A Nation of Firsts

Siksika Health & Wellness Centre

Medically Unexplained Symptoms

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As I complete my final term as President of the College of Licensed Practical Nurses of Alberta, I reflect on my journey which began in July 2008. I was encouraged by Linda Stanger, on referral by Hugh Pederson, my friend, colleague and CLPNA president at the time, to consider the District 3 position on Council. I accepted the challenge and bravely stepped forward with great curiosity and anticipation. Little did I know this journey would last for the next eight years, with four of those years in a leadership role as president.

The growth and progress in our profession over this time has been beyond my imagination. Council and I have supported and witnessed many significant accomplishments. A few of the highlights include:

- Membership increase from 7,264 in 2007 to 13,921 in 2015
- Increasing use of LPNs in all forms of healthcare delivery, with more leadership, education, and highly acute care roles than ever in our history
- Approval of the 3rd Edition Competency Profile for LPNs following a comprehensive review and update
- Advances in mobility for the LPN, enabling smooth transition across Canada and the launch of a Jurisprudence Examination that ensures LPNs in Alberta have the necessary knowledge of the legislative framework in Alberta and Canada
- Council’s “Planning for the Future” initiative which has resulted in three years of successful Think Tanks that inform the profession, our Strategic Plan and have had some influence on the evolution of a quality system for Albertans, and most recently the Launch of the Health Care Aide Directory Project

The most significant change, however, has been the transition for the Council and Executive as we have successfully adopted a pure policy governance model. This model creates freedom for innovative thinking, concrete roles, enhanced teamwork, and strengthened accountabilities for Council and management. Implementation of this governance model was a great achievement for the Council and it empowers us to be increasingly future-focused and reinforces our leadership of the profession. This empowerment is evident in the enhanced achievements of recent years and guides the Council well into the future.

Throughout my time with the College, CLPNA has always maintained positive and proactive collaboration with government, stakeholders and other health professions.

I would like to express sincere gratitude to my colleagues of the Council; it has been a privilege to lead this group of honourable LPNs and dedicated public members. Being part of the Council has challenged me to create greatness through the opportunities we are given, or be bold and seek out those opportunities. Observing the changes over the years with pure awareness has allowed me to experience how wonderful this profession is and how truly committed our nurses are to the people we serve.

As well, I must extend my sincere gratitude to Linda Stanger, Chief Executive Officer, and her staff for their support and encouragement over the past 8 years. Your dedication and professionalism have been a profound gift to me throughout my time on Council and particularly during my leadership term.

To the LPNs of Alberta, you inspire me and I encourage you to continue to excel in the competent, committed care you provide. It has been an honour and a privilege for me to serve Albertans and our profession in the dynamic process of self-regulation. I have been challenged both professionally and personally and will always appreciate the opportunity.

I am very proud to be a licensed practical nurse. In closing, I wish to share some inspiring words in this quote from our 2008 rebranding, published in the Summer 2008 Care Magazine (Volume 22, Issue 2, pg. 4):

The unique strength of our profession is that while the complexity and the challenges have increased, the fundamental connectivity to people has not. We are the people’s nurses, we are young and wise with age. We are hands-on care providers.

We have a unique perspective because we see healthcare through the eyes of those who need it — the vulnerable, the afraid, the sick. We feel them in us — uniquely. We are healers on the most human of terms — calling upon a well-spring of skills to provide comfort and reassurance. Crossing the chasm of fear with a simple hand for the patient to hold. We are inspired and inspiring. Well-educated. Highly skilled. Compassionate.

Sincerely,
Jo-Anne Macdonald-Watson, President
Anxiety & Depression are two of the most widely reported disorders in Canada. This workshop will help nurses who do not work in mental health settings, tell the difference between anxiety and depression; identify the signs, symptoms and gender differences. We’ll also cover therapies and treatments that will help inform the nurse to support the patient or client while they are being referred for treatment to the right mental health professional. On the flip side, nurses as caregivers, can be especially vulnerable to giving too much, resulting in the self-effacement of their own needs. Join Sandra Reich M.Ed for this amazingly informative day on anxiety, depression, how to avoid typical caregiver traps and some much needed tips empowering yourself in your practice.

**Who Should Attend?**
- Nurses in Clinical Settings; New Mental Health Nurses
- Nurse Managers, Nurse Educators
- Allied Caregivers in Healthcare and Social Services Settings

Sandra Reich M.Ed. is the Clinical Director of The Montreal Center for Anxiety & Depression. The Co-Director of Empowered Women Workshops, Co-Director of Anxiety Videos, Founder of Sandra Reich’s Couple Retreats as well as the host of a top weekly radio show: Straight Talk with Sandra Reich on Voice America. Sandra is also a best-selling author of “Once upon a Time: How Cinderella Grew Up & Became a Happy Empowered Woman” and well known as an expert on anxiety, relationships, family dynamics and more. She is an expert in the field of Cognitive Behavioral Therapy and holds a Masters degree in Counseling Psychology from McGill University. She received extensive training from the Cognitive Behavioral Therapy Clinic for Anxiety Disorders at The Montreal General Hospital. In the last few years, Sandra has continued to broaden her expertise with training in mood body/spirit work and its benefits in Psychotherapy. Sandra’s expertise has been featured on many radio and television shows including Discovery Health’s “Accident Investigator”, Global TV’s “Good Morning Live”, the reality show “Working it out together”, “Celebrity Dance Showdown” which is currently airing on the Oprah Network (OWN) and is featured as expert on the upcoming series called “As a Matter of Fact” on the topic of stress.

**Conference Fees:**
- $179.95 + $9.55 GST = $187.79 Early Rate (on or before August 8, 2016)
- $189.95 + $9.45 GST = $198.65 Middle Rate (on or before September 6, 2016)
- $199.95 + $9.55 GST = $208.75 Regular Rate (after September 6, 2016)

Drug: 9000 Drugs, Where to Start? Differentiate Quickly Among the Classes of Drugs with the “Suffix” of Each Class
- The “statins”, the “pril”, the “triptans” and the “surians”
- The “prazoles” and the “sulfis”
- The “nols”, the “alols”, the “cloxils” and the “dipers”
- The “coxxils” the “nabs”, and the “glistones”
- The “onamoles”, the “cycloclones” and more

Clinical Uses and Mechanism of Action: The Key Things You Need to Know
- Analgesics; Drugs for Diabetes; 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 “Startover System” and the “prils”
- The Nocturnal Liver and the “statins”
- The Proton Pump and the “prazoles”

There are a staggering number of drugs that nurses are expected to keep current with. Without some systematic way of categorizing the information, it’s easy to become overwhelmed by such a vast amount of data. This course is aimed at simplifying the volume of drug information into easier recall and to crystallize the key things you need to know about the major categories of drugs. And as always, a day with Barb Bancroft will include humour along with important clinical applications that will help you remember and apply the material on a daily basis in your clinical setting.

**Who Should Attend?**
- RNs, NPs, PNPs, & LPNs in All Areas
- Acute & Critical Care, Special Care Areas
- Geriatric, Home, Community, and Primary Care
- Outpatient Nurses, Occupational Health Nurses; Transition Coordinators
- Nurse Practitioners, Tele-Health Nurses, Educators, Managers

**Conference Fees:**
- $169.95 + $8.45 GST = $177.72 Early Rate (on or before August 8, 2016)
- $179.95 + $8.55 GST = $187.39 Middle Rate (on or before September 6, 2016)
- $189.95 + $9.45 GST = $198.64 Regular Rate (after September 6, 2016)

Price includes conference sessions, lunch, coffee breaks, and handouts.
In primary care, 25-33% of patients suffer from illness not fully explained by diagnostic tests. In these patients, pain or other symptoms (often more than one) can affect almost any structure, organ system or body region. There is growing evidence from controlled trials that addressing psychosocial problems in this population leads to significantly improved outcomes. However, few healthcare professionals have had formal training about the link to stressful issues. A nurse who is familiar with these connections will often recognize important struggles in a patient’s life that might be missed by both the patient and medical staff.

Psychosocial issues encountered during experience with over 7000 of these patients are described below. These include current life stresses, the prolonged impact of adversity in childhood and primarily somatic presentations of depression, post-traumatic stress, and anxiety disorders. Although many people are reluctant to consider stress as a cause of physical symptoms, they can be reassured by the concept that “tension headaches” can occur in other places in the body.

A new term for professionals working with stress-related illness is Psychophysiologic Disorders (PPD). This term reflects growing evidence that chronic stress can alter nerve pathways in the brain. However, the phrase Stress-Related Illness is preferred when communicating with patients.

The Stress Evaluation

There are five major types of stress to listen for in patients with diagnostically unexplained symptoms. Suspicion of a link between any of these and the patient’s condition is stronger if you or the patient notice that a stress occurred just before symptoms began or is linked to flares of symptoms. You might also listen for clues that symptoms are highly unlikely to have an organic or structural cause. For example, one of my patients was a 40 year-old man who had abdominal pain only while driving to work but not when driving home or on days off work. (His job became stressful shortly before the pain started.)

Part I. Current Stresses

Almost any source of ongoing life stress is capable of causing physical symptoms. Listen for evidence of a personal crisis, issues with religious faith, problems with a spouse or partner, Lesbian/Gay/Bisexual/Transgender concerns, difficulty with children or parents, workplace stress, financial problems or a dilemma involving a friend or neighbour. Be alert for stressful events that link chronologically to symptom flares.

Another common theme in this category is a lack of self-care skills. Good questions that loved ones can help answer are:

- Do you care for those close to you but have difficulty finding time for yourself?
- What do you do for enjoyment and how often?

For many of these patients, their only relief from endless obligations is when symptoms force them to rest. Many of them suffered a challenging childhood that diverted them from attending to their own needs. They were left with little experience in taking time for personal fulfillment and recreation.
Part II. Adverse Childhood Experiences (ACEs)

About two-thirds of adults have experienced at least one ACE and one-sixth have experienced at least four. ACEs increase the risk for many types of poor health outcomes including PPD, which can begin during childhood, adolescence or well into mid-life. Symptoms can be mild or severe, single or multiple, and can persist for years or even decades. Most patients are grateful for inquiry with the following sequence of questions:

1. Were you under stress as a child?
2. If so, can you tell me a little about what happened to you?
3. If you learned that a child you care about was growing up exactly as you did, how would that make you feel? (Patients tend to minimize the adversity they suffered, but this question can help them to a more accurate assessment.)
4. Are you still interacting with a person who was stressful for you as a child? (If so, it is often essential to change the nature of the encounters or set boundaries that limit them.)

After each question, listen for mistreatment capable of causing enduring harm to self-esteem and/or anger, shame, fear, grief or guilt. This suffering often proves to be the source of unresolved emotions that are then expressed somatically. This is the fundamental cause of PPD in ACE survivors. Common forms of childhood mistreatment in this population include abuse, neglect, lack of praise or emotional support, excessive responsibilities, bullying by peers and parental violence or substance abuse.

Many PPD patients experience three overlapping stages in recovering from ACEs. You may detect evidence for this in your conversations with ACE survivors.

Stage One. Characterized by personality traits that developed in response to ACEs including poor self-esteem, stressful personal relationships, perfectionism, detrimental levels of self-sacrifice and increased vigilance. Anxiety and depression often are present. Also common are behaviors that support coping such as eating disorders, addictions (alcohol, drugs, nicotine, exercise, work, sex, gambling, shopping), and self-injury. Positive characteristics include reliability, attending to details, a capacity for hard work and compassion for others in need.

Stage Two. Negative traits from Stage One diminish and the positive traits generate supportive feedback from friends and colleagues. This leads to steady growth in self-esteem. Many eventually recognize they deserve to be treated far better than they were as children. For the first time they feel worthy of mutually supportive relationships.

Stage Three. Declining stress, improving self-esteem and feeling worthy of better treatment contrasts with and generates emotion about adversity suffered as a child. But because of years spent suppressing emotional reactions, many lack conscious awareness of anger, shame, fear, grief or guilt even when an ACE perpetrator is still active in the patient’s life. The result is that emotion is expressed somatically (causing symptoms) rather than verbally or via behavior. (It is not uncommon for symptom onset to coincide with the first supportive relationship, referred to as the Good Partner/Bad Illness syndrome).

It is remarkable how frequently ACE survivors are unaware of emotions powerful enough to cause physical symptoms.

Part III. Depression

In primary care, patients with depression typically present not with their mood disorder but rather with one or more body symptoms. Many do not feel depressed though they might admit to feeling stressed or frustrated. A vague, non-specific description of the symptoms and desperation to find relief are clues to depression. Confirmation usually follows from inquiry into

early morning awakening, anhedonia, fatigue, anorexia, tearfulness, thoughts of self-harm, and loss of hope for the future.

Part IV. Post-Traumatic Stress

Routinely ask about traumatic, terrifying or horrifying life events. The link to PPD is clear when symptoms begin soon after the trauma, especially when accompanied by typical manifestations of Post-Traumatic Stress such as flashbacks, nightmares, avoidance of reminders of the trauma, emotional numbness, and increased vigilance.

PPD that begins long after the trauma is more challenging to diagnose and is not rare. Symptoms usually follow a triggering event linked to the trauma.

Part V. Anxiety Disorders

The prevalence of Generalized Anxiety Disorder (GAD) in primary care is 7-8% and most complain of physical symptoms rather than worry or fear. A clue to GAD is that the somatic illness tends to be significantly less severe at times when the patient feels safe. Most GAD patients will admit to excessive worry about minor matters if asked specifically.

Conclusion

Millions of patients suffer from PPD, but few health professionals have had formal training in diagnosis and treatment of the psychosocial causes. The result is a large blind spot in the healthcare system. Nurses who are aware of the psychosocial issues described above can bring them to the attention of both the patient and medical staff, thereby significantly improving chances for a good outcome.

For more information, email Dr. Clarke at drdave@stressillness.com. Dr. Clarke’s book is titled They Can’t Find Anything Wrong!
A Nation of Firsts

By Chris Fields

"A little while and I will be gone from among you, when I cannot tell. From nowhere we came, into nowhere we go. What is life? It is the flash of a firefly in the night. It is the breath of a buffalo in the wintertime. It is the shadow which runs across the grass and loses itself in the sunset."

Crowfoot (1830 – 1890)
Chief, Siksika First Nation
Pushing Boundaries at Siksika Health & Wellness Centre

The stack of Nike shoe boxes in Siksika Health Services CEO Tyler White’s office is a giveaway that there’s something a little different going on...something that reflects Chief Crowfoot’s words about the mind, body, and spirit circle of existence.

“My office looks like a Foot Locker,” Tyler jokes. “We are the only tribe in Canada with a Memorandum of Understanding with Nike through its N7 Fund,” Tyler adds. “The partnership has created energy with our youth, which is a positive way for us to employ youth ambassadors to address issues like addiction, suicide, and mental health proactively.”

Now take this one indication and multiply it over and over again and you have the Siksika Health & Wellness Centre, where no challenge is considered too big and the default attitude is optimism, progress, and proactive solution seeking.

Siksika will tell you they are like anywhere else you visit for health services in Alberta. The facility is accredited like Foothills Hospital or Calgary’s South Health Campus. The Elders Lodge, currently housing 17 elders, was initially designated assisted living, but Siksika surpassed Accreditation Canada criteria to meet long-term care standards, which the facility now provides as its residents age.

But it’s also more than anywhere else.
“We are a clinical health centre, but we are beyond that as a place where wellness is about the whole person,” Tyler states.

The Siksika Health & Wellness Centre offers comprehensive professional, clinical, community health and wellness, home care, and assisted living services.

There is cultural context with features like a morning smudge that community members, including those not accessing health services, use. The facility plays a critical role in providing medical support for catastrophic events like the flood of 2013 that destroyed roughly 100 Siksika homes and displaced more than 1000 people.

In other words, the Siksika Health & Wellness Centre isn’t just a medical facility, it’s community-building bedrock.

Step back a decade before the facility was constructed and imagine that your challenge is to build a new health services vision. If you can provide comprehensive health and wellness services locally, you can make deep inroads in nurturing better health and wellness conditions for your people.

Consistency builds trust; people know doctors and nurses will be there when they need them.

You have just convinced Chief and Council to elevate this objective to a priority, and they have committed financially to partially meet a long-term capital and operating budget. But you need more. So what do you do?

You form deep partnerships and collaboration. When you have close to 100 babies born annually, and simple things like ultrasounds don’t happen because of the time and cost of a trip to the city, you have Margaret Kargard, Clinical Services Team Lead, connect with Alberta Children’s Hospital, and arrange for RCA Diagnostics to bring the service to Siksika. From Nike to RCA, formation of partnerships is second nature.

You embrace technology as a drumbeat. Tyler talks about SuperNet, Alberta’s government-run high-speed network. Siksika was the first health centre in Alberta to connect to SuperNet, and it subsequently became a Health Canada project to connect all rural and remote First Nations in Alberta to the network.

Toni Running Rabbit, Licensed Practical Nurse (LPN), describes the arrival of Alberta Netcare (electronic medical records) and a new digital era 10 years ago. The facility also added digital diagnostic imaging, uses digital cameras for consultation on issues like wounds, and is an active user of telehealth. “We currently connect pa-
patients to dietitians or dermatologists, which is good for people who have transportation challenges,” Toni says. “It also benefits my continuing education because I can access various workshops like wound care, palliative care, and mental health.”

The facility’s embrace of digital technology has created opportunity to measure outcomes over time. Margaret notes that to have a First Nations health centre with nine physicians is unheard of, which provides a consistency of physician care that converges with technology to generate data.

“Consistency builds trust; people know doctors and nurses will be there when they need them,” Margaret observes. “Our population is gaining understanding that healthcare isn’t episodic, but can be preventative by doing things they need to do at the right time.” Margaret cites pre- and post-natal outcomes as one example, with 2000 annual visits in 2009 now at 6000 annually. Lab and X-ray processed 4500 specimens in 2009; recent figures are at 11,000. The leadership team knows that data is important to securing next generation investment in a transformative model that is generating measurable results.

**You transform the healthcare model.** First Nations are under-served in access to healthcare relative to the broader Canadian population. Life expectancy lags the broader Canadian population by roughly five years. To make inroads, Siksika was the original First Nation in Alberta to implement an Alternate Relationship Plan (ARP) for their doctors, a compensation model that pays doctors a salary instead of fee-for-service, which Dr. Lana Potts, a doctor at the facility, says is critical for care of the whole person. “We can spend two hours with a patient if required, which creates conditions for more successful long-term outcomes.”

“We have developed made-in-Siksika solutions that puts our healthcare future under the control and direction of our Nation around our values, beliefs, and traditions,” Tyler says, noting that the Health Canada health promotion and prevention mandate with respect to First Nations funding is not aggressive enough around primary care. Tyler cites home care as an example, where 5000 home care visits are provided annually and people are getting a lot better care, but Health Canada funds an 8 am to 5 pm model. “Government can’t do it for us. We have created our own system here to take care of people that need to be taken care of after those hours,” says Cheryl Sorensen, Home Care Team Lead, noting that the gap generated by the need for a seven-day program that is not fully-

“I’m so proud of our LPNs here. I see them as ambassadors. Our nurses are respected and appreciated in our community for the services they provide.”

Tyler White, CEO, Siksika Health Services
funded is filled by LPNs who come in every weekend, on their own time, in service of their community.

While Toni, and Susan Maguire, LPN in Clinical Services, note that LPNs work to full scope of practice, Toni observes one limitation regarding being unable to do home care assessments since they fall under a federal rather than provincial regulatory environment. It’s a challenge Siksika is addressing.

You implement a number of firsts. For example, Siksika has the only immunization information sharing agreement with the Government of Alberta via Net Care. Incorporating telehealth was another first for the Siksika Nation in Canada.

You adopt a “whole person” mind, body and spirit worldview. The Siksika perspective is that you don’t just treat, you prevent. There’s the annual Mental Health Week in May. Tyler points to the wood frames of the sweat lodges located behind the building that are used by Nation members for ritual steam baths, prayer, and purification. Susan is the only nurse in Clinical Services, and works with doctors to assess and interact with around 40 people per day, from newborns to elderly. She speaks Blackfoot. “Some of our elders feel more comfortable communicating in Blackfoot,” Susan says, as she describes a great day for her as “every day” because she is helping First Nations people. “It’s not just a job. We’re First Nations nurses and doctors...the first people our people get help from. It’s fulfilling that they can be helped here by their own community members.”

Toni adds that there is a mix of traditional and technological in the provision of healthcare, and both are respected. “For me, an experience that has left a deep impression is an elderly woman who had cancer. She had tried herbal medicines and refused chemo, but was taking pain medications. She told me lots of stories. She wanted to share natural medicines with me - to teach me - but that chance didn’t happen.”

The mix of traditional and technological also applies to bedside manner. Toni notes that there’s an art you learn to interacting with different societies on the First Nation. She uses the example of a holy person, where visitors don’t ring a doorbell or knock. The door is unlocked and you are expected to enter quietly. It also takes a soft touch. “Elders would like you to sit down and visit. A ‘how was your morning?’ shows
interest and respect, and makes their day,” Toni adds.

You grow your own. Bow Valley College brought its LPN program to Siksika a few years ago. The result? Six LPNs who went through that program now work at the Siksika Health & Wellness Centre and reside locally, with another four working in medical facilities elsewhere. The Centre also has its first practicing Siksika doctor, Dr. Newton Backfat, joining Dr. Potts as First Nations doctors among the nine doctor team. In addition, a Health Fair is held annually to showcase health services to the community and to nurture youth interest in pursuing a medical profession.

Then there’s the United Nations… Tyler tells the story about the federal government offering $1 million for a new health services building in 2004. Unhappy with that proposed investment, Siksika First Nation got itself on the delegate list at the United Nations to undertake ‘mindshare’. A month later, the federal government arrived at a multi-million dollar investment, with the Siksika Nation investing its own additional resources in the new facility.

In other words, you move all the pieces around to bring vision to life. You think like an entrepreneur about how to meet your objective. ‘No’ is not an option.

In the journey, you establish a guidepost for others to follow. Dr. Potts imagines a world where doctors are available on First Nations, noting that today only 10 First Nations out of 634 in Canada have on-site services provided by a doctor. The Siksika Health & Wellness Centre has nine doctors servicing a population of 8000.

Siksika is eager to share its story, not just for other First Nations but by hosting visitors from Germany to Africa, where common denominators like transportation, telehealth, facility infrastructure, and health services leadership thinking form ties that bind. “From governments to universities, we are educating people all the time about challenges and opportunities,” Tyler notes. “It’s a big part of what we do so that we can accelerate change here and elsewhere.”

Siksika is not content, and views its progress as only the end of a beginning. On a wall hangs an illustration of a Health Campus Vision, where outpatient services transition to include inpatient care, where non-Nation members may come for services, where there’s a new and larger Elders Lodge, and where there has been creativity in considering a sustainable funding model (e.g., the global medical tourism model). “We may not be here to see the end result but it’s important to have a framework in place for others to follow,” Tyler says.

The highest reflection of society is the ability to serve, unconditionally, those who find themselves in places of need greater than they themselves can meet. This is the essence of healthcare, service to others, and the spirit of Canada itself – an Iroquoian word for ‘village’. It’s also the essence of the Siksika Health & Wellness Centre, where leading the way and taking charge of the future is driven by the belief that being healthy and well is the great enabler of a new horizon for First Nations people.

1 The Nike N7 Fund is dedicated to creating early positive sport/physical activity experiences for North America’s indigenous peoples.
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I’m not a LPN. But like many people I’ve been a patient. Two years ago, I had hernia surgery. Shortly after I changed into my hospital robe, somewhere beyond the curtains around my bed, I heard a patient having a panic attack about imminent surgery. It made me wonder if I was truly prepared to go under the knife.

A nurse soon visited my bedside to take my blood pressure. It was a little high, a rarity for me. The nurse calmly explained that slightly elevated blood pressure is “pretty normal” for patients awaiting surgery. I took a deep breath and heard the nurse’s words in my head: “pretty normal.” Those two simple words helped me a great deal. I felt like I was in good hands.

Two years later, I attended CLPNA’s 2016 conference in Edmonton. The theme was “Evolving for a New Tomorrow”. The speakers covered topics ranging from the influence of celebrity culture on medical misinformation to LPNs having the courage to be their authentic selves in the workplace.

For me, though, the real eye-opener was what happened between the presentations. I heard LPNs engaging in passionate discussions about what they do and how they want to grow. I listened to stories of LPNs who run drum circles and put on plays with mental health patients, often to great effect. And I was hearing idealistic statements like “the world is our oyster” or “I spoke with LPNs today who work with IVs or work in the O.R…. so things are changing.”

“I’ve been an LPN since 2002. I’ve evolved immensely during that time,” said Kristina Maidment, an LPN who works in a dialysis unit in Calgary. “When I first started it was just about medical care, but now it’s so much more. You can go into management, specialize in various areas, not only in government but the private sector as well. So many LPNs are starting their own businesses and doing a lot of innovative things.”

Emotions at Work

Lynette Thompson has been an LPN for 38 years. Currently, she works in CapitalCare Dickensfield in Edmonton, providing long-term care and some dementia care. She told me she couldn’t imagine doing anything else.

Lynette was deeply moved by the conference’s session on LPNs having the courage to bring their whole emotional self to work. That session’s presenter, Dr. David Sheard, CEO and founder of Dementia Care Matters, spoke of the “masculinization” of the healthcare system, to the detriment of person-centred care.
“Our responsibilities and the acuity of the people we take care of has gone way up. Because there’s more we have to do on the medical side, there’s less time to provide the emotional side for the patients,” says Lynette. “Sometimes you just have to take that time and sit at their bedside and cry with them.”

“The one thing I try to tell students when they come through is to remember that the person they’re taking care of is a person,” Lynette told me. “They always have a backstory. This person doesn’t just have MS. They were a beauty queen, or they were this or that. Look at their history.”

A New Hope

Michelle Woite perfectly embodies the theme of the conference: evolving for a new tomorrow. Born in Germany, her parents moved to Canada because they wanted her to have increased job opportunities. At age 19, Michelle is learning a second language and studying to be an LPN at NorQuest College. Michelle is also the president of a new club at NorQuest, the Student Practical Nurses Society (SPNS). “We’re striving to get students involved in volunteering in the community and in college life,” she says.

As a student – and future LPN – Michelle was deeply inspired by the conference. Listening to a panel discussion on the topic of mental health care made her want to get involved. “I know people who have mental illness. I’d like to see if we could volunteer with SPNS and make a difference.”

Another NorQuest student – Aidan Cochlin, age 20 – was equally inspired. “Being at the awards show at the conference and hearing these long resumes, we were sitting there as students and saying, ‘Wow. We have some big shoes to fill!’”

When asked what kind of nurse they want to be when they start actively working, Michelle said, “I want to be the nurse that everyone wants to work with. I’m a team player. I love working with people and I want people to love working with me too.”

Aidan said, “I want to be the nurse that inspires my co-workers and my patients that when they see me, they’re going to have a good day.”

“I’m going away from this conference with hope,” said Kristina Maidment as the conference neared its close. Then she had to pause. “Now I’m going to get emotional,” she said, dabbing her eyes. “It’s the hope that the profession is evolving to a better and brighter future, not only for me but for the young LPNs who are just coming into the workforce.”

Reflecting on my time with LPNs both emerging and experienced, I personally believe we are in good hands.
Respecting the Needs and Wants of the Elderly and the Frail

By Duncan Sinclair

While not yet frail, I am elderly. While I am doing everything I can to avoid becoming somebody’s patient, my wife’s recent end-of-life struggle has made me think long and hard about what my needs will be, if and when I become frail.

For starters, those who will care for me then should know what I expect. While I still can, I must put those expectations on record. Their obligation is to follow my advance directive without second-guessing what they think I really want when the time comes.

So when frail, what will I want and need for my well-being?

First, I want to be considered a person, not a patient, regardless of how much I then depend on a panoply of physicians, nurses, personal support workers, therapists and pharmacists. I want the values that are central to my being to be respected, then as now. I want to remain Duncan Sinclair, not the incontinent, demented old guy in bed in Room 6. And, I want to retain my dignity. The hospital gown may be garb convenient for my caregivers, but its propensity to expose my nether regions to hallway passersby is as far as it gets from dignified.

Second, I want to stay in my home and community. I want to die in my own bed, having taken loving leave of my family, friends and neighbours. Dying at home is a hassle for care providers, but much cheaper than institutional care, and yields immeasurably greater benefit to the dying person and the family.

Third, I want to avoid suffering. This is less about avoiding pain and discomfort than it is about maintaining my status as a person with the right to make my own decisions, including decisions about my very existence. Modern pharmacology has made available tools to alleviate pain and suffering – good palliative care – and to die with dignity at a time of my choosing. I want the choice.

And finally, when I become frail, dependent and needing ongoing care, I want to avoid being a burden on my family and society: emotionally, physically, financially or in any other way. I also want respect today for my productivity yesterday, as Atul Gawande’s grandfather’s contributions are celebrated in Being Mortal: Medicine and What Matters in the End.

My needs and wants, then, add up to a short list: respect for my continued dignity and personhood; staying in my home; no pain or suffering; and not being a burden to others.

Major changes to healthcare policies and practices are needed to meet those needs. Restore the primacy of caregivers (nurses, personal support workers and others). Scientific discoveries and technologies enable curing diseases and conditions, but cure-givers must share the front seat with caregivers if we are to meet the needs of frail elderly Canadians, whose ranks soon will include many more of us. Our elected representatives must reinforce the primacy of individual decision-making. The Supreme Court of Canada’s decision on assisted death is a shining example. Politicians and health professionals alike must breach the walls of the silos of healthcare, especially to make possible shareable health and medical records. And they also must tackle the laws and practices that allow organized care providers to take hostage the frail elderly and others in disputes over pay.

There’s lots to do! ■

Duncan Sinclair is emeritus professor of physiology, and the former dean of the Faculty of Health Sciences at Queen’s University. This piece was originally printed in the Globe and Mail and is reprinted with the permission of the author.
The wisdom of “a generation of LPNs governing LPNs” was on display at the 2016 CLPNA Annual General Meeting and Conference. Over 300 licensed practical nurses and affiliated health professionals joined the College of Licensed Practical Nurses of Alberta for this 3-day educational, motivational, and professional development forum. The April 27-29 event marked the 30th anniversary of LPN professional self-regulation, and was held for the first time at Delta Edmonton South Hotel, site of CLPNA’s recent Think Tanks. Attendees connected with speakers and CLPNA by social media as the event was live blogged, and joined in with their own photos and comments.

Launching the Conference was the open Annual General Meeting led by outgoing President Jo-Anne Macdonald-Watson and Chief Executive Officer Linda Stanger. Presentations were made from Council’s latest three-year Strategic Plan and 2015 Annual Report. There was a lunchtime surprise as CEO Linda Stanger’s 10 years of service received a standing ovation after an emotional presentation by the President. Linda promised to cherish the LPN ring she was given.

Popular dueling pianists Randall and Day returned to host and entertain during the Awards Dinner. By evening’s end, they and their pianos were covered in glamorous feather boas sold as a fundraiser by the Fredrickson-McGregor Education Foundation for LPNs.

Both philosophical and practical, this year’s keynote speakers had something for everyone. On the
practice side, “Solving Medical Mysteries: The Nurse’s Role” with Dr. David Clarke, President of the Psychophysiological Disorders Association, had many intrigued. He relayed that 30% of all illness can be related to psycho-social stress symptoms, and how nursing assessment is key to proper diagnosis. “How can LPNs improve mental health assessment skills?” asked Ed Mantler, VP of the Mental Health Commission of Canada. The answer? Practice Mental Health First Aid. Then attendees discovered whether actress Gwyneth Paltrow is “wrong about everything” in “Are Celebrities Messing With Our Health?” with Timothy Caulfield, Canada Research Chair in Health Law and Policy. “Leveraging digital tools to transform health and healthcare” was shared by Robert Fraser. Stephen Lewis gave a critical, futuristic look at the current “Evolution or Revolution” in healthcare. Over a dozen additional abstracts were shared during the Happy Hour Café Presentations.

David Sheard, a popular repeat speaker and Founder of Dementia Care Matters, brought the room to tears with both his professional and personal experiences on the importance of emotions in nursing. Career inspiration was provided by three decades of LPNs sharing their experiences. Capping the event was an emotional speech by Teresa Bateman, Director of Practice and Communications.

We hope we’ll see you all in Spring 2017!
Passion for their clients’ health and their colleagues’ education defines this year’s Awards of Excellence winners. The winners and the nominees were celebrated April 28 during the Awards Dinner at the CLPNA’s 2016 AGM & Conference. LPN winners received a $1000 cash award.

RITA MCGREGOR EXCELLENCE IN NURSING EDUCATION AWARD

Honouring an LPN nursing educator or a designated preceptor in a clinical setting who consistently demonstrates excellence in providing education in the workplace.

Winner: Manpreet Chahal, LPN

From large projects to the needs of individual clients, Manpreet Chahal’s passion for educating staff at Park Place Hardisty Care Centre in Edmonton is evident.

The centre has experienced many changes recently which have increased the complexity of care. Manpreet ensured the staff was provided clarity on the changes and how they affect each department. This included inviting specialists to provide key information: a behaviour specialist, a transition unit workshop, and education on OATS information, capacity assessment, accreditation, and CPR.

All health professionals at Hardisty benefit from Manpreet’s multi-disciplinary team approach to providing the best quality care for our residents. An example is her workshop on the possible side effects of reducing antipsychotics in long-term care. Another is her hand washing workshop for seniors.

Sometimes, education is required to benefit a single client. The first time they admitted a resident with ALS, Manpreet was quick to bring in a qualified professional to speak to each department on how to best care for that client’s particular needs.

Manpreet is very innovative in her presentations and consistently seeks improvement in her style, topics, and areas of interest and importance. She developed an Education Fair consisting of a dozen creative information boards with a corresponding questionnaire booklet. To accommodate shift workers, Manpreet placed them in an easily accessible location for a week. The questionnaire even accommodated different learning styles.

One of the strongest values that Manpreet exhibits is her belief that knowledge and understanding create a successful sense of unity among different disciplines. There are a variety of challenges in any long-term care facility. Manpreet’s open door policy comfortably allows co-workers from all departments to discuss issues. She is a dedicated, passionate and positive individual who deserves every recognition.

NOMINEES:

Karen Taylor
Pardeep Gill
PAT FREDRICKSON EXCELLENCE IN LEADERSHIP AWARD

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

Winner: Stefanie Nicol, LPN

Stefanie Nicol’s role at the Taber Clinic in Taber has grown significantly over the last decade. She’s become a gastrointestinal nurse specialist, a researcher, an educator, and a philanthropist, positively impacting clients and colleagues on the way.

As Lead Clinical Coordinator, she helped develop the Taber Colon Cancer Screening Program from the ground up. Stefanie reviews the pathology with the endoscopist and educates each patient on the findings, follow-up and continued care. This revolutionized the program’s effectiveness and saved many lives. Over time, she became a consultant to other rural sites seeking to establish a colon cancer screening program.

Her independent pursuit of GI-specific education put her in touch with researchers. She worked as a research assistant in the APC-Endo study (2011) and the AFPEE study (2015) evaluating quality measures in rural endoscopy in Alberta. She has also been a key coordinator and research assistant for the ongoing Taber Colon Cancer Screening Study. The colon cancer screening rates during her tenure increased from around 25% to about 76%, and the incidence of colon cancer declined from 15 patients per year down to three.

Stefanie’s love of knowledge transformed into educating others. She joined the Canadian Society of Gastrointestinal Nurses and Associates (CSGNA), and went on to form a Southern Alberta Chapter. In 2012, she was awarded the CSGNA Annual RPN/LPN/Technician Award for Excellence. Her chapter received Chapter of the Year for excellence in providing education. In 2013, Stefanie was invited to sit on the board for the new Alberta Society of Endoscopic Practice (ASEP). ASEP was formed to educate and improve gastrointestinal endoscopy in rural Alberta sites.

In addition to these professional pursuits, Stefanie has a passion for global humanitarian aid. Stefanie helped establish the TANGO (Taber Assisting Nations through Global Outreach) Foundation. The most recent trip took 64 volunteers to Peru to perform cataract and general surgery, general medical, dental and optometric care, construction at a local orphanage, and educational efforts with a local school. As Board Secretary, she facilitates fundraising events, helps organize each trip, and participates as a nurse on most of the humanitarian missions.

Stefanie is a tremendous asset to her community and the province of Alberta. She is a superb example of what a licensed practical nurse can do with impassioned love and care for her patients, colleagues and those in need around the world.

NOMINEES:
Paula Barber
Kayla Benedetto
Eryn Winfield
Kylie Trombley
Gurleen Gill
Bethany Searson
Tasha Stainbrook
LAURA CRAWFORD EXCELLENCE IN NURSING PRACTICE AWARD

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

Winner: Jaclyn (Nikki) Maucieri, LPN

Nikki Maucieri’s technical skills span the range expected of the most experienced nurses and well beyond. In her ten years at Total Skincare Centre in Calgary, she has been involved in every aspect of management, from medical care to administration, as a surgical assist in an accredited non-hospital surgical facility, and working independently in cosmetic practice. Nikki’s knowledge and skills as an LPN show mastery of essential and advanced areas including medical and cosmetic consultations, health assessment, central reprocessing sterilization unit management, and team coaching.

Nikki demonstrates exemplary nursing skills while caring for patients with advanced skin cancer. Her critical thinking is evident in her ability to analyze the changing dynamics found in each surgical procedure as she initiates local anesthesia and assists in surgery, including extensive facial reconstruction. With a ‘can-do’ attitude, her positive advocacy is a great comfort to her clients as she ensures their health needs and concerns are expressed to the medical staff inside and outside her facility. She spends a great deal of time in patient education to empower them to make quality healthcare choices.

Nikki’s skills and knowledge have allowed her to be a lead contributor to the efficient operation of a medical practice, as well as educationally supporting staff and clients. Internally, she’s created operational and team member policy and procedures manuals, and an appointment super-schedule. As Pod Leader, Nikki is the primary coordinator of learning and training for all team members. She leads huddles, group hiring interviews, and facilitates educational modules to family medicine residents. In response to a sudden heart attack in the facility’s waiting room, she led changes to emergency procedures protocol. She’s made websites to educate medical professionals on how to take appropriate photographs of patients undergoing procedures for facial surgery; an online sunscreen education program for our skin cancer patients; and assisted on a website about diagnosing malignant melanoma.

She has even contributed to four research projects (two published) through her genuine passion to continuous learning.

Nikki is a rare and special nurse who sets a very high standard for her profession.
INTERPROFESSIONAL DEVELOPMENT AWARD

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

Winner: Colleen Kasa, RN

Colleen Kasa is noted for being inspirational, collaborative, and very dedicated to her work as a nurse, educator, mentor and supporter to the entire healthcare team. As a Clinical Educator at the Misericordia Community Hospital in Edmonton, Colleen provides education to physicians, occupational therapists, respiratory therapists, social workers, and the nursing team of LPNs, RNs, and Health Care Aides. She frequently goes above and beyond to ensure access to these opportunities.

Her co-workers say, “Every day, Colleen encourages, teaches and inspires us all to be better nurses and gives us the ability to work well in our multidisciplinary forum…developing a safe and quality work environment.”

Her work demonstrates leadership, fosters a collaborative practice environment, promotes professional growth and development, and creates high functioning multidisciplinary teams, all while advocating for the entire team’s scope of practice. She ensures that all LPNs are valued as part of the team that provides exceptional care for patients.

Colleen is also an active member in the community for over 40 years. She’s taught first aid courses, organized a nutrition program, taught children with special needs and children for whom English is a second language.

Colleen exemplifies the person that this award describes.

NOMINEES:

- Brody Williams, Recreational Therapist
- Mike Allen, RN
- Dennis Feria, RN
- Marlon Cruz, Corporate Educator
- Dr. Rozemin Devraj-Kizuk
- Norma Schock, RN

DAVID KING EDUCATIONAL BURSARY

Recipients: Ann Noseworthy, LPN & Vanessa Corbett, LPN

Congratulations to all nominees & recipients!
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For some time before I found my physical therapy calling twenty years ago, I worked in the United Kingdom as a Nursing Aide and Nursing Assistant.

We were tasked with trying to provide the best quality care for our clients in the most efficient way possible. I remember rushing through my day trying to help my patients – many who were in wheelchairs or Geri chairs, some who fell often or were at risk to, some who had dementia and were confused or upset.

I also remember following some poor practices in order to get my job done: heaving patients in and out of bed without assistance, twisting and turning in awkward spaces, all with very little physical activity outside of work.

Fortunately, I made it out of nursing without a back injury or any other serious condition. But I was lucky given the risks I took.

Anyone who has suffered a back injury knows how painful, and limiting it can be. Whether it is short-term (acute) or long-term (chronic), it is crucial to maintain safe, thoughtful practices and remain strong and active.

Here are some tips to establish a strong foundation for safe lifting and transfers, and overall physical wellness:

1. **Think it through**
   Assess the situation. Are you moving a person from the bed to a chair? Are you lifting supplies off the floor? What do you need to do to prepare?

2. **Plan with a partner**
   Whenever you can get help, take advantage of it. Make sure you communicate what you are about to do for the safety of the client and yourself.

3. **Get close**
   Scoot the patient or object close – the closer the person is, the less chance there is to bend forward and strain your muscles.

4. **Slow down**
   Clients are sometimes in distress, or you are under pressure. If nothing else, remember this: a rash decision can cause a painful result.

**ANATOMY OF A SAFE LIFT**

1. **Think in straight lines — maintain good posture**
   Always avoid bending or twisting at the waist to reach forward. Keep your back straight and your neck in line with your shoulders. Keep your shoulders back.

2. **Tighten**
   Many experts agree tightening your core muscles, buttocks and thigh muscles is key. Like a weightlifter performing a squat-lift, this practice provides a strong foundation and power for your transfer. Lift with these muscles and use your legs. Do not rely on your upper back and shoulders.

3. **Widen your stance**
   Planting your feet at least hip width apart helps maintain your balance and works against the weight of the load. If possible, incorporate a slight stagger stance to decrease stress to the lower back.

**STRENGTHEN & SUPPORT**

1. **Develop and maintain an active lifestyle**
   The more you move, the stronger and more agile you become. Develop healthy physical activity habits: walk, run, swim or play sports.

2. **Incorporate strength**
   Incorporate core strength exercises into your daily routine like abdominal crunches, planks and Pilates.

3. **Work on your posture**
   Be mindful of your posture, especially when you are sitting. Remember to sit on your sitting bones, not your tailbone.

4. **Stretch**
   Try to take 1-2 minutes, 2 to 3 times a day to stretch your neck and back. Concentrate on maintaining flexibility throughout your trunk, hips and hamstrings.

If you can apply these principles and be physically active, you are making an investment in your health. Developing a base of support for yourself so you can physically do all that nursing demands is a critical step in the process.

For more information, the Alberta Physiotherapy Association (www.physiotherapyalberta.ca) lists some great resources including those at www.backactive.ca.

Jason Shepherd is a physical therapist practicing in western Canada. He is an Injury Prevention Consultant for his company JSPTI (www.jspti.com), which tackles injury in the workplace. He is no stranger to aches and pains.
This tip sheet was written for health professionals who are involved with sharing news with patients and families. News can be any information that is unexpected. It can range from disclosing diagnosis of a disability or a life-threatening illness to other seemingly simple news like sharing lab results or a change of course in treatment.

Sharing the news is a neutral term that is often called the more value-laden term ‘breaking the bad news.’ As the mom of a child with a disability, I prefer value-neutral terms. Labeling a disability as ‘bad’ from the time of diagnosis reflects more on the health professional’s own values about how they view disability or disease. This provider-centric approach can put patients and families on a path of weakness instead of a path of strength and hope.

While it is often physicians who disclose diagnosis, nurses are often called upon to share other news and very importantly, support patients and families after news has been shared. While you can’t control the way that a diagnosis is disclosed, you can have a positive affect on patients and families before and after.

My own story of learning about my son’s disability did not begin well. His physician blurted out the news at the end of an appointment and left me alone holding my two-week-old baby boy. I can remember everything about that time – what the room smelled like, what shoes the doctor was wearing, and his obvious discomfort with the task at hand. He left the room quickly, leaving me to call my husband to tell him the news myself, and to ask him to rush to the hospital so we could take our beloved baby son for the necessary lab work together.

I sat in that clinic room alone a long time looking down at my sleeping baby, my eyes choked with tears. One of the clinic nurses gently knocked on the door and poked her head in. “Are you ok?” she said, to which I simply nodded. Then she closed the door again and she was gone.

How I wish a number of things about that appointment were different: what if the clinic had arranged for both my husband and me to be at the appointment together so it wasn’t up to me to tell my husband the news? What if the doctor had engaged one of his team members to support him in an obviously difficult time? What if he scheduled extra time for this important task? Even if he had to rush off, what if he had asked a nurse to come into the room afterwards, and offer to sit with me until my husband arrived? Maybe she could have not worried about saying the wrong thing and let me take the lead on talking, or we could have sat together in silence.

These simple kindnesses would have made a big difference. Think back – have you ever had news shared with you? Perhaps it was a cancer diagnosis for a loved one or an unexpected biopsy result. You never forget that entire experience – and that includes the words spoken by the actual person disclosing the news and the people involved afterwards. It matters how patients and families are prepared for the news and then how they are supported afterwards. Nurses can have a profound effect on this experience, even if you are not uttering the actual words.

Please don’t be afraid to go into that room or to offer to accompany the person sharing the news. I realize now that this is one of the most difficult tasks that health professionals can do, and sadly, medical schools don’t train physicians how to do it well - physicians in training only learn by watching their mentors.

If you know there’s a mom in that room, grieving deeply because the baby she expected was not the baby she got, or an older lady reeling from biopsy results, consider taking a deep breath, knocking on the door and offering to sit by her side. (Make sure you take care of yourself afterwards, for this can be hard for you too). Even a small demonstration of compassion will be forever remembered as patients and families begin on their new journey.

This information sheet was written by Sue Robins and designed by Karen Copeland. They are both mothers of children with differences. The sheet contains their reflections on what they wished health professionals would have known before sharing news with patients and families.

Sharing the News
by Sue Robins
### Always Be Prepared
- Each word you say is going to change the trajectory of a person’s life
- Be aware of your own values & how this is conveyed through your body language & choice of words
- Recognize this is one of your most difficult tasks: arrange time for you to debrief and reflect afterwards

### Logistics Matter
- Schedule enough time: do not rush this important work
- Make sure all the people important to the person are present. In-person conversations are best
- Book a private space where you will not be interrupted
- Do not leave the person alone afterwards; arrange to have another team member present if you have to leave

### Resist Being The Expert
- Ask what the person’s understanding is of what’s happening
- Find out what matters most to them; don’t make assumptions
- Share only as much information as necessary & always offer a way for the person to follow up with you

### Be Totally Present In The Moment
- Listen actively to understand; do not interrupt
- Language matters – people will remember every word you say and how it made them feel
- Never answer a feeling with a fact: do not respond to a person’s feelings by bombarding them with information.

### Be Kinder Than You Think Is Necessary
- Consider: “what if this was my brother, my father or my grandma?”
- Demonstrate compassion: a gesture, warm touch and kind word goes a long way
- Use a strength-based approach & don’t just focus on what’s wrong. For instance, say congratulations to families with a new baby
- Never ever take away hope. Even if a person is dying, there is always hope for a better day
Apps for Today’s Nurses

Let technology improve your practice! Here are some of the healthcare apps that are making today’s nursing information easier to access and use on the job.

**Figure 1 – Medical Cases for Healthcare Professionals / Free / iOS & Android**

On this free app, healthcare professionals share medical cases with the goal of helping each other save lives. There are thousands of real-world teaching cases posted by physicians and nurses in hundreds of specialities. It come with built-in patient privacy tools, and even in cases where a facility doesn’t allow posting of patient photographs, Figure 1 can still be a useful learning tool to connect you to a global community focused on education and collaboration.

**Epocrates RX – References and Tools for Healthcare Providers / Free / iOS & Android**

With over 2,800 branded and generic drug monographs and formulary information, this free app includes adult and peds dosing, interactions, adverse reactions, contraindications, off-label indications, and mechanism of action. It promises to offer current safety, diagnostic and treatment information, and save time.

**Perfect OB Wheel (by Evan Schoenberg) - Gestational Calculator/ $2.79 / iOS**

Billed as more than just a replacement for your trusty paper wheel, this app claims to be simple, fast and more thorough than any other pregnancy wheel available. With flexibility in input, plus thorough and accurate results, it includes details like conception date, gestational age, and expected fetal weight and length.
Home is where the heart is.

Trust The Personal to protect it.

Protect what matters to you most with “All-Risk” home insurance from The Personal – and enjoy additional discounts and savings on top of your exclusive group rates.

For every insurance quote completed by a CLPNA member, The Personal donates $5 to the Fredrickson-McGregor Education Foundation for LPNs. Thanks to this initiative, close to $20,000 has been donated to this foundation.
resources

CONNECTIONS

Connecting LPNs to other health professionals with your interests in mind.

Alberta Gerontological Nurses Association
www.agna.ca

Alberta Hospice Palliative Care Association
www.ahpca.ca

Alberta Operating Room Team Association – LPN
www.clpna.com/members/aorta-affiliate

Canadian Association of Neonatal Nurses
www.neonatalcann.ca

Canadian Association of Schools of Nursing
www.casn.ca

Canadian Association of Wound Care
www.cawc.net

Canadian Orthopaedic Nurses Association
www.cona-nurse.org

Canadian Hospice Palliative Care Nurses Group
www.chpca.net

Community Health Nurses of Alberta
www.chnalberta.ca

Creative Aging Calgary Society
www.creativeagingcalgary.com

Emergency Nurses’ Interest Group of Alberta
www.nena.ca

LEARNING LINKS

Study with CLPNA
www.studywithclpna.com

ACHIEVE Training Centre
www.achievecentre.com

Advancing Practice
www.advancingpractice.com

Canadian Blended Learning Courses for LPNs
www.jcollinsconsulting.com

Canadian Diabetes Educator Certification Board
www.cdecb.ca

Canadian Virtual Hospice
www.virtualhospice.ca

Critical Trauma Resource Institute (CTRI)
www.ctrinstitute.com

de Souza Institute
www.desouzainstitute.com

John Dossetor Health Ethics Centre
www.ualberta.ca/bioethics

Learning LPN
www.learninglpn.ca

Learning Nurse
learningnurse.org

Reach Training
www.reachtraining.ca

Registered Practical Nurses Association of Ontario
www.rpnao.org/practice-education/e-learning
CLPNA launched our new Mentorship Program at our 2016 AGM and Conference this April. The program was met with great interest, and is an extension of our Career Directions program that began in 2015. The Mentorship Program offers an easy-to-use process where Mentors and Mentees apply, create a profile and then search the database for Mentors/Mentees that will support them in achieving their career goals! We would like to grow our Mentorship Program and we invite all LPNs licensed in Alberta to consider being a Mentee or a Mentor!

As you advance your career as an LPN, you may be faced with new challenges, expanding roles, responsibilities and enrichment opportunities. Setting realistic and strategic goals ensures you have a career by design and not by drift. Literature suggests mentorship is a powerful way to help individuals realize career goals, provide encouragement, and develop professionally and personally.

We are constantly growing our Mentorship Program and we wanted to take this opportunity to invite you to participate! Mentees are advised to complete the Career Directions program to establish a career vision and goals prior to pursuing a Mentor. Visit www.clpna.com, “I am a Member”, “Career Infusion Portal”, “Mentorship Program”, and then select the “Apply to be a Mentor” or “Apply to be a Mentee” button.

Join the Mentorship Program in three easy steps:

1. Go to CLPNA’s website.
2. From there, navigate to the Mentorship Program homepage by clicking “Member” “Career Infusion Portal”, “Mentorship Program”, and then select the “Apply to be a Mentor” or “Apply to be a Mentee” button.
3. Fill in the information requested for the application and CLPNA will notify you when you are approved to create a Mentorship Profile.

We encourage our LPN colleagues to engage other LPNs by sharing this fantastic opportunity.

Please email profdev@clpna.com with any questions and let us know how we can help.

“Mentoring is a brain to pick, an ear to listen, and a push in the right direction.”

- John Crosby
CLPNA’s Mentorship Program was launched at the 2016 AGM and Conference.

What is Mentorship?
by Mary Wheeler, RN, MEd, PCC

Mentorship is a longer term relationship in which someone with more experience and wisdom - the mentor - supports and encourages another - the mentee - as that individual grows and develops professionally and personally. The focus in mentoring is on the mentee’s overall development, and it is usually open-ended in time. This relationship is not about a problem that needs fixing, but about growing and developing with confidence; it is a means of fulfilling personal and professional potential. A mentoring relationship is most often and best viewed as a relationship in which the focus is mainly on role modelling and guidance rather than on supervision and instruction. It is a relationship that is chosen, not assigned. It conveys a mutual respect, a common interest, and a desire to grow professionally.

While the primary purpose of the relationship is increased role effectiveness on the part of the mentee, a true mentor-mentee relationship should mutually benefit each party. As mentors share their expertise and wisdom, they also have opportunities to learn from their mentee. Access to new knowledge, different perspectives, and newer generational issues are among some of the ‘bonuses’ for the mentor. The mentor’s characteristics and behaviours can influence the quality and outcomes of the mentoring relationship. Mentoring includes such behaviours as teaching, sponsoring, encouraging, counselling, and befriending. The effectiveness of a mentoring relationship is also influenced by the mentee’s characteristics and attitude. Individuals who demonstrate a high level of motivation for achievement, who are proactive in seeking challenges, willing to take risks, open-minded to different points of view, reflective thinkers, self-disciplined, and enthusiastic, and who communicate openly and respectfully are more likely to experience success in achieving the goals of a mentoring relationship.

What is most important is that the relationship between the mentor and the mentee be an honest and open one in which the mentee feels comfortable sharing dreams and concerns, and the mentor is genuine in the desire to help and guide. Mentorship is a valuable strategy that can be used to help nurses grow, develop, and be productive and happy in their chosen career.

Adapted from A Guide to Coaching and Mentorship in Nursing by Gail Donner and Mary Wheeler.
Ambitious 3-year goals outlined in Strategic Plan

“Success takes commitment and prudent leadership,” affirms CLPNA President Jo-Anne Macdonald-Watson.

These attributes are on display in the Strategic Plan for 2016-2019. The Strategic Plan builds on CLPNA’s Mandate, Vision, and Mission, which in turn are defined by Alberta’s Health Professions Act, LPN Profession Regulation, and CLPNA’s Bylaws. The blueprint of its five broad goals is established by Council. How to achieve those goals is determined by Chief Executive Officer Linda Stanger.

Goals
1. **Education and Competence**: Ensure Licensed Practical Nurses meet the changing needs of the population.
2. **Research and Innovation**: Demonstrate commitment to excellence in registration and conduct processes.
3. **Strategic and Future Planning**: Participate in research, innovation, and new initiatives that contribute to the health system and the Licensed Practical Nurses profession.
4. **Engagement and Empowerment**: Empower Licensed Practical Nurses of the future.
5. **Communication and Marketing**: Enhance communication with Licensed Practical Nurses and key stakeholders.

The report was presented by Council to members, employers and stakeholders at the Annual General meeting on April 27 in Edmonton. The document is available at www.clpna.com under “Legislation, Practice & Policy”, under the “CLPNA Publications” section.

Advancing Our Strengths: 2015 Annual Report released

“With our many collaborative and meaningful connections, CLPNA is... committed to exploring ways in which our profession will continue to define ‘the leading edge’ and provide value within Alberta’s evolving healthcare system.”
- Message from the Executive Director

Highlights of CLPNA’s achievements toward regulatory excellence and Council’s vision can be discovered in the 2015 Annual Report. The 32-page document details how CLPNA ensures the public receives safe, competent and ethical care from licensed practical nurses, and pursues a transformed profession and a quality health system.

**Executive Summary**
- Reports from new departments for Research and Professional Development
- Activities of provincial and national partnerships
- Timeline on proposed regulatory amendments
- 8% growth to nearly 14,000 Licensed Practical Nurses in Alberta
- Release of Competency Profile for LPNs, 3rd Ed (2015)
- Release of new Standards for Basic Program Approval for Practical Nurse Education
- Financial Summary

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CBC, Global, radio ads show LPNs in action

The CLPNA is boosting public knowledge of the licensed practical nurse profession through a spring/summer publicity campaign. The campaign will reach millions through CBC Television, Global TV and popular local radio.

CBC Television’s day-in-the-life show, Keeping Canada Alive, attracts many healthcare-interested viewers who will see CLPNA’s ads featuring LPNs working in emergency departments, operating rooms, and seniors’ care. The ads will also be shown during Alberta’s Late Night News and The National from June 13-July 25.

Television ads on Global Edmonton & Global Calgary were broadcast over 300 times throughout Alberta from May 9-June 12. Some national and cable network spots were included.

From May 9-15, National Nursing Week radio ads celebrated the entire nursing team from the LPNs of Alberta. They were widely broadcast in Edmonton on CISN Country, 630 CHED, 91.7 The Bounce, and in Calgary on Country 105, KISS 95.9, and News Talk 770.

All broadcast television and radio ads can be heard on CLPNA’s website by searching “television” or “radio”.

Council Election results soon

Results from the June election for CLPNA Council District Representatives will be announced in late July. The new representatives for South, South Central and North Central Districts will begin their term on August 1.

If two or more nominees are received for a District, an election by emailed ballot is held. If a District receives a single nomination, the nominee becomes a Council member by acclamation. Results are published on www.clpna.com.

Council meets quarterly to plan and evaluate CLPNA’s Strategic Plan, policies and finances to achieve regulatory excellence. Successful Council members are team-oriented servant-leaders focused on the future of the LPN profession.

Fort McMurray-area fire sparks donations

The College of Licensed Practical Nurses of Alberta was tremendously concerned by the devastating fire and mandatory evacuation in Fort McMurray and region that directly impacted 90,000 Albertans, including more than 120 licensed practical nurses.

To support those affected, CLPNA donated $5000 to the Alberta Red Cross for their humanitarian efforts and encouraged LPNs to give. Additionally, CLPNA is making allowances wherever needed for those members directly impacted. A special thanks to all LPNs participating in related charitable efforts.
CONTINUING COMPETENCE
An LPN Responsibility

With approximately 1,200 new licensed practical nurses entering the profession in Alberta each year, it is necessary to remind membership of the importance of participating in the Continuing Competency Program (CCP). Administering the program is a significant role of CLPNA in achieving its mandate to protect the public.

As professional nurses, it is necessary to keep current with the knowledge and competence required for today’s practice environments. Life-long learning is essential to stay in touch with best practices in healthcare, ensure continued competence and allow for personal and professional growth. As per the Health Professions Act, participation in the program is mandatory. LPNs are expected to assess, maintain, and/or enhance competence on an ongoing basis. Annual participation in the CCP demonstrates commitment by nurses to maintain and/or improve knowledge and skill.

Participation in CCP is an essential requirement for registration renewal and is based on a 5-step model that is similar to the nursing process. The program allows LPNs the ability to design individual Learning Plans that are specific to their needs. It is based on the philosophy that LPNs, through self-reflection and assessment, are committed to maintaining competence and lifelong learning. To effectively understand the program, it is recommended that LPNs access information about the program on CLPNA’s website at www.clpna.com/members/continuing-competency-program/.

Use the Online Record of Learning Tool - It is highly recommended LPNs regularly review their Learning Plan to ensure learning objectives can be met. Keeping track of learning activities is necessary in the event LPNs are chosen to participate in the CCP Validation process. Information about the Validation process is found at www.clpna.com, “I am a Member”, “Continuing Competency Program Validation”.

Evidence Based Practice Education Series

Battling Dr. Google & Nurse Jackie: VIDEOS

Ever wonder if there is a better nursing practice? Not sure how to handle a practice issue? What about all that healthcare advice on the internet?

Dr. Leah Philips, Director of Research at CLPNA, and Melanie Neumeier, Assistant Professor at MacEwan University presented a three-part webinar series that is now available on video. “Battling Dr. Google and Nurse Jackie: Evidence Based Practice” examines:

1: Information Literacy: Make Your Nursing Practice Better and Easier
2: The Map to Evidence: How to Access and Evaluate Evidence Effectively and Efficiently
3: Asking and Answering Clinical Questions: PICO That! (To know what this means, watch the videos!)

The chatty, informal series answers key questions such as: What constitutes evidence-based practice? How do I determine the nature and extent of information I need? How can I access evidence effectively and efficiently? How do I evaluate the quality of evidence?

It’s hoped that this professional development opportunity will enhance LPNs’ information literacy skills and confidence in using evidence in practice.

Videos can be found on www.clpna.com or on CLPNA’s YouTube Channel, www.youtube.com/clpna.
The Elephant in the Room: Managing Difficult Conversations

Originally presented at the CLPNA 2016 AGM & Conference.

In the fast-paced, multidisciplinary landscape of healthcare today, the importance of effective interpersonal communication is essential. Licensed practical nurses play an integral role as members of the healthcare team and have an opportunity to be a leader in addressing the "elephant" and effectively managing difficult conversations.

Emotions are not a bad thing; they can be used to guide us to achieve a goal and enhance interpersonal communication. Using emotional intelligence can have a positive effect on nursing practice and patient care outcomes. Stephen Covey, the author of The 7 Habits of Highly Effective People (1989), explains, “When you show deep empathy towards others, their defensive energy goes down, and positive energy replaces it. That’s when you can get more creative in solving problems.” When you take the time to understand the perspective of others, they are more open to engaging in meaningful conversations and collaboration.

SPOTTING THE ELEPHANT:
- It’s the important and obvious topic everyone is aware of, but is uncomfortable to discuss.
- Most “elephants” are born and grow out of good intentions and in knowing only half the story!
- It elicits strong emotional reactions, motives and enhances levels of trust.
- It’s characterized by phrases, behaviours and situations that signal its presence.
- It’s evident in a noticeable disconnect between words and actions. This is where you will find the "elephant".

ADDRESSING THE ELEPHANT... OR NOT:
- Workplace elephants thrive for various reasons: preserving illusions, unrealistic expectations, mistaken assumptions, misunderstandings, misperceptions, and a deep fear that facing the issue will create more problems.
- Freeing the elephant, while not always a comfortable process, can foster healing of relationships.
- Respectfully addressing the issue promotes growth, improves working relationships, supports organizational change and increased accountability.
- Is the ‘elephant’ off limits? Reframe, Reflect and Rephrase.
- Establish clear boundaries and engage in respectful effective communication or make the decision to walk away.

WHAT IS EMOTIONAL INTELLIGENCE (EI)?
Emotional intelligence involves recognizing, accepting and understanding what emotions (both positive and negative) that we (self and others) are experiencing and using this information to grow, learn and act.
HOW DO I INCREASE MY EI?

- **Perceive the emotion.** Take into account everything you see (faces and pictures), hear (voices, tone, music) and experience.
- **Understand emotion.** Emotions can be complex and often are a combination of feelings. Understand what is being felt and why. Put yourself in their shoes.
- **Manage your emotions.** Control impulses and behaviours through self-awareness.
- **Use emotions to guide your actions.** When we have an awareness of how we experience emotions, it helps us understand how others may experience emotions as well.

RESOURCES:
To deepen your learning about effective interpersonal communication, refer to the following:


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## Medical Assistance in Dying guidance

The latest practice information for licensed practical nurses regarding their role in medical assistance in dying (physician-assisted death) can be found on CLPNA’s website or by contacting a Practice Consultant. Alberta’s three nursing regulators have committed to provide collaborative guidelines for all nurses as national and provincial legislation is developed.

On June 6, 2016, a new right to medical assistance in dying in Canada will become law. The tri-nursing group has previously provided interim guidance and a FAQ document.

Questions may be directed to CLPNA’s Practice Consultants at practice@clpna.com, 780-484-8886 or 1-800-661-5877 (toll free in Alberta).
Save one life, you’re a hero.

Save a hundred lives, you’re a nurse.
Legal Issues in Nursing

EDMONTON, October 17, 2016 • CALGARY, October 18, 2016
0830 to 1600 hrs

Nursing Litigation and Canada’s Legal Landscape
- Definitions & Statistics; The History of Litigation
- Clinical Areas Most Likely to Sue: Trends and Issues in Nursing Litigation

The Stages of a Lawsuit; From Date of Adverse Event to Trial
- How an Adverse Event Becomes a Lawsuit
- If You are Sued, What Happens to You and Your Job?
- What Parts of the Lawsuit Will You Be Involved In?

The Four Factors Required to Prove Nursing Negligence
- Establishing the Nurses Duty
- Determining the Breach in the Standard of Care
- Identifying the Injury
- Establishing Causation

The Top Five Nursing Negligence Issues with Case Studies
- Nursing Assessment; Communication
- Medication Errors
- Use of Medical Equipment; Infection Control

Nursing Documentation that will Defend You in the Event of Litigation
- What the Experts say About Nursing Documentation
- What the Court says that Your Documentation Must Show
- Examples of Bad, Good, and Better Documentation

Along with the changes to the ways healthcare is managed and delivered, there has also been a change in the legal issues that are a priority for nurses. This workshop is intended to provide a review of how liability issues may develop in a nurse’s practice. Through understanding the framework of risk to clients and nurses, the goal of this workshop is to assist nurses in making proactive judgements that will guide them to avoid harm for their clients and to safeguard their practise.

Heart Failure Update

RED DEER, November 7, 2016 • LETHBRIDGE, November 8, 2016
0830 to 1600 hrs

With
CHRISTOPHER COLTMAN, RN, BScN

Topics:
Heart Failure: A Downward Spiral
- A Review of Relevant Cardiorenal Anatomy and Physiology
- A Review of the Continuum of Heart Failure
- Risk Factors for the Development of Heart Failure

You Take My Breath Away
- A Review of Physical Assessment of the Heart Failure Patient
- Life in the Big Apple - New York Heart Association Classification Review
- Methods of Heart Failure Diagnosis

Slowing the Spiral
- Current Therapies and Treatments for Heart Failure Optimization
- Cardiac Re-Synchronization Therapy (CRT) Explained
- Overview of Home Care Management

Crash & Burn: What do we do Now?
- Profiles of Advanced Heart Failure: INTERMACS Scoring Explained
- A Review of the Treatment of the Patient in Cardiogenic Shock
- Mechanical Circulatory Support Including the Latest Ventricular Assist Devices & More

When All Else Fails...
- Indications and Techniques of Cardiac Transplantation
- Palliative Care and the Heart Failure Patient

Heart failure is a common, disabling and deadly disorder and is thought to be one of the most costly cardiac disorders in terms of annual hospitalization costs and mortality. Despite the tremendous benefit that ACE inhibitors have offered. The dramatic deterioration in quality of life and prognosis when a patient progresses from asymptomatic left ventricular dysfunction to overt heart failure is a major challenge for physicians and nurses. This on day workshop focuses on the recent and more comprehensive nursing and medical interventions that are improving outcomes and quality of life for the heart failure patient.

To register: Call toll-free 1.867.738.4823 or visit NursingLinks.ca