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Alberta Competency Profile
Unites LPNs from East & West

Working from Within
2008 Spring Conference
Inspired Nursing

Council Elections
Show your Commitment
and Make a Difference

Working Together to
Build the Future
Volume 22 Issue 1 SPRING 2008

News and Views is a quarterly publication and is the official publication of the College of Licensed Practical Nurses of Alberta. Reprint/copy of any article requires prior consent of the Editor of News & Views. Editor – T. Bateman

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$21.00 for non-members.

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Kristina Maidment
District 7 (RHA Region 9)
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Peter Bidlock / Ted Langford
Robert Mitchell

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CLPNA Regular Office Hours
Monday to Friday
8:30am to 4:30pm

Closed in recognition of statutory holidays:

Easter
March 21 & 24, 2008

Victoria Day
May 19, 2008

We Are Moving!
The CLPNA office is moving to St. Albert Trail Place,
13151-146 Street,

CLPNA Public Registry
The CLPNA website, www.clpna.com, hosts a public registry of Licensed Practical Nurses in Alberta. Following the Health Professions Act (HPA) and the guidelines of the Personal Information Protection Act (PIPA), the on-line registry can be accessed by the public and does not compromise personal information of our membership. Available information includes the member’s registration number, name, practice permit expiry date, specialties and restrictions. Employers may validate registration at any time without having to contact the CLPNA.

OUR MANDATE
The College of Licensed Practical Nurses of Alberta is mandated through the Health Professions Act, the Licensed Practical Nurses Profession Regulation, the Bylaws, and the Standards of Practice to regulate the profession of Practical Nursing in a manner that protects and serves the public.

To fulfill this mandate, the College has identified four primary areas of responsibility: Regulation, Education, Advocacy and Leadership. Each area has established priority outcomes which are dynamic and will likely evolve and change.

OU 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 healthcare 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

~ Revised December 2007 ~
Collaborating For Tomorrow

Webster’s dictionary defines collaboration as “to work jointly with others or together especially in an intellectual endeavor”. Research shows that better collaboration improves patient care and job satisfaction.

This issue of News and Views has a focus on collaboration and in this article we will share with you the key collaborative efforts of the College, as we work to move our Profession forward meeting the opportunities of a changing healthcare environment.

In December of 2007, the CLPNA Council approved the Strategic Direction for the College. We assessed the current strategic plan and determined those areas of increased focus and development, defining the future direction of our Profession. Taking into consideration current trends, opportunities and challenges Council developed key areas of focus for the next five years. The Strategic Plan is reviewed annually and updated as required.

Council also revised the Vision, Mission, and Values of the CLPNA. The new Vision is printed inside the front cover of this issue. You will read throughout this newsletter, the ways your Council is working to achieve this Vision. The newly revised Standards of Practice and the Code of Ethics have been developed with input from a number of sources including membership and are printed in this issue for your review. These standards are important to a self-regulating profession such as ours, as they are in place to guide your practice. Through dedicated commitment and working together we can shape the future of nursing in Alberta and these guiding documents serve as our benchmarks.

With consideration for the health human resource shortage in Alberta, and the Vision of the CLPNA, the College has embarked on a pilot project with Capital Health and NorQuest College to recruit Internationally Educated Nurses (IENs) from the Philippines. A comparison of their curriculum with the Alberta LPN curriculum reveals a high degree of comparability. Minimal remedial learning is necessary, and will be provided on line by NorQuest College prior to the IENs arrival in Alberta. Clinical testing will then be conducted and the nurses will complete a preceptor led clinical at various Capital Health sites. These efforts are intended to assist with successful transitioning of the IEN to the role of the LPN in Alberta. Recruitment of IENs is viewed as one of several strategies necessary to address the nursing shortage in Alberta, and the CLPNA believes this initiative has potential to significantly benefit the health care system within our province.

Last fall, we met with the Minister of Alberta Health and Wellness and the Minister of Alberta Advanced Education and Technology to discuss the results of the membership survey. We shared information regarding nursing skill mix ratios, under-utilization, working conditions, and the wage spread compared to other health professionals. We offered solutions - to actively encourage full utilization of the LPN workforce, to establish an endowment fund to support the bridging of Health Care Aides to LPN, to support additional basic education seats, and to collaborate regarding innovative recruitment strategies, and to work with employers and unions to address wage disparity.

We have also been meeting with the Regional Health Authorities and other provincial health care decision makers to share the survey results and raise awareness of the continued potential for LPNs. Survey results showed that if increased value and utilization were shown to LPNs; a large percentage would recommend the LPN Profession as a career of choice, stay in the Profession longer, claim less sick time, and casual/part-time employees would more often seek full-time employment. It is clear- part of the solution to the nursing crisis lies within the existing workforce. There is definite capacity within this group and the survey results provide insight into what effective retention strategies might look like.

All of the meetings have been very successful with an open willingness to hear the perspective of the CLPNA based on the data from our membership survey and the retention, recruitment, and future human resource issues that were so clearly articulated by each of you. We anticipate meeting with all of the nine health regions

continued next page
and other interested parties by spring. We value the collaborative relationships with government and employers, and look forward to continue good working relationships in a solution focused approach to the challenges we all face.

We continue to work with the College and Association of Registered Nurses of Alberta (CARNA) presenting the Collaborative Nursing Practice in Alberta information to various sites throughout the Province. This session is being offered at Spring Conference in April as well, in a further attempt to showcase the concepts of collaboration and better inform our nursing teams.

We continue participation on the advisory committee of Alberta’s Nursing Knowledge and Education Project which is a provincial project to identify what foundational knowledge that LPNs, RNs, and RPNs hold in common at the time of entry to the profession, as well as the depth and breadth of knowledge that distinguishes each of the nursing professions. The outcome of this project will be forthcoming with the results available in 2009.

Collaboration is about a willingness to work together to achieve a shared goal. As we work together and learn from each other, whether it be at the client, unit or organizational level we can make a difference that ultimately positively impacts our clients, our job satisfaction, the quality of care, and the entire health care system.

Linda Stanger & Ruth Wold

COUNCIL APPEALS COMMITTEE DECISION

The Council Appeals Committee made a decision regarding a complaint of unprofessional conduct against a CLPNA Member. At the time of the alleged incidents, the Member was employed as an LPN at a long term care facility. The Member was terminated from employment due to repeated medication errors and, in compliance with the Health Professions Act, the CLPNA was notified. The matter went before a Hearing Tribunal of the CLPNA, and the Hearing Tribunal’s Decision was subsequently appealed by the Member.

The Council Appeals Committee issued the following orders to the Member:

- the Member is to provide written confirmation of enrolment in a medication administration course
- the Member is to complete a medication administration course
- the Member is to provide a written employer evaluation confirming safe medication administration and
- the Member shall not be required to pay a fine to the CLPNA

The Member shall not be eligible to renew their 2008 Practice Permit until compliance with all of the orders of the Council Appeals Committee and at that time the Member shall have no further restriction on their 2008 Practice Permit.
CLPNA COUNCIL HIGHLIGHTS

Meeting Dates: December 5, 6, 7, 2007

• A consultant worked with Council and Executive Staff to respond to Toward 2020: Vision for Nursing; Future Role of Clinical Nurses, and Actions Needed to Achieve Future Nursing Roles, which was a summary document of discussion about the recommendations of Toward 2020, generated by a meeting of stakeholders in March 2007. CLPNA response was forwarded to Health Canada.

• Council viewed a presentation on rebranding of the CLPNA and the progress made to date.

• New Strategic Directions, Code of Ethics and Standards of Practice were approved by Council. The revised Standards of Practice and Code of Ethics will be published in the next newsletter and distributed to the Minister of Health & Wellness for comments, as required in Section 133 (2) of the Health Professions Act.

• The 2008 Budget was presented to Council and approved.

• Red Deer College Practical Nurse program was approved for implementation as per the recommendation from the Education Standards Advisory Committee.

• Northern Lakes College Practical Nurse program was approved for a five year period 2008-2013 as per the recommendation from the Education Standards Advisory Committee.

• Peter Bidlock was appointed by government to be a public member on Council for one more three-year term to March 3, 2010.

Committee Appointments:

• The following members and individuals were re-appointed to the designated committees to December 31, 2009:

  Registration & Competence Committee – Janice Volk (2nd Term)
  Registration & Competence Committee – Tammy Tarnowski (2nd Term)
  Hearing Tribunal – Brenda Blom (2nd Term)
  Hearing Tribunal – Dawn Gillich (2nd Term)
  Complaint Review Committee – Michelle Tavenier (2nd Term)
  Complaint Review Committee – Susan Paluck (2nd Term)
  Complaint Review Committee – Nadine Lafreniere (2nd Term)
  ESAC – Lynn Edwards, LPN (2nd Term)
  ESAC – Sylvia Teare, Educator (2nd Term)
  ESAC – Maureen McQueen, Educator (3rd Term)
  ESAC – Bruce Finkel, Ex-Officio (2nd Term)

• The following members and individuals appointed to the designated committees to December 31, 2009:

  Registration & Competence Committee – Darcy Shenfield (1st Term)
  Complaint Review Committee – Teresa Stacey (1st Term)
  ESAC – Kate Obedester, Employer Representative, Calgary (1st Term)

  Ruth Wold, President; Robert Mitchell, Public Member; and Peter Brown, LPN, Council Member; were appointed to the Council Appeals Committee to December 31, 2008.

CLPNA Welcomes New Practice Consultant

As I assume the role of Practice Consultant with the College of Licensed Practical Nurses of Alberta, I feel both excited and privileged. Recently moving from central British Columbia, I bring a rich background with many years of experience in rural nursing. My practice began as a Continuing Care Aide in 1992 where I worked with seniors and shut-ins in a home support role for three years. My passion for the nursing career and strong family support encouraged the continuation of this profession as I completed the Licensed Practical Nursing program at Malaspina College in Powell River, BC, in 1995. My education continues today as I pursue a Bachelor of Health Administration Degree.

In 2001, in response to changes in nursing, the facility in which I worked initiated a process to move LPNs to full utilization. Through nomination by my peers, I was elected to the multidisciplinary education committee established to meet this goal. Within a six year period, all of the LPNs within our region had completed the mandatory courses for up-grading and were now at full-scope of practice. As an active committee member, I participated in the development and interpretation of policies and procedures to reflect and support the new and advanced role of the LPN in Primary care and leadership.

My background over 12 years in acute care, palliative care, geriatrics, medical and surgical nursing will support the work of the CLPNA in my role as Practice Consultant. I look forward to working with LPNs, employers and other stakeholders in this new role as well as the opportunity to expand my knowledge of sunny Alberta.
If you think an effective Council is a critical component in the ongoing development of our profession, let your name stand for election.

Become involved, provide leadership, and become part of the legacy of the College of LPNs of Alberta. The CLPNA is seeking Licensed Practical Nurses interested in becoming involved in College affairs. This is an opportunity for you to participate in influencing the direction of regulation of our profession.

You will be rewarded with personal and professional growth plus participate in the CLPNA Mission: “To lead and regulate the profession in a manner that protects and serves the public through excellence in Practical Nursing.”

Districts Up for Election in 2008

District 1
Chinook Health Region & Palliser Health Region

District 3
David Thompson Health Region & East Central Health Region

District 5
Aspen Health Region

What Does It Mean to Be On Council?

The Council is responsible for the overall general direction of the College. It operates on a broad policy and overall planning level, determining the outcomes or “ends.” In particular, the Council is responsible for ensuring the College operates on a sound financial basis. The Council does not manage day to day operations, or the “means” of achieving outcomes. Formally, the Council deals with College business through the Executive Director. Council members attend two-day meetings every quarter to review reports of College business and to plan upcoming goals.

How to join the Council?

To place your name on the ballot for the Council election you must submit a nomination package to the CLPNA office before May 31st. The College office shall prepare and distribute the ballot by mail to each individual member of the District of election within 14 days following the close of nominations. Nomination packages and more information is available online www.clpna.com or by calling the CLPNA at 484-8886 or 1-800-661-5877.

Make this the year you become a part of this dynamic team!
CLPNA and AUPE
There is a difference

Frequently questions arise from our members about the role of the College and what exactly the College does for them. Can the College make a difference in the collective agreement that is currently in negotiation? Can the College influence AUPE, the Union, to improve talks, LPN’s wages, benefits, and job satisfaction? This article is an effort to bring clarity to your questions.

As a College, we have been delegated the responsibility for self-regulation under the Health Profession Act (HPA). Our role is to regulate the profession in a manner that protects and serves the public. Under the HPA, registration is mandatory. It establishes your professional credential which demonstrates to employers and the public that you have the knowledge and skills and allows you the privilege to practice nursing.

The College is responsible for:
- Registration of the members of the profession
- Investigations of complaints and discipline when practice does not meet an acceptable standard
- Establishing the By-Laws, Standards of Practice and Code of Ethics for the profession
- The approval of education programs at the basic, re-entry, and advanced levels
- In collaboration with educational support, the development and delivery of relevant continuing education courses when necessary
- Representing the profession on various provincial and national committees
- Interpreting the role and responsibilities of the LPN to employers and others
- Developing and maintaining a Continuing Competency Program

The Union is responsible for:
- The negotiation and administration of a collective agreement including your salary, benefits and job protection
- Processing contractual grievances on behalf of employees
- Assisting employees in labor issues in the work place settings
- Ensuring fair representation for employees
- Protecting the health and safety of the employees

The CLPNA is very pleased to have a collaborative working arrangement with the Alberta Union of Provincial Employees (AUPE), the Union that bargains for most LPNs within Alberta. We are available to AUPE to share information about LPN practice and regulation and meet with representatives as necessary.

As a College we take our role as regulatory body very seriously and take every opportunity to share information about LPN practice with employers, government and AUPE. We frequently participate in information sessions in employment settings around the province. We host an annual conference that is open to all registrants to share information, provide education, and network with fellow LPNs. Alberta LPNs are among the best utilized in Canada with the most varied career opportunities available to them.

LPNs are valuable health care professionals and it takes all of us, including each and every LPN, working together to promote the profession through respectful collaborative practice.

CLPNA is proud to provide Nurses’ Week Kits on request for events planned in the celebration of National Nurses' Week on May 12-18, 2008. National Nurses’ Week coincides with Florence Nightingale’s birthday, May 12. Many consider Nightingale the founder of modern nursing. The history of Nurses’ Week began in 1953 when Dorothy Sutherland of the U.S. Department of Health, Education, and Welfare sent the proposal to President Eisenhower. In 1974, President Nixon proclaimed “National Nurses’ Week.”

Nurses’ Week Kit Request Forms and information is available on the CLPNA website at www.clpna.com. Request Forms must be received by Fax (780-484-9069) prior to April 18. Each kit will contain National Nurses’ Week posters, pens, and other door-prize items. The CLPNA also mails posters to each LPN employer for display.

In addition to the Nurses’ Week Kits, silver and gold LPN pins may be purchased for $3.00 each or the burgundy LPN pin for $5.00 each. Contact the CLPNA at (780) 484-8886 to order. Visa and MasterCard accepted.
**CLPNA Membership Statistics**

2007 Registration Data - Year ending December 31, 2007

Registrations - 2007

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<th>Category</th>
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<td>Re-Entry LPNs</td>
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<td>Other Canadian Registrants</td>
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<td>Non Canadian Registrants</td>
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<td>Renewals</td>
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Out of Province Registrations

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<td>2006</td>
<td>205</td>
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<td>2007</td>
<td>247</td>
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LPN Registration Trends

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<th>Year</th>
<th>Number</th>
<th>Percentage of Loss/Increase</th>
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<td>1986</td>
<td>8646</td>
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<tr>
<td>1987</td>
<td>7894</td>
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<td>2006</td>
<td>6874</td>
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<tr>
<td>2007</td>
<td>7264</td>
<td>5.8%</td>
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**Distribution of Regulated LPNs by Health Region**

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<thead>
<tr>
<th>Region</th>
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<th>2007</th>
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<tbody>
<tr>
<td>R1 Chinook Regional Health Authority</td>
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<td>405</td>
</tr>
<tr>
<td>R2 Palliser Health Region</td>
<td>269</td>
<td>285</td>
</tr>
<tr>
<td>R3 Calgary Health Region</td>
<td>1581</td>
<td>1685</td>
</tr>
<tr>
<td>R4 David Thompson Regional Health Authority</td>
<td>830</td>
<td>843</td>
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<tr>
<td>R5 East Central Health</td>
<td>377</td>
<td>377</td>
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<tr>
<td>R6 Capital Health</td>
<td>2340</td>
<td>2399</td>
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<tr>
<td>R7 Aspen Regional Health Authority</td>
<td>401</td>
<td>414</td>
</tr>
<tr>
<td>R8 Peace Country Health</td>
<td>354</td>
<td>374</td>
</tr>
<tr>
<td>R9 Northern Lights Health Region</td>
<td>115</td>
<td>127</td>
</tr>
<tr>
<td>Other Canadian</td>
<td>213</td>
<td>405</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>6864</strong></td>
<td><strong>7264</strong></td>
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AGE of Regulated LPNs

<table>
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<th>Number</th>
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<td>26-30</td>
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<td>31-35</td>
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<td>36-40</td>
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<tr>
<td>56-60</td>
<td>693</td>
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<tr>
<td>61-65+</td>
<td>517</td>
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</table>

**LPN Gender Distribution**

- Male - 324 (4.46%)
- Female - 6940 (95.54%)
CLPNA participates in a multijurisdictional plan to provide professional liability insurance through Lloyd Sadd Insurance Brokers of Edmonton, Alberta. This new agreement includes six other LPN Regulatory Colleges including British Columbia, Saskatchewan, Manitoba, Nova Scotia, New Brunswick, Newfoundland and Labrador. Through the combined purchasing power of this group, the prior $1,000,000 professional liability coverage has now been increased to $2,000,000 per member per loss for the same premium. Professional liability coverage is in effect for all members of the CLPNA.

Professional Liability and Licensed Practical Nurses

By Lloyd Sadd Insurance Brokers Ltd.

Professional liability issues are of great concern today. There was a time when health practitioners were not lawsuit targets; clients would never consider bringing forth an action against the people who helped them. Times have changed. Today the public and legal system have high expectations and are more inclined to initiate a lawsuit.

Organizations, their employees and services are being scrutinized by the public as never before. When adjudicating cases, the courts base their judgments on increasingly higher standards of care and responsibility.

Licensed practical nurses have daily contact with people and patients in their work. These people are dependent upon your skillful care and extensive knowledge. Professional Liability Insurance helps protect you from allegations of errors, omissions and negligent acts, whether or not they have merit.

As a licensed practical nurse, you are a professional and the legal system expects you to have extensive technical knowledge and training in your area of expertise. You are also expected to perform the services for which you were hired according to your professional code of conduct and within your scope of practice. If an LPN fails to use the degree of skill expected of them, they can be held personally responsible in a court of law for any harm they cause to another person. Not only can your professional reputation be damaged in a lawsuit, but your personal assets may be at risk.

As a member of the College of Licensed Practical Nurses of Alberta, you are automatically provided with professional liability coverage. Included in your annual membership, the college provides a professional liability policy with $2,000,000 per claim limit and an annual program aggregate of $20,000,000. The program covers the LPN for faults, errors, omissions and negligence for services rendered while acting within their scope and duties. The basis of the policy is to provide protection for:

- Defense costs associated with defending an allegation, even if the allegation is false
- Settlement costs if the LPN is found negligent
- Additional limits over employer limits
- Help shield the personal assets of members

The insurer is equipped with a team of analysts, adjusters and legal professionals to ensure claims are adequately handled and proactively managed. Their expertise is critical in guiding you through the claims process, while respecting your privacy and the organization’s confidentiality.

The policy includes coverage for all active members of the college, retired members and graduates waiting licensing, providing they are working under the guidance of another health professional. Since the policy is intended to only cover errors and omissions resulting from your professional practice, it is important to note there are exclusions. Some of the notable exclusions include:

- Deliberate, Dishonest and Fraudulent Acts
- Fines and Penalties
- Libel and Slander
- Abuse and Sexual Misconduct
- Issues outside of your scope of practice
- Defence costs in a disciplinary case with the CLPNA

In a hospital or other care facility, your employer will likely maintain a professional liability policy on behalf of the facility and the employees. In this circumstance, the program provides excess coverage in the event the facility coverage is insufficient. If the LPN does not work in a facility that provides professional coverage, this program becomes primary to protect the individual. Many licensed practical nurses are looking at private practice or contract work, a scenario in which this liability insurance is critical protection. Providing your private practice work falls within your scope of practice, you are covered.

This program has been developed with the College of Licensed of Practical Nurses for the benefit of the members. It is important to understand your coverage and know you have protection against errors in your day-to-day work.
INTRODUCTION

The College of Licensed Practical Nurses of Alberta (CLPNA) has been entrusted, under the Health Professions Act, with a mandate to protect the public through the Regulation of the Licensed Practical Nursing Profession. The College has the responsibility of establishing, monitoring and enforcing standards of education, registration and practice.

Standards for nursing practice reflect the philosophical values of the profession and clarify what the nursing profession expects of its members.

Standards of Practice provide overall guidelines for the Licensed Practical Nurse and describe the desirable and achievable level of performance expected, against which actual practice can be measured. These Standards of Practice apply to every setting and outline the minimum standard of safe LPN practice. They represent the criteria against which LPN practice is measured by clients, employers, and the profession. Professional standards of practice are delineated into more specific expectations through the profession’s Code of Ethics, Regulation, By-laws, Competency Profile, employer polices and procedures.

It is the responsibility of individual LPNs to act professionally and be accountable for understanding the Standards and applying them to their practice, regardless of their setting, role or area of practice. The policies of employers do not relieve LPNs of accountability for their own action or their obligation to meet these standards.

The CLPNA is responsible for assuring that the profession as a whole carries out its commitment to the public. This is achieved in part through establishing and regularly reviewing the Standards of Practice and providing support for LPNs and employers in understanding and applying them.

The CLPNA has six broad categories of Standards of Practice as follows:

- Standard 1: Knowledge
- Standard 2: Accountability
- Standard 3: Patient Safety
- Standard 4: Continuing Competence
- Standard 5: Collaboration
- Standard 6: Leadership

CLPNA has completed an extensive review and revision to the LPN Standards of Practice and Code of Ethics. Review of these documents is performed regularly to address any necessary changes or updates due to changing practice and health care environments.

These documents are currently being reviewed by stakeholders, government and now by members. Your comments can be forwarded to tamara@clpna.com by April 4th, 2008.

Once the review is complete, the Standards and Code of Ethics will be circulated in hard copy to every LPN holding a practice permit in Alberta.

STANDARD 1: KNOWLEDGE

The Licensed Practical Nurse integrates knowledge of nursing science, arts and humanities acquired through basic education and continuous learning.

Indicators:

The LPN:
1. Demonstrates an understanding of the knowledge, critical thinking and clinical judgment required for the provision of safe, competent ethical care.
2. Evaluates, reports and documents effectiveness of nursing care in relation to client responses and expected outcomes.
3. Accesses resources when needed to support the provision of safe, appropriate client care.
4. Demonstrates awareness of evidence based practice and applies this understanding to provision of client care.
5. Participates in research and quality improvement activities to enhance nursing practice and health outcomes.

STANDARD 2: ACCOUNTABILITY

The Licensed Practical Nurse maintains standards of nursing practice and professional conduct as determined by the CLPNA and the practice setting.

Indicators:

The LPN:
1. Demonstrates accountability and responsibility for own nursing actions and professional conduct.
3. Delivers care in a manner that preserves and protects client autonomy, dignity and rights.
4. Maintains appropriate boundaries between professional therapeutic relationships and non-professional personal relationships.
5. Identifies and questions situations where directions, policies or procedures may be unclear or potentially unsafe.
6. Is accountable for monitoring and maintaining one’s own fitness to practice.
The Code of Ethics provides a framework for the ethical practice and standards of conduct for the Licensed Practical Nurse, based on the values of the profession.

The Licensed Practical Nurse:

- Accepts accountability for own nursing judgments and actions in the provision of safe, competent and ethical nursing care
- Provides care with integrity, compassion and dignity respecting the rights, values and beliefs of the individual, family and community
- Advocates for safe competent and ethical care for all clients
- Manages confidential information in accordance with legislation and employer policy
- Assesses own nursing practice and maintains competence through lifelong learning
- Fosters respectful collaborative relationships with clients, colleagues and other health care stakeholders
- Promotes the profession through excellence in mentorship
- Maintains standards of professional conduct which enhance public confidence

**STANDARD 3: PATIENT SAFETY**

The Licensed Practical Nurse takes responsibility for one’s own safe nursing practice and patient safety.

Indicators:

The LPN:
1. Acts to prevent or minimize adverse events through identification and reporting of situations that are unsafe or potentially unsafe for clients or health providers.
2. Reports unsafe practice, abusive behavior or professional misconduct to the appropriate authority.
3. Advocates for improved safety within nursing practice and healthcare delivery.

**STANDARD 4: CONTINUING COMPETENCE**

The Licensed Practical Nurse engages in self assessment of practice identifying strengths, and learning needs requiring ongoing professional development.

Indicators:

The LPN:
1. Assumes primary responsibility and accountability for maintaining competence.
2. Participates in the Continuing Competency Program of CLPNA.
3. Demonstrates commitment to lifelong learning.
4. Maintains awareness of trends, issues and changes in nursing and healthcare.

**STANDARD 5: COLLABORATION**

The Licensed Practical Nurse collaborates with clients, healthcare providers and stakeholders in the delivery of healthcare services.

Indicators:

The LPN:
1. Establishes and maintains an environment that promotes effective relationships in planning, implementing and coordinating the delivery of care.
2. Utilizes effective interpersonal and therapeutic communication skills.
3. Uses constructive feedback and mediation strategies to resolve conflicts and facilitate collaboration.
4. Mentors students and shares own experience and knowledge to advance the profession.
5. Acknowledges and respects the role and competencies of other health providers in the delivery of health services.

**STANDARD 6: LEADERSHIP**

The Licensed Practical Nurse demonstrates effective leadership knowledge and skill in one’s own practice, as well as in the management and supervision of others.

Indicators:

The LPN:
1. Models professional values, beliefs and attributes that promote the profession to clients, learners, peers and other healthcare professionals.
2. Evaluates safety, effectiveness and efficiencies when planning care and/or assigning duties to unregulated providers, in accordance with established CLPNA guidelines.
3. Promotes innovation and an openness to new ideas which may enhance or support nursing practice.
4. Contributes to the development of policies and procedures for the delivery of safe competent and ethical nursing care.
5. Advocates for clients, healthy practice environments and the nursing profession.
Oh Canada!

CLPNA Competency Profile Seeds Expansion to 8 Provinces

By Chris Fields, Contributing Writer

“All the flowers of tomorrow are in the seeds of yesterday.”
(Proverb)

It originated in Alberta - with the leadership and vision of the CLPNA and Alberta Health and Wellness. It promised to change the face of the profession - and has and will with its articulation of the soul of what LPNs are, what they do, and where they are headed. It’s caught on - spreading its way across Canada in a very few years.

The year was 1998. The Alberta Health Professions Act required that each profession have an established system of continuing competency; the only problem was that none of the health professions had such a system already in place. So began, with the guidance of Alberta Health and Wellness, the CLPNA’s development of a detailed and comprehensive Competency Profile for LPNs. A first of its kind in Alberta, the profile clearly articulates the role of the LPN via a description of the knowledge, skills, attitudes, behaviours, and clinical judgments of the profession as they move from novice to expert in practice.

The project captured the spirit and dedication of 600 participating LPNs, and was published in 2000 as a public document. It didn’t go unnoticed. The use of a common framework to capture and document LPN competencies in Alberta was akin to making all of the passing plays and setting up other LPN associations for a tip-in goal. Alberta’s expertise and documentation was made available to other provinces, offering the ability to quickly generate a detailed validation process cost effectively in a short amount of time, versus two or more years it might take another province to build the work from the ground up.

Since 2000, seven provinces have used the Alberta framework to build their own respective Competency Profiles; Manitoba, Saskatchewan, and B.C. did so in 2005, and the four Atlantic provinces will have completed their profiles in March, 2008. The Canada-wide expansion of this initiative was funded by Health Canada.

For Dr. Bill DuPerron, Director of Education and Immigration at Alberta Health and Wellness, who spearheaded the Alberta process and has facilitated the work across Canada, the results will generate a compelling horizon for LPN practice in Canada.

"For the individual provinces the Competency Profile is a powerful educational tool to make the health system aware, in very clear terms, what the LPN’s legislated scope of practice is. Many employers haven’t been aware of it, and it’s a real eye-opener in terms of highlighting the advanced skill set LPNs possess in some jurisdictions."

Dr. DuPerron notes three intended benefits of generating the Competency Profiles: 1) Better Mobility - a common set of terms and definitions for competencies will reduce obstacles to registration, employability and inter-provincial mobility of LPNs across Canada; 2) Training Excellence - within each province, a detailed Competency Profile can be used to ensure educational institutions are providing relevant and timely training for LPNs; and 3) More Effective Utilization - employers can use the Profiles for job descriptions, nurse resource planning, and more effective utilization of LPNs.

Dr. DuPerron sees the generation of a common national competency framework for LPNs as a significant additional benefit to the initiative that will trickle down to the provinces and practicing LPNs. "The Competency Profile creates a common conversation point for the role, responsibility, and scope of practice of the LPN in Canada. There’s a sum that is greater than the parts when many provinces work together - it creates a more powerful voice that can carry the LPN messages and influence evidence-based decision making for politicians, senior government officials, and CEOs of health authorities."

 Asked whether he envisions a future in which all LPNs across Canada perform the same function, have a common Competency Profile, and have the same educational require-
ments, Dr. DuPerron thinks there’s a path in that direction but notes it depends on the vision of leadership in the various jurisdictions. "Alberta has the broadest scope of LPN practice in Canada and it reflects an integral and improved efficiency role that the province envisions for the LPN. Alberta is seeking to set a standard of educational and practice excellence that can be a guidepost for others to follow."

Utilization of LPNs in Alberta still has its challenges; however there has been progress since the introduction of the Competency Profile in 2000. A 50% utilization rate indicated in the 2007 LPN Survey is up from 33% in 2002. Dr. DuPerron also notes that the national project has made it clear that Alberta’s utilization rates relative to scope of practice opportunities are the highest in Canada. "Clearly there’s more work to be done to raise broad awareness of the scope and role of the LPN in Alberta. The CLPNA has made great strides forward in using the Profile as a lever to communicate, educate, and influence mindsets - starting with the LPN profession itself and moving on from there."

He adds, "LPNs are THE great untapped treasure in the health sector. If employers would use LPNs, as well as RNs, to their full scope of practice there is a huge efficiency to be gained within the system while maintaining quality of care."

What is clear is that the CLPNA has established a sentinel on the landscape - a landmark document that will nourish the heart of the profession. Mahatma Ghandi said "We must become the change we wish to see in the world." In the midst of rapid change in the health sector, the Competency Profile leaves the profession well equipped to deal with a rapidly changing world. It is a tool by which to forge a progressive, integral role for the LPN in the health profession. It is a lever to use to talk to others in very concrete terms about the value of the profession. But at its heart effective change is a dialogue not a shouting match. It takes time...and time will be a friend of the LPN profession. After all, Canadians are of an evolutionary rather than revolutionary nature.

With the Competency Profile, Saskatchewan now has the foundation that supports our role in the nursing family. It is a tool that both illustrates and concretizes the LPN scope of practice. Employers and government use it to identify what is within the scope of practice of the LPN. LPNs use it to understand the professional scope within which they work and for which they are accountable. Regulatory bodies use it to learn the competencies that fall within the LPN scope of practice. I am sure it has contributed to the greater professional respect and legitimacy now afforded to LPNs in this province.

On the national stage, the Competency Profile will be an invaluable tool for understanding scope of practice similarities and differences among jurisdictions. In the short term, it will engender higher levels of trust between those jurisdictions that identify comparable scopes of practice."

Chris Bailey
Executive Director
Saskatchewan Association of Licensed Practical Nurses

PEI has completed the initial steps in the development of a continuing Competency Profile. Many of the 60 LPN’s who attended the focus group expressed that they believe the Profile will assist employers with development of job descriptions that better maximize the LPN competency set. Focus group discussion clearly identified a need for LPN continuing education in PEI. The PEI LPN Registration Board and the LPN Association of PEI would like to thank the College of LPNs of Alberta and Alberta Health and Wellness for providing PEI with this opportunity. To have a common LPN profile across the country will assist with mobility and a more common scope of practice across the country."

Genevieve Poole
Registrar
Prince Edward Island Licensed Practical Nurses Registration Board

continued next page
As LPNs in Newfoundland have traditionally been underutilized relative to their scope of practice in some employment settings, the Competency Profile will serve as a valuable tool to inform employers and other key stakeholders in Newfoundland of the educational preparation of LPNs. It will also serve as the basis for the development and implementation of a Continuing Competency Program (CCP) for LPNs. The CCP will assist the College of Licensed Practical Nurses of Newfoundland in fulfilling its mandate of public protection.

Paul D. Fisher
Executive Director/Registrar
College of Licensed Practical Nurses of Newfoundland

The LPN profession in our province has undergone a significant transformation since the introduction of the LPN Competency Profile. It allowed for the validation of the current role and responsibilities of LPNs in Nova Scotia based on their current education, practice, and legislation.

The Profile has become even more important and timely in light of a recent report (Jan. 2008 - ‘Provincial Health Services Operational Review’) that calls for a complete review and transformation of current models of care delivery. The Report listed 103 recommendations, and none pleases us more than the recommendation to "have LPNs work to their full scope of practice as listed within their provincial Competency Profile."

From a national perspective, the validation of provincial competencies allows other jurisdictions to conduct a gap analysis and it opens the door to broader issues, including labour mobility and perhaps even a future day when national competencies for LPNs are established.

Our sincere thanks to both CLPNA and Alberta Health and Wellness (especially Dr. Bill DuPerron) for the opportunity to make competency profiling a reality in Atlantic Canada.

Ann Mann
Executive Director/Registrar
College of Licensed Practical Nurses of Nova Scotia

Federation of Regulated Health Professions of Alberta
Collaborating on a Vision of Excellence in Health Care for Alberta

CLPNA participates in a multidisciplinary group, the Federation of Regulated Health Professions of Alberta. This group holds representation from those health professions regulated under the Health Professions Act and meets regularly to discuss issues of common interest.

The Federation has developed a Vision, Purpose, and Mission.

Vision – To promote and advance the regulation of most health care professionals in Alberta in the interest of the public.

Purpose – To facilitate collective and collaborative action on the Health Professions Act and other legislation or issues that might impact regulation. This group encompasses a member representative from all health care professionals in Alberta as well as working committees within the Federation, including Governance, Nominations, Legislative Review, Coordinating/ Monitoring, Continuing Competence, and Substantial Equivalency.

Mission – To embrace a vision of sharing our collective experience with other professionals who are involved in developing and maintaining professional practice.

CLPNA participates in subgroups of the Federation in the areas of Legislative Review, Substantial Equivalence, and Continuing Competence.

In March 2003, the Continuing Competence Interest Group (CCIG) formed to discuss and share plans for implementing new requirements under the Health Professions Act. All colleges were required to have a competence program in place for regulated members. CCIG members involved in developing programs found immeasurable benefits in regular meetings where other professional bodies shared knowledge, expertise, and their accomplishments with regard to “best practices” improving our Continuing Competency Programs and processes based on sharing. The support and sharing within CCIG has been invaluable.

The Federation of Regulated Health Professions of Alberta include: Acupuncture, Chiropractors, Dentistry, Dieticians, Hearing Practitioners, Laboratory & X-ray, Midwives, Naturopathic Practitioners, Occupational Therapists, Opticians, Paramedics, Pharmacists, Physical Therapists, Physicians & Surgeons, Licensed Practical Nurses, Registered Nurses, Psychiatric Nurses, Psychologists, Respiratory Therapists, Social Workers, and Speech & Language Pathologists.
What is NurseONE?
NurseONE is a personalized interactive web-based resource providing nurses in Canada – this country's health care knowledge workers – with access to current and reliable information to support their nursing practice through enhancing their evidence-based decision-making process, managing their careers, and connecting with colleagues and health-care experts.

How can I access NurseONE?
All LPN members of CLPNA are eligible to register to NurseONE at no cost to the individual user. LPNs with an active e-mail with the CLPNA have been given the information on how to register. If you do not have an e-mail account with us, you can still access NurseONE and register by going to www.nurseone.ca

VERY IMPORTANT INFORMATION TO LOGIN:
1. Go to the website www.nurseone.ca.
2. On the left hand side of the screen, find and click on "Register".
3. On the Registration page, enter your “Name” exactly as it appears on your CLPNA Practice Permit.
4. After you “Send Registration”, your User Name and Password will be sent to you by email.
5. Please note that, because of the unique interface between NurseONE and the CLPNA database, the system might have difficulty verifying your name. If you do not receive the above e-mail within 24 hours, contact NurseONE directly at registration@nurseone.ca or info@nurseone.ca. CLPNA does not have computer access to the portal.
6. Once you receive the e-mail, please follow the directions outlined to activate your account.
7. During your first visit to the portal, take the opportunity to change your password to something that is easy to remember. To do so, click on “My Profile” on the left-hand side of the page. The change of password is half-way down the page.

What can NurseONE offer me?
You can access up-to-date, accurate information on a wide range of topics fully vetted and reviewed by the Canadian Nurses Association (C.N.A.) and its Editorial Panel.

Professional Links: offers you a set of resources, clinical and professional from across the world that will enrich your knowledge through evidence-based information, clinical references, disease-specific information, nursing policy statements, and much more.

Online Libraries: The e-Library provides you access to electronic books, full-text journals, and evidence-based resources in the EBSCO databases (including CINAHL & Medline), Cochrane Collection, e-CPS (Electronic drug manual), e-Therapeutics, STAT!Ref Electronic Health Library (including drug manuals, medical surgical manuals, etc.) and much more.

Professional Development: This section of the portal focuses on the three elements of professional development: Continuing Competence, Career Development, and Continuing Education. In this section, you have the opportunity to complete a self assessment and learning plan for your continuing competence requirements; access a career coach for questions about your career path; and access on-line learning modules and courses to meet your continuing education needs.

NurseConnect: is the on-line professional forum and community section.

As well, you have My Account, a personalized section of the site visible to you at all times while you are working in NurseONE and where you can save links, documents, web addresses and other important items such as a professional portfolio.

How and why was NurseONE created?
Delivering health care in Canada's diverse communities – from large urban centres to small northern inlets – is a challenge. But it is a challenge that Health Canada and First Nations and Inuit Health Branch of Health Canada knew could be overcome with technology. Health Canada & FNIHB partnered with the C.N.A. and provided three years of funding to create NurseONE, a unique personalized and interactive Web-based resource to support Canada's nurses.

To ensure NurseONE's relevance to you, we tested it with nurses throughout its development. The results have influenced the portal's navigation and will continue to impact the information that is developed for the site.

What's next?
NurseONE is constantly updating and upgrading its content and technology. Nurses will notice a change in the functionalities and look and feel of the portal over the next two months as it is moved unto a more user-friendly and stable platform. Please make sure you drop them a line to let them know how well they are doing and any suggestions you might have for improvements.
Primary Care
by Sue Robins, Contributing Writer, Capital Health

Calgary, Airdrie, Killam, St. Albert, High Level, Camrose - Cheri Ell has seen them all. As an LPN for over 30 years, she’s worked in every area of the hospital, in facilities all over Alberta and she has a wealth of clinical experience under her belt.

Last year, she happened on a new place to work – Edmonton West Primary Care Network.

A Primary Care Network (PCN) is an arrangement between a group of family physicians and the health region to provide a range of primary care services to a group of patients. Each PCN is unique because the group of physicians work together to provide local solutions for local needs. Primary Care Networks are a made-in-Alberta approach to improve the delivery of primary care. Alberta Health and Wellness, Alberta Medical Association and Alberta’s Regional Health Authorities are partners in the development of Primary Care Networks.

Ell feels strongly that being an LPN is crucial to her job as Coordinator of both the After Hours and the Maternity Clinics at Edmonton West PCN. She started working part time at the After Hours Clinic in September 2006.

The After Hours Clinic at Edmonton West PCN is located in the Misericordia Hospital. The clinic is for walk-in patients and is open in the evenings and on Saturdays. The clinic is staffed with a family physician from the PCN, LPNs, and a medical office assistant.

“I liked the atmosphere in the After Hours Clinic and the people I worked with. The patients are very thankful for the team’s care, which made the work very rewarding,” explains Ell.

The idea of primary care was a new concept for her. “I discovered that the family physicians can be overwhelmed in their clinics, and that the system needs help.” One of the objectives of the PCNs is to foster a team approach to providing primary health care. The benefits of this are a more efficient health system, and physicians and staff who work to their full scope of practice.

Dave Gutscher, Business Manager of Edmonton West PCN explains, “We took a look at scope of practice in the clinics and asked – who would be the best fit for this job? We realized it would be LPNs. Cheri works in a team environment with chronic disease management Registered Nurses. We also have a dietitian, pharmacist, mental health nurse, and 60 physicians in the PCN.”

Gutscher continues, “We’ve been very successful at hiring competent people. We look for people with excellent personalities and a good team fit.”

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LPNs work at both the After Hours Clinic and the recently-opened Maternity Clinic. After a few months of working part-time as an LPN in the After Hours Clinic, Gutscher started to hear about an LPN named Cheri Ell.

“Cheri impressed everybody and she took great initiative. She’d say ‘Dave, I’ll take care of it - don’t worry about it.’ ” Her position evolved and in April 2007, she was recruited as Program Coordinator.

“I have life experience that helps me in this position. I hire, and train LPN staff and medical office assistants in the clinics. I’m still an LPN. I’ll always work on the front lines, too. I think being an LPN is an asset to the PCN – because of my background and my clinical knowledge,” says Ell.

Gutscher agrees, “Cheri gives an important clinical perspective to our administrative work. She has the experience as an LPN so she can answer questions about clinical practice immediately.”

Ell’s scope of work is very broad, and her headquarters are a corner office at Meadowlark Professional Centre. She’s been overseeing renovations at the Maternity Clinic – doing everything from making decorating decisions to ordering supplies. She also works with new moms who don’t have a family physician, matching them up with physicians in the PCN, and supports the geriatric assessment team.

“I love my job. My husband cannot believe how happy I am here. I set my own schedule and am very independent,” Ell says enthusiastically. “We very much work as a team, and bounce ideas off each other. Everybody has a voice here – that’s the great thing about primary care.” The job also gives her flexible hours and quality time with her two children and two grandchildren.

“Physicians are starting to understand an LPN’s scope of practice. They are very receptive to us in our clinics. Back when I started practice in 1972, it was more ‘your job/my job’. Now there is so much more LPNs can do. I think there is a huge future for LPNs, especially in primary care.”

Ell is passionate about being an LPN. “LPNs have been pigeon-holed for years. I used to say I was ‘just’ an LPN. It is a matter of LPNs spreading their wings.”

Primary care offers excellent opportunities for LPNs. CLPNA’s April 2005 document New Times – Bright Futures outlines some of the roles for LPNs in Alberta’s strong focus and initiatives for primary care health delivery.

Cheri Ell’s experience as an LPN at Edmonton West Primary Care Network (PCN) is a great example of an LPN being hired into a position because she has the best skills and abilities for the job.

Clearly, Ell’s manager, Dave Gutschler (Business Manager of Edmonton West PCN) recognizes the value of her experience and role as an LPN. The Edmonton West PCN encourages LPNs to work to their full scope of practice, and the LPN ability to multi skill is seen as an asset.

Cheri Ell’s work coordinating the After Hours Clinic and the Maternity Clinic for Edmonton West PCN is a real-life example of the LPN role in primary care in action.
This will be my final note on Afghanistan while deployed. It has been a long and busy road since my arrival on August 5, 2007. Sadly, today was the ramp ceremony of our 78th Canadian soldier. It is hard to believe that in just over a month I will be home safe and sound and this will all be but a memory.

Many events occurred since my last update. The holiday season had numerous visits of special guests from the Rt. Honourable Peter Mackay, to Robin Williams and Kid Rock, all doing their part to give support and some laughter during this difficult season away from family and friends. This will truly be a holiday that will not be forgotten with the threat of rocket attack on Christmas Day to the loss of a soldier on New Year’s Eve.

As for the medical side of things, we have done over 400 surgical cases, keeping us on our toes all the time. For the next little while, the “Fifth Estate” is filming and preparing a one-hour show on the Role 3 Multinational Medical Unit which is set to air on March 19, 2008 on what my team and I are doing over here. Those who attended the 2007 CLPNA Spring Conference will recognize some slides of my presentation and for those just reading this update, you will find this episode enlightening.

Not all was grim; new friends were made, teamwork strengthens, the care we gave to our soldiers and the Afghanistan people has been extremely rewarding. Because of this, we as medical personnel and soldiers will continue to drive ourselves to do more.

I would like to thank all of you for your continued support with all the well wishes and understanding.

Larry Leduc
Warrant Officer
Senior Operating Room Tech
Role 3 Multinational Medical Unit
Kandahar, Afghanistan
New Initiatives Help Alberta Health Professionals Strengthen Communication Skills

Any health care professional knows the challenge of working with patients, clients or family members who are confused, frightened or angry. The good news is that strong and effective communication skills can make a difference – both to the quality of the health care provider’s relationships with patients and clients and to the health outcome. To help Alberta health care professionals learn and improve these critical skills, the Health Quality Council of Alberta (HQCA) has launched two new initiatives.

Treating Patients with C.A.R.E.

The Treating Patients with C.A.R.E. workshop was developed by the American-based Institute for Healthcare Communication. The HQCA is supporting facilitator development to allow organizations to deliver the workshop to their own members in Alberta. The half or full-day program teaches 6 to 30 participants techniques that help staff communicate in ways that increase patient satisfaction and foster partnership based on a Connect, Appreciate, Respond, Empower model.

Throughout the day, participants learn to:

- Identify positive provider/patient interactions.
- Describe strategies for connecting with patients.
- Give examples of effective responses and involve the patient in his or her own care.

The hands-on workshop includes brief lectures but allows plenty of time to practice skills and techniques. Participants work with each other in structured exercises and realistic video clips are used to stimulate practice. At the close of the workshop, participants identify skills to continue practicing in their work setting. They also receive workbooks that can be used for future reference.

Facilitator development for the program began in Calgary in October 2007 and a second program took place in Edmonton in November.

R.E.L.A.T.E. - R.E.S.P.O.N.D.

Already familiar to most health care staff in Capital Health, the R.E.L.A.T.E.-R.E.S.P.O.N.D. program encourages building positive relationships when interacting with patients. The program is based on the premise that relating to patients results in fewer complaints to respond to later.

The R.E.L.A.T.E. acronym offers the following strategies:

- Respect the complainant
- Explain who you are
- Listen
- Ask for clarification
- Try to be flexible
- Empathize with the stress that accompanies illness

When handling a concern or complaint, the R.E.S.P.O.N.D. acronym provides the following steps:

- Recognize the complainant’s perspective
- Establish rapport
- Single out the issue
- Provide information about what action can be taken
- Operationalize the plan
- Notify the complainant about the action taken
- Discuss and document the circumstances with the next level of management

The R.E.L.A.T.E.-R.E.S.P.O.N.D. program includes educational materials such as PowerPoint presentations and handouts. These tools can be combined in a variety of different training situations, including new staff orientation, in-service presentations and skill development workshops. The materials can also be used for online viewing.

Tools like pocket cards for frontline staff and management provide additional support for health care providers outside the classroom. Other materials include:

- Posters
- Telephone stickers
- Facilitator toolkit

The HQCA is working with Capital Health to make the R.E.L.A.T.E.-R.E.S.P.O.N.D. program available to health regions and health professionals across the province by the end of 2007.

Both the Treating Patients with C.A.R.E. and R.E.L.A.T.E.-R.E.S.P.O.N.D. initiatives are based on proactive strategies that are familiar, yet provide the tools needed in overwhelming situations. Common language and consistent, known procedure give confidence to health care staff. These initiatives recognize that health care staff with strong communication skills can make a significant improvement in patient and client care.

For more information about these programs, contact Ms. Dale Wright, Quality and Safety Initiatives Lead, Health Quality Council of Alberta, at 403.297-8162 or email dale.wright@hqca.ca.
THURSDAY, APRIL TENTH

07:00 AM  REGISTRATION & BREAKFAST

08:00 AM  GREETINGS & WELCOME

09:00 AM  LET ME SEE YOUR BODY TALK
          KEYNOTE: JAN HARGRAVE

10:00 AM  CLPNA TRADESHOW OPENS

12:15 PM  LUNCH & TRADESHOW

01:45 PM  CONCURRENT WORKSHOPS I
          Dementia Care: Your Chance to Excel
          Collaborative Nursing Practice in Alberta
          Spirit at Work: The Power Within

03:15 PM  CONCURRENT WORKSHOPS II
          Dementia Care: Your Chance to Excel
          Collaborative Nursing Practice in Alberta
          Considering HOPE: Possibilities and Practical Strategies for Balancing Life, Health and Workplace Wellness

05:30 PM  COCKTAILS & RECEPTION

06:30 PM  CELEBRATION & AWARD DINNER

FRIDAY, APRIL ELEVENTH

07:00 AM  REGISTRATION & BREAKFAST

08:00 AM  DUTY TO CARE:
          TODAY'S CHALLENGE FOR NURSES

09:45 AM  CONCURRENT WORKSHOPS III
          Considering HOPE: Possibilities and Practical Strategies for Balancing Life, Health and Workplace Wellness
          Chronic Disease Management
          Inspired Rhythm: The Importance of Play
          Shift Happens: Accountable Leadership with an Edge
          Men in Nursing: Come Hear What We Really Think

11:15 AM  CONCURRENT WORKSHOPS IV
          Spirit at Work: The Power Within
          Chronic Disease Management
          Inspired Rhythm: The Importance of Play
          Shift Happens: Accountable Leadership with an Edge
          Men in Nursing: Come Hear What We Really Think

12:15 PM  LUNCH

01:15 PM  BATTERIES INCLUDED
          LESSONS TO ENERGIZE AND BALANCE YOUR LIFE
          KEYNOTE: LINDA EDGECOMBE

02:30 PM  ANNUAL GENERAL MEETING

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Knowing Your Healthcare Team

In an age of integrated multi-professional health care teams this feature is intended to guide LPN understanding of the other regulated professionals on the team.

The following article has been submitted by the Alberta College of Social Workers

The Alberta College of Social Workers (ACSW) has close to 6000 members, of whom 25-30% work directly or indirectly in health care. Other fields of practice for RSWs include child welfare, school social work, employee assistance programs, social planning and policy, community development, private practice, corrections, and community services. With such a broad range of activity it is not easy to define either the scope or the boundaries of practice.

Social Work Education

Social work education is provided at the two-year diploma level as well as a Bachelors (BSW), Masters (MSW), and PhD or Doctorate (DSW) in Social Work. Registration for social workers in Alberta includes all levels of education, although within healthcare almost all practitioners have a university degree. The BSW is a generalist degree preparing graduates for entry level practice with most organizations or agencies offering social work services. The generalist education includes theories of intervention, practice-based research, concepts and theories of human behaviour and development, group practices, anti-oppressive practices, social policy and program administration.

The MSW can be either a specialist or an advanced generalist degree preparing social workers for practice that may be more complex or require a greater knowledge/skill level. Social workers with an MSW with a clinical specialization can apply to become a Clinical Social Worker, which requires two years of post-master’s degree supervised clinical practice and passing a written exam. The practice of Clinical Social Work requires the application of specialized clinical knowledge and advanced clinical skills in assessment, diagnosis and treatment of mental, emotional and behavioural disorders, conditions and addictions. Treatment methods include the provision of individual, marital, couple, family and group counseling and psychotherapy. The practice of Clinical Social Work may include the provision of clinical supervision, clinical research and teaching clinical social work methods and may occur in government or other agencies, educational institutions, hospitals or in private practice.

Social Workers in Health Care

Social workers are employed in hospitals, community mental health, home care, extended care, addictions treatment centres, and in primary care networks. The social worker’s primary obligation is to serve the needs of the client and to help maintain the client’s overall well-being. As a member of a multi-disciplinary team, social workers may be responsible for:

- mental health assessment and treatment
- psychosocial assessment and intervention
- case management
- crisis intervention
- supervision and consultation
- rehabilitation programs
- discharge planning
- teaching
- research and evaluation
- community development, and
- prevention services

Social work practice is guided by a belief in client self-determination and respect for the inherent dignity of all persons. Social workers are committed to a Code of Ethics and Standards of Practice that place the client’s interests above the social worker’s in all circumstances. Principles of mutuality and voluntary informed consent must be adhered to in all practice as much as possible within the limitations of the law and without interfering with the rights of or causing harm to others. This sometimes may result in a social worker supporting a client who wishes to act against medical advice.

Knowledge and understanding of the Social Determinants of Health

There has been increasing awareness in recent years with regard...
to the links between a person’s social situation and their health status. Social workers have an active role in addressing all these determinants.

• Income and poverty – research has clearly demonstrated that people living in poverty have increased health problems, both short and long term. Social workers advocate for an end to poverty and assist clients in finding resources to meet their basic needs.

• Social support networks – isolation exacerbates health problems such as high blood pressure, mental illness, and obesity. Social workers are engaged in outreach programs, crisis services, home care, family mediation, and other services intended to enhance or restore social support networks.

• Employment and working conditions – unemployment and hazardous working conditions are both associated with poorer health. Social workers practice as EAP counselors, within employment agencies, and provide other services to support people in employment.

• Environment – environmental influences on individual health from inadequate housing, to day care standards, to nuclear weapons, social workers have been committed to environmental issues for over 100 years.

• Biology and genetic endowment – social workers work with families in the most stressful circumstances; such as babies born with addictions, hospice care, and helping family members come to terms with chronic illness, disability or death.

• Healthy child development – early development is associated with long term health and welfare. Social workers are involved with programs to improve prenatal care, parent education, and other services to give children the best start possible.

Sensitivity to abuse issues
Social workers are educated in responding to many types of abuse, by assessing, preventing, and intervening. Whether it is a question of bullying, child abuse, date rape, spousal assault, or elder abuse, a social worker is able to provide or refer to both crisis intervention and long term supports.

Understanding systems and advocacy
Social workers know that many problems people experience are a result of factors beyond their individual control. Poverty, lack of access to services, inadequate understanding of English or the Canadian health care system, and many other social problems can bring people into a hospital or treatment centre. Social workers have knowledge of systems and policies and are able to advocate with or on behalf of their clients to get their needs addressed. Social workers also use their knowledge of systems to help clients negotiate and navigate to meet their own needs.

Health Policy
Social workers are employed in the highest levels of government as policy planners, health administrators, patient advocates, and in other roles that help to shape health policy. Social workers are committed to the well-being of all persons and strive to improve programs and policies to that end.

Social workers and the multidisciplinary team
Social workers in health care are almost always part of a multidisciplinary team. Whether it is in acute care, long term care or community practice, social workers are expected to work cooperatively and collaboratively with other team members. Social workers also have a responsibility to ensure that services provided are integrated and coordinated. Social workers in health care report a rich engaged relationship with members of multidisciplinary teams, sharing their values and beliefs and learning from nurses, physicians, psychologists and the rest of the members of the team.
NorQuest & CapitalCare
OPEN NURSING “LAB” AT CONTINUING CARE SITE
Submitted by Bernadette DeSantis

Twenty-six more students are learning the practical skills they need to become licensed practical nurses, thanks to an innovative partnership between Edmonton-based NorQuest College and CapitalCare.

NorQuest College, a leading provider in educational programs for practical nurses, has partnered with CapitalCare, leaders in continuing care, to offer a two-year Practical Nurse Diploma program. The program is delivered off-campus at CapitalCare Dickinsfield, one of 11 continuing care centres operated by CapitalCare.

“NorQuest College has the ability to educate more nurses than we have physical space at our campuses,” said Ruth Hunter-Moffatt, Dean of Health and Human Service Careers for NorQuest College. “Providing this program off-campus is an innovative way for us to meet industry demands for skilled nurses.”

As part of the Government of Alberta’s Health Workforce Action Plan released last December, the province announced $3.2 million in funding to create 209 additional nursing spaces in Alberta. “Since we announced the action plan, we have worked with all 11 involved post-secondary institutions to set a new goal for nursing graduates by 2012,” said Doug Horner, Minister of Advanced Education and Technology. The government’s goal is to graduate 2,000 registered nurses (a 53 per cent increase over 2006/2007 figures) and 1,000 licensed practical nurses (an increase of 90 per cent) by 2012.

NorQuest College received more than 200 applicants for the winter 2008 intake. One hundred have been accepted into the program at the downtown Edmonton Campus and another 60 are attending the off-campus programs at Dickinsfield, Yellowhead Tribal College and at NorQuest’s Wetaskiwin Campus.

There is high demand for nurses across Alberta and LPN positions are among the hardest to fill. CapitalCare, with 2,800 employees, recorded 38 LPN vacancies across the organization at the end of 2007.

Last fall, Hunter-Moffatt approached CapitalCare CEO Iris Neumann to explore ways to leverage NorQuest’s Practical Nurse Diploma program as one solution to CapitalCare’s current workforce requirements. “Attracting nursing graduates to the field of continuing care has been a challenge in the past, and the undersupply of nurses for our sector is exacerbated in today’s highly competitive Alberta labour market,” said Neumann. “We anticipate this new method of program delivery will generate increased interest in continuing care as a career of choice.”

Last fall, CapitalCare began the work of converting a decommissioned storage area at its Dickinsfield site into a 3,500-square-foot classroom, complete with computers, desks and hospital beds. The new classroom and “lab” opened to students on January 7, 2008.

In speaking to students at a recent orientation, NorQuest College instructor Annette Brokenshire said it best. “Nursing is an amazing career!” exclaimed Brokenshire who stated her first love is geriatrics in a career that has spanned more than 20 years.

Fellow instructor Kathy Bowen has a host of experience in the acute care setting. Together, this instructional team covers the range of experiences the students are expected to master.

To ensure graduates meet the same high standards as the nursing program offered at the NorQuest campus, students at Dickinsfield will do part of their clinical practice at CapitalCare facilities and the remainder in an acute care setting.

Sheila DaCruz Almeida, 40, has a master’s degree in marine sciences and a bachelor’s degree in education. The 40-year-old married mother of two works part-time in the Dickensfield support services department while also serving as a teaching assistant for special needs children. When she heard about the Practical Nurse Diploma program at Dickinsfield, she resigned her teaching position to concentrate full-time on becoming a nurse.

“Sheila DaCruz Almeida (L) with fellow student Lindsay Rayner.

“I was so impressed with the way care is given, I wanted to become one of them,” said DaCruz Almeida. “Interacting with the residents, even if they can’t talk and just smile at you, is so fulfilling. This is a great place to work!”

While NorQuest College has had similar partnerships in the past, this is the first partnership of its kind for the Capital Health region. The college is expecting another increase in seats for its Practical Nurse Diploma program in the fall. For more information, call (780) 644-6000 or visit www.norquest.ca. To enquire about a career with CapitalCare, call (780) 425-JOBS (5627) or visit www.capitalcare.net.

Bernadette DeSantis is Manager of Corporate Communications for CapitalCare.
Moral distress is defined as knowing what is the right thing to do, but being unable to do it due to institutional, social or other barriers. While health care professionals need organizational resources (administrative structures), material resources (physical goods) and interpersonal resources (self-reflection, communication and teamwork) in order to mediate moral distress, they also require a strong moral climate that supports ethical practice and focuses on the good of patients, families, staff and communities.

The theme for Health Ethics Week 2008 focuses on the importance of nurturing a climate within health organizations that provides staff and physicians with opportunities to genuinely reflect on issues that may give rise to moral distress, and on the moral nature of their vocation.

Moral Climate
Some definitions of a moral climate include:
• The organizational practices and conditions that promote discussion and resolution of decisions with ethical content
• The implicit and explicit values that drive health care delivery and shape the workplaces in which care is delivered
• An environment in which values guide ethical behaviour, and are reflected in the organization’s strategies, structures and processes, including how the organization treats staff, sets institutional goals and manages conflict

Questions to Consider
The theme for Health Ethics Week 2008 asks us to explore such questions as:
• How can we create time and space within a busy workplace to reflect on what is important to us?
• How do we build an organizational climate that facilitates discussion about difficult ethics issues?
• How can our interactions with each other reduce moral distress in real and significant ways?

Insights for Change (Adapted from Rodney et al., 2006)
Some insights about the importance of creating space for moral reflection:
• The moral climate of health care workplaces shapes the safety and well-being of patients health care providers
• Health care professionals need to be supported in using the language of ethics to name problems they are experiencing in their practice and in the quality of care they deliver
• To improve ethical practice, all health professional disciplines should work proactively and collaboratively to identify problems in the moral climate in which they practice and to develop with solutions
• Health care professionals in leadership positions are well situated to identify problems in the moral climate of practice
• Health care professionals must be actively and systematically involved in planning, implementing and evaluating changes in their practice environments
• Health care professionals need more opportunity to reflect on their practice, on the quality of their interactions with others and on the resources they need to maintain their own well-being.
• While personal reflection and individual action are important, collective action is necessary if meaningful changes are to be made to work environments. This collective action must involve health care professionals in both direct care and leadership roles.

Sample Cases Related To Fostering An Ethical Workplace Environment
• Health professionals feel unable to engage in deliberations regarding ethical issues in their own practice
• An organization’s policies and procedures are inconsistent with what health care professionals deem to be ethical care practices
• Health professionals delivering direct care feel that they lack the support they need from administrators
• Discrepancies exist between the care required and the available structural and professional resources
• The behaviour of staff toward each other conveys that their expertise is not valued and the well-being of patients is of little importance

More information is available on the PHEN website www.phen.ab.ca or contact PHEN at info@phen.ab.ca or 1.800.472.4066.

The Alberta Provincial Stroke Strategy (APSS) ~ Part 1 ~

Stoke is the number one cause of acquired long-term disability in the adult populations and is the fourth leading cause of death in Canada. It is the most common neurological disease requiring admission to hospital. In the province of Alberta, there are approximately 5,500 documented new stroke cases each year and at present 25,000 stroke survivors. Stroke incidence in North America averages 150 cases per 100,000 per year and will increase by 1%-2% per year for next decade as the population ages. The cost of stroke in Alberta is approximately $200-$300 million annually.

Major advances have occurred in stroke care over the past decade and there are now a number of highly effective treatments for stroke during the acute and rehabilitation phases. Effective programs in stroke prevention at the primary and secondary levels have been demonstrated in other jurisdictions. While stroke services are impressive in many parts of the province, there are currently knowledge gaps in relation to what is known about stroke prevention and management and the current practice across the care continuum. The purpose of the Alberta Provincial Stroke Strategy (APSS) is to improve stroke care in Alberta by helping to close these gaps.

The long-term goals of improving stroke care across the province are to:
- Reduce stroke incidence in Alberta;
- Improve stroke care at all levels throughout Alberta by implementing national standards of care and service delivery;
- Optimize recovery and quality of life for stroke survivors and their caregivers in all Health Regions;
- Reduce the financial burden of stroke in Alberta.

In order to achieve these goals, the Government of Alberta has committed funding to support the delivery of optimal prevention, timely identification, acute treatment, rehabilitation and community integration for stroke patients in the province.

The Alberta Provincial Stroke Strategy (APSS) is a partnership between:
- Alberta Health and Wellness
- The Heart and Stroke Foundation of Alberta, NWT and Nunavut
- All Health Authorities in Alberta

Creating a System of Stroke Care in Alberta

Providing optimal stroke care across the province and to all residents of Alberta is a complex undertaking. Approximately 60 percent of the population resides in the major centers but a significant proportion live in rural Alberta. The purpose of the APSS is to identify enhancements and develop solutions to strengthen the stroke system of care and ensure the right services are in place at the right time. A provincial system or network of stroke care will coordinate and promote patient access to a full range of activities and services associated with stroke prevention, treatment and rehabilitation. The challenge is to create an integrated and accessible model of health service to best meet the needs of stroke patients regardless of place of residence.

The process of APSS lays the foundation from which health regions and partners can share information about their stroke services, address service delivery gaps, coordinate service delivery across boundaries and develop common strategies to facilitate access to evidence based care for optimal practice.

Progress

The development of the Alberta Provincial Stroke Strategy and the enhancement of stroke services across the province are informed by a number of processes to date:
- Establishment of a Alberta Stroke Council comprised of stroke care experts, Heart and Stroke Foundation of Alberta, provincial government and health region representatives;
- Health Region Stroke Plan development through the assessment of current stroke service assets, challenges and inter-regional linkages required to deliver optimal stroke care;
- Health Region Stroke Steering Committees established to plan and implement new stroke services;
- Best practice and protocol development by Pillar Committees in collaboration with the Canadian Stroke Strategy;
- Development of an evaluation plan and framework to measure performance;
- Funding for the implementation of provincial stroke education strategy for health care providers including physicians;
- Preliminary planning for ‘Recognize and React’ public education campaign regarding the risk factors for and signs and symptoms of stroke;
- Telestroke Working Group to determine and recommend tele health solutions to geographic barriers to care and education;
- A workshop to explore provincial hypertension approach.

In addition to developing learning modules, the APSS also sponsors presentations using Telehealth technology. Telehealth technology is an important method of meeting geographic challenges, enhancing clinical relationships, and improving access to practice recommendations and learning resources.

Watch in the Summer News & Views for Part 2 of this article which discusses Specific Strategies for Stroke Prevention and Management and Health Care Provider Educational Programs.

For more information regarding the APSS, please go to www.strokestrategy.ab.ca or contact:

Bev Culham  
APSS Project Manager  
bculham @ hsf.ab.ca  
Phone: (403) 781-1999  
Fax: (403) 270-3550

Gayle Thompson  
APSS Education Project Manager  
gthompson@dthr.ab.ca  
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Fax: (403) 358-4342
Alberta’s Infection Prevention and Control (IPC) Strategy and Standards

Issues with cleaning and sterilization of medical equipment, as well as infection prevention and control, were identified in the East Central Health Region in March 2007. Dave Hancock, Minister of Health and Wellness, immediately ordered an investigation of the situation by the Health Quality Council of Alberta, and a review of infection prevention and control policies, practices and procedures province-wide. The findings of both reports indicated a need for provincial infection prevention and control standards. The Minister directed Alberta Health and Wellness to include those standards in the Alberta Infection Prevention and Control Strategy, which was already in development. The strategy is accompanied by four provincial IPC standards. The standards address the first two directions of the strategy – leadership and accountability, and standards and monitoring. The standards are:

I. Infection Prevention and Control Accountability and Reporting
These standards lay out requirements for health regions to appoint a senior executive to be responsible and accountable for infection prevention and control; develop an IPC Committee with representation of specific disciplines and expertise which reports to that senior executive; and implement, as well as monitor and report on compliance with the provincial standards. The standards clarify the roles, accountability and responsibility of the regional Medical Officers of Health and the Chief Medical Officer of Health for IPC.

II. Cleaning, Disinfection and Sterilization of Reusable Medical Devices for all Health Care Settings
These standards outline requirements for handling, transportation, cleaning, disinfection, sterilization and storage of reusable medical devices; the assessment and purchase of medical devices, processing equipment and re-processing services, and addressing occupational health and safety, as well as education and training requirements.

III. Standards for Single-use Medical Devices
These standards clarify practices related to the appropriate use of “single-use” and “single-client-use” medical devices.

IV. Standards for Prevention and Management of Methicillin-Resistant Staphylococcus aureus (MRSA) in health care settings
These standards outline requirements for preventing the spread of MRSA in all healthcare facilities and settings, and managing outbreaks when they occur. They also clarify the role of the regional Medical Officer of Health in managing outbreaks of MRSA. MRSA and other antibiotic-resistant bacteria are a growing problem in health-care settings. Specific protocols are required to stop the spread of infection from patient to patient.

A key component of the Alberta IPC Strategy is the Alberta Hand Hygiene Strategy. The strategy is intended to improve hand hygiene behaviour across Alberta. Hand hygiene is one of the simplest ways for Albertans to stop the spread of infection and stay healthy. Eighty per cent of common infections are spread by our hands, and one in nine adult patients in Canadian hospitals acquires a health care-acquired infection.

The hand hygiene strategy takes a comprehensive approach, addressing access to hand hygiene products and facilities in health care and community settings; education for the public, including children at a young age; education and training for professionals, and; evaluation and research.

LPNs are encouraged to view full information about the new IPC standards on the Alberta Government website at www.health.gov.ab.ca
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