorQuest College where she managed and supervised the delivery of the Health Care Aide Program. Her unique educational and vocational background include a Bachelor of Science degree in Home Economics, instructing in the practical nurse program, and health care experience in geriatrics and acute care.

The Canadian edition of Lippincott’s Textbook for Personal Support Workers was adapted for the personal support worker employed in Canada in private or public health care facilities or in a client’s home to understand the history and distinct characteristics of the Canadian health care system.

Marilyn is currently chair of the Fredrickson-McGregor Education Foundation for LPNs.
Interpretation of Lab Tests

With

BARB BANCROFT, RN, MSN, PNP

Windows on an Inner World: the White Blood Cells

- Importance of WBCs, Mature and Immature Cells
- Functions of Each of the WBCs: Neutrophils, Segs and Bands; Monocytes; Basophils and Eosinophils; Lymphocytes
- Up, Down and All around - Which Changes in WBCs indicate:
  - Acute inflammation, Infection and Necrosis?
  - Chronic Inflammation, TB?
  - Allergy and Viral Infection?

Interpretation of the Serum Protein Electrophoresis

- Albumin and its Functions
- Globulins - Alpha One (HDL), Alpha Two, Beta (LDL and VLDL)
- What you Need to Know about the Gamma Globulins
- Drugs and the Lipoproteins
- The Clinical Conditions Associated with Variances of the Serum Proteins

The Role of the Red Blood Cells and the Correlation to your Patient’s Illness

- Maturation Process of the RBC; Normalplasts, Reticulocytes, Erythrocytes
- Essential Substances Necessary for RBC Production
- Role of Iron, Amino Acids, Folic Acid, B12, Thyroid, Kidneys & Good Genes

Determining RBC Function; CBC, MCV, MCH, Retic Count - What Changes in Values Mean

- Common Clinical Conditions Associated with Variances in RBC Function
- The Anemias - Iron Deficiency, Megaloblastic Anemia, Folic Acid Deficiency, Sickle Cell Anemia; Drug Induced Anemia

The Body’s Enzymes: What You Must Know About:

- AST, ALT, CK, Amylase, Lipase: When and Why They Elevate
- What do the Elevations Mean for Liver Function, Cardiac Function, Muscle Integrity and Pancreatic Function?

Barb Bancroft is a widely acclaimed nursing teacher who has taught courses on Advanced Pathophysiology, Pharmacology, and Physical Assessment to both graduate and undergraduate students. Also certified as a Pediatric Nurse Practitioner, she has held faculty positions at the University of Virginia, the University of Arkansas, Loyola University of Chicago, and St. Xavier University of Chicago. Barb is known for her extensive knowledge of pathophysiology and as one of the most dynamic nursing speakers in North America today. Delivering her material with equal parts of evidence-based practice, practical application, and humour, she has taught numerous seminars on clinical and health maintenance topics to healthcare professionals, including the Association for Practitioners for Infection Control, The Emergency Nurses Association, the American Academy of Nurse Practitioners, and more.

** Register Early to Avoid Disappointment! **

Barb Bancroft’s approach to interpreting lab tests is a "must have" for nurses in all areas and nurses at all levels. You will leave the seminar with a number of practical pearls that can be applied to your patients in the hospital, in the primary care facility, or in the ICU. The WBC and differential is discussed as it relates to viral infections, bacterial infections, and parasitic infections. Iron deficiency anemias will be differentiated from B12 and folic acid anemias and you'll get some helpful hints for patients with lead as a cause of anemia. The lipid profile will be discussed, as will liver function tests and clinical correlations. Various drugs will be correlated with their effects on lab tests, including chemotherapy, antibiotics, statins, and other lipid-lowering agents.

- RNs, NPs, RPNs, & LPNs in All Areas: Acute, Critical Care, Geriatric, Community Care and Primary Care
- Outpost Nurses, occupational Health Nurses
- Nurse Practitioners, Educators, Managers

How to Register

Save $20 on your registration fee when you register and pay prior to December 17th and $10 prior to January 10th! (Price includes lunch!)

WEB: www.nursinglinks.ca
CALL: 1 866.738.4823
FAX: 1 866.556.6028
E-MAIL: registration@nursinglinks.ca
MAIL: #22, 2526 Battleford Ave. SW, Calgary, AB T3E 7J4

Further Information

Should you have any questions or require assistance with registration, please call Conference Registration at Executive Links Inc. toll-free at 1-866-738-4823.

Cancellations

Refunds will be given for written cancellations received ten days prior to the conference date, less an administration fee of $25.00. Refunds cannot be given after this date; however, delegate substitutions are welcome without prior notification.

If Executive Links Inc. is forced to cancel a conference, liability is limited to reimbursement of paid conference fees. Executive Links Inc. reserves the right to change program dates, meeting places, speakers or content without further notice and assumes no liability for these changes.

To read our policies in more detail, please visit: www.nursinglinks.ca
Important Information for New Graduates and Employers of New Graduates

Updates made to Practice Statement #2: Temporary Registration were recently approved by CLPNA Council. No major policy changes were made, but the document was updated to clarify information for LPNs and employers. Temporary Registration is the registration and practice permit type issued to new graduates of an approved practical nursing program in Alberta. Read Practice Statement #2: Temporary Registration in the Practice Statement section on the “Resources” tab at www.clpna.com.

Council Appointment

Carla Koyata, LPN – District 1
(Chinook Health Region & Palliser Health Region)

On September 23, CLPNA Council appointed Carla Koyata, LPN, to represent District 1 on Council.

Carla has been an LPN for 24 years and currently works for the City of Lethbridge, Human Resource Department as a Case Coordinator. Her previous positions were in the areas of medical, surgical, palliative, outpatient, and maternity. She has completed the Dialysis specialization. Her many interests include a love of gardening, the outdoors, and nature. Her husband, children, and grandchildren keep her balanced.

The Council and staff of CLPNA welcome Carla to the team.
Online Registration a HUGE Success

A satisfying 60% of renewing CLPNA members used the new Online Registration Renewal process for 2011. Even in the first month of usage, the Online system increased data accuracy and reduced incomplete forms returned to members.

On October 1, corrections were made to the printed version of ‘Appendix A’. An updated version is posted to the Registration tab at www.clpna.com.

Thank you for your understanding and patience as we worked with you to make the system flawless.

Renewing Registration before Dec 31

To ensure registration before January 1, 2011, the completed 2011 Registration Renewal must be received by CLPNA by December 31, 2010 at the below times:

Submission times differ because paper Registration Renewal forms must be manually processed by CLPNA and the CLPNA office closes at noon (12:00pm) on December 31. In contrast, online Registration Renewals are processed automatically.

Online Registration Renewal for 2011 closes on December 31 at 11:59 pm. Non-renewed members seeking registration for 2011 must contact the CLPNA office regarding “Reinstating Registration”.

Reinstating Registration after Dec 31

After December 31, 2010, any member who did not renew their registration for 2011 and wants an Active Practice Permit must submit a Reinstatement Form and payment. Online Registration Renewal will no longer be available.

Reinstatement Forms are available by contacting the CLPNA. The earliest date in January the CLPNA office is open is Tuesday, January 4, 2011.

Proof of Registration – Public Registry

Members and employers requiring proof of LPN registration status for 2011 should access the CLPNA’s Public Registry at www.clpna.com.
Practicing Without a Permit

Individuals without a valid 2011 Practice Permit are not authorized to practice as a Licensed Practical Nurse in 2011. Those found practicing as an LPN without a valid Practice Permit, as per Section 39 of the Health Professions Act, may be subject to sanctions, which may include fines of up to $1,000 per incident of unprofessional conduct.

Members Not Renewing

Members not returning to the profession, retiring, or on long-term disability should notify CLPNA of their status by completing the 2011 Registration Renewal form online or on paper indicating “Not Renewing” and completing the requested information for 2010.

If CLPNA does not receive a completed 2011 Registration Renewal form, CLPNA will continue to send further notifications to the member as required by the Health Professions Act.

Further Info


Duplicate Practice Permits and tax receipts are available for an $11 administrative fee.

Registration questions? Contact info@clpna.com, 780-484-8886 or 1-800-661-5877 (toll free in Alberta only).

PUBLIC REGISTRY: AN EMPLOYER’S RESOURCE

Need to verify that your LPN staff is registered for 2011? Use the CLPNA online Public Registry at www.clpna.com. Based on real-time information, the Public Registry lists LPNs registered with the CLPNA. Details regarding registration type (Active, Associate, etc.), effective and expiry dates, specializations (ie. Immunization), and conditions are also available and can be printed for personnel files.

The Winners of the Ready, Click, Win! Contest are:
Jennifer Kropielniski, LPN, Bonnyville and Joel Bate, LPN, Edmonton

Each win a one night stay at the Fantasyland Hotel (Edmonton) Theme Room OR the Executive Royal Inn North Calgary.

Congratulations to the winners and Thank you to all those who participated.
Can Licensed Practical Nurses work with various types of oxygen therapy?

Yes, LPNs have the knowledge and ability to recognize the indications for administration of oxygen and assess and monitor a patient receiving oxygen therapy. This includes various types of oxygen therapy such as low flow, high flow (over 8L/min), continuous positive airway pressure (CPAP), or non-invasive mechanical ventilation (such as BiPAP). Competence must be achieved in these areas with supportive employer policy.

Can LPNs perform ear syringing?

Yes, ear syringing is a Restricted Activity under the Health Professions Act within LPN regulations. It requires additional post-basic education, or on-the-job education and training. There must be another regulated health care provider with the knowledge, skill, and competence available for assistance with supportive employer policy.

Are there restrictions on medication administration?

Under the Health Professions Act (HPA), there are few restrictions on medication administration. This flexibility gives employers opportunity to develop nursing policy that supports best practice and best use of all health professionals. LPNs are expected to be competent with medication administration skills applicable to their role.

Contact our Practice Consultants at practice@clpna.com or 780.484.8886

The Fredrickson-McGregor Education Foundation for LPNs invites LPNs to apply for the David King Education Bursary to receive financial assistance for courses in the fields of education or adult education.

Information and Application Forms are available on the Foundation’s website: http://foundation.clpna.com

Application deadline is February 7, 2011.
NOMINATE A LICENSED PRACTICAL NURSE

Employers, LPNs, colleagues and students are encouraged to nominate outstanding LPNs for the following:

**Pat Fredrickson Excellence in Leadership Award** given to a LPN for consistently demonstrating excellence in leadership, advocacy, communication and passion for the profession.

**Rita McGregor Excellence in Nursing Education Award** given to a LPN nursing educator or a designated preceptor in a clinical setting who consistently demonstrates excellence in providing education in the workplace.

**Laura Crawford Excellence in Nursing Practice Award** given to a LPN who displays exemplary nursing knowledge, promoting an atmosphere of teamwork, mentoring of team members, and pride in the profession.

NOMINATE A HEALTH CARE LEADER

The **Interprofessional Development Award** recognizes health care leaders who are instrumental in building quality practice environments. Nominees are chosen by LPNs, who believe that the individual has contributed to an overall positive environment for the health care team.

Interprofessional Development Award is given to a person external to the LPN profession who has focused on providing exceptional care to Albertans by:

- demonstrating exceptional leadership skills
- fostering a collaborative practice environment
- promoting professional growth and development
- creating high functioning interprofessional team(s)
- articulating the value of LPNs as vital and respected team members
- advocating for all team members to perform toward their optimal scope of practice

Nomination Deadline: February 21, 2011

For Nomination Forms, Award Criteria and Complete Details: www.clpna.com
780.484.8886
Mary Jane*, LPN, is finishing her shift at XYZ Health Facility when a co-worker and good friend stops her in the hall. They begin discussing a patient for which peri-care has become increasingly difficult in the last few weeks. In frustration, Mary Jane makes several derogatory statements about the patient, concluding with, ‘I wish Mr. Smith would clean up his own filth. He’s so gross.’ The conversation is overheard by a relative of the patient sitting unnoticed nearby who, shocked and upset, goes to search out Mary Jane’s supervisor, Ms. Jones.

Ms. Jones hears the complaint from the relative, and assures the visitor that proper procedure will be followed. When approached, Mary Jane denies saying anything derogatory about the patient. This isn’t the first time Ms. Jones has had to deal with this type of issue with Mary Jane. Concerned, Ms. Jones submits a complaint to the CLPNA.

When the CLPNA receives the complaint, an investigator is sent out to gather facts. The patient’s relative is interviewed, as is the co-worker, the supervisor, and Mary Jane herself.

After all the facts are gathered, it appears Mr. Smith’s dignity may have been violated in contravention of the LPN professions Code of Ethics. It’s also clear that the testimony of the witnesses differs greatly from the testimony of Mary Jane, who still denies saying anything inappropriate. Additional facts are gathered from Mary Jane’s supervisor that appears to show a pattern of similar conversations for which Mary Jane was previously disciplined. The CLPNA’s Complaints Director decides to present the case to a group of Mary Jane’s peers, members of the Hearing Tribunal, for their judgment on whether unprofessional conduct occurred and, if so, whether any orders are necessary.

The Hearing Tribunal hears the case, and decides it’s more probable that the witnesses who testified that they heard the derogatory statements were telling the truth. The Tribunal determines the content of Mary Jane’s words during the conversation to be a violation of the Code of Ethics, and therefore constitutes “unprofessional conduct” according to the Health Professions Act (HPA).

When considering what orders to impose, they take into consideration the documentation showing this isn’t the first time this behaviour has been brought to Mary Jane’s attention. Concerned with the pattern, they order Mary Jane to successfully complete a course on Leadership focusing on communication skills, and write a paper with the topic of what the member has learned about “compassionate care” based on the CLPNA Code of Ethics.

This fictional story is one example of a violation of the LPN professions Code of Ethics that may lead to a charge of unprofessional conduct and eventual sanctions.

The Health Professions Act (HPA) provides definitions of “disgraceful and dishonourable” actions that are considered “unprofessional conduct”. In this case, there was a “contravention of the... code of ethics” (HPA, Section 1(1)(pp)(ii)). The CLPNA Code of Ethics states the LPN “provides care with integrity, compassion and dignity”. It is the essence of nursing to provide a safe place for patients under care.

By jeopardizing the dignity of the patient, Mary Jane also violated another section of the HPA which states unprofessional conduct is “conduct that harms the integrity of the regulated profession” (HPA, Section 1(1)(pp)(xii)). This means her unprofessional comments may have negatively affected the opinion of the LPN profession.

Though this breach of the Code of Ethics merely resulted in orders for additional education for our fictional character, a Hearing Tribunal may select from a wide variety of orders listed in the HPA. This gives the Hearing Tribunal wide latitude to ensure the safety of the public.

In future fictionalized stories, we’ll share other common examples of the wide range of behaviours and situations which may be reported to CLPNA’s Conduct Department.
NEW
Perioperative OR Standards for LPNs
Released by National Regulators

The Canadian Council of Practical Nurse Regulators (CCPNR) announces the release of Standards of Practice and Competencies for Perioperative Licensed Practical Nurses (CCPNR, 2010).

The document is designed to identify the desired and achievable level of performance expected of perioperative Licensed Practical Nurses in Canada to nurses, the public, government, and other stakeholders. In addition, the document can provide direction in the development of policies and procedures in the practice environment.

The Standards of Practice and Competencies for Perioperative Licensed Practical Nurses reflect the following components of professional practice in the perioperative setting:
• Self-Regulation and Accountability
• Specialized Body of Knowledge
• Utilization of the Nursing Process in Perioperative Care
• Collaboration
• Advocacy
• Leadership

Perioperative LPNs practise in a variety of settings including: ambulatory settings, surgeon’s offices and clinics, and hospital operating room suites. The Standards are broad in scope in order to encompass the scrub role and circulating role, which include assisting the anesthesia provider in all perioperative settings.

Standards of Practice and Competencies for Perioperative Licensed Practical Nurses is available from the CCPNR at www.ccpnr.ca.

* These New OR Standards have been adopted in Alberta and circulated electronically to all practice settings and LPNs in Alberta.
OUR MISSION

To lead and regulate the profession in a manner that protects and serves the public through excellence in Practical Nursing.

OUR VISION

Licensed Practical Nurses are a nurse of choice, trusted partner and a valued professional in the healthcare system.

The CLPNA embraces change that serves the best interests of the public, the profession and a quality healthcare system.

By 2012 the CLPNA expects:

• To be a full partner in all decisions that affect the profession
• LPNs to embrace and fully exploit their professional scope of practice and positively impact the nursing culture
• LPNs actively involved in planning and decision making within the profession and the healthcare system
• LPNs to assume leadership and management roles provincial, nationally and internationally within the profession and the health care system
• An increase in LPN registrations to 12,000 by 2012
• LPNs to actively promote and support the profession
• Employers fully utilizing LPNs in every area of practice
• The scope of practice to evolve in response to the unique and changing demands of the healthcare system

COLLEGE OF LICENSED PRACTICAL NURSES OF ALBERTA

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