Suicide Prevention: What to Know

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- Functions of Each of the WBCs: Neutrophils-Seagulls and Bands; Monocytes; Basophils and Eosinophils; Lymphocytes
- Up, Down and All around - Which Changes in WBCs indicate:
  - Acute Inflammation, Infection and Necrosis?
  - Chronic Inflammation, TB?
  - Allergies and Viral Infection?

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

The Role of the Red Blood Cells and the Correlation to your Patient’s Illness
- Maturation Process of the RBC; Normoblasts, Reticulocytes, Erythrocytes
- Essential Substances Necessary for RBC Production
- Role of Iron, Amino Acids, Folic Acid, B12, Thyroid, Kidneys & Good Genes

Determining RBC Function: CBC, MCV, MCH, Retic Count - What Changes in Means Mean
- Common Clinical Conditions Associated with Varniances in RBC Function
- The Anemias - Iron Deficiency, Megaloblastic Anemia, Folic Acid Deficiency, Sickle Cell Anemia; Drug Induced Anemias

The Body’s Enzymes: What You Most Need to Know About:
- AST, ALT, CK, Amylase, Lipase; When and Why They Erode
- What do the Elevations Mean for Liver Function, Cardiac Function, Muscle Integrity and Pancreatic Function?

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- ‘Difficult’ or just ‘Different’?
- ‘Innocent’ or ‘Intentional’?
- Demonstrated Behaviours versus Personal Traits
- Pay-offs for Dysfunctional Behaviours
- ‘Upset’ versus ‘Difficult’

Understanding Difficult Behaviours
- Difficult People Defined
- Who is Difficult for you to Deal With?
- Specific Challenging Behaviour Patterns
- Do’s and Don’ts for Managing ‘Difficult’ Interactions

Self-Management
- The Triple ‘F’ Response
- How to Turn Exasperation into Empathy
- A Four-part Process for Dealing With Difficult People
- A Distanced View of Close Things
- A Helpful Self-Management Strategy - Coping Self-Talk
- Tips for Overcoming Negative Aspects in Yourself

Name The Game
- Know Your Hot Buttons; Make the Conert Obert

Turn Conflicts Into Cooperation
- Helpful Tips for Managing Conflict and Anger
- Acknowledge, Don’t Argue, Side-stepping Debates
- Helpful Communication Techniques for Responding to Difficult People
- The Five ‘F’ Formula

When Difficult People Don’t Change
- Organization Strategies
- Continuum of Interventions in Conflicts; When to Call in Help

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

Stacey Holloway is a skilled interventionist in the fields of Human Relations and Organizational Development. Stacey focuses her talents and energy on organizational development - particularly, change education, change strategy consulting, and change leadership development. A graduate of UBC and Senior Trainer at the BC Justice Institute in the Centre for Conflict Resolution, she is an in-demand speaker. Stacey has conducted seminars for thousands across Canada and the United States. Her active, participatory seminars are charged with energy, humour, and creativity.

To register: Call toll-free 1.866.738.4823 or visit NursingLinks.ca
SUMMER 2017

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News for CLPNA members
Licensed Practical Nurses (LPNs) have served Albertans for 70 years, facing many challenges while enjoying many achievements. In the past three decades, a vast evolution in the role of the LPN has occurred with significant growth in the profession, yet there remains a lack of understanding about the education and competence of today’s licensed practical nurse.

In the Canadian Institute of Health Information’s recently released report on Regulated Nurses, 2016 (June 2017), a continuous increase in LPN employment levels in Canada is noted. The national statistics indicate that between 2007 and 2016, there was a five percent increase of LPN employment in hospitals, six percent in long term care facilities and 11 percent in community settings. In Alberta, we have noted a steady growth to the profession with an average 8.2 percent annual increase in LPNs over the last ten years. This data indicates growth in employability, utilization and value of the LPN both provincially and nationally.

Although it’s clear licensed practical nurses are fundamental contributors to the healthcare system, incongruence remains. This issue became clear during the last several months as CLPNA reviewed the stakeholder feedback that resulted from the first stage of amending the LPN Regulation. There is an obvious gap in understanding that points to a significant need to enhance the awareness of our stakeholders.

The Regulation amendment process involves multiple consultations with stakeholders (i.e., LPN employers and other health profession regulators). These consultations provide several opportunities to share information about LPN basic education, scope of practice, critical thinking skills and ability to manage complex patients. It also provides valuable feedback to CLPNA to strengthen our regulatory position as we move forward with the Regulation amendments. CLPNA has enhanced our approach to the Regulation amendment and can now target stakeholder education to increase clarity about the LPN profession. It’s clear we have work to do!

We are pleased to see the profession growing. Increasing the understanding of the LPN scope of practice and a Regulation amendment will have great impact on the future. Safe, quality care combined with value is a key principle in healthcare and our proposed amendments support this principle, ensuring the right person is with the right client at the right time.

Valerie Paice, President and Linda Stanger, CEO

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More than Flu Shots:
Educating your Patients on Immunizations

When you think about immunizations, do you think flu shots? While it’s true that influenza immunizations are both well-publicized and important, there is much more that health professionals should know about immunizations. Protect and educate your patients by reviewing the newest information about immunizations in Alberta.

Who’s in Charge

Immunization services are provided by Alberta Health Services, while the Ministry of Health, supported by the Public Health Act, provides the provincial strategic direction behind them. The Ministry establishes:

- policies for the delivery of all publicly funded vaccines, including the types of vaccines to be offered;
- eligibility criteria;
- cold chain management protocols, and;
- recording/reporting requirements.

What’s New

The volume of publicly funded vaccines offered by Alberta Health has increased significantly over the last 15 years. Other changes include the complexity of vaccine schedules, the expansion of professionals authorized to immunize and new points of care.

Administering a vaccine is a restricted activity under the Government Organization Act. Licensed practical nurses, registered nurses, physicians and pharmacists may be authorized through their professional bodies to immunize, once required competencies have been achieved. Pharmacists provide over half of the influenza immunizations in the province now and are interested in participating in other immunization services. There are licensed practical nurses authorized to provide vaccines, many working in geriatrics, clinics and public health.

Alberta government is working on improving vaccination rates in children through better tracking of immunization

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Td (tetanus, diphtheria)</td>
<td>• Every 10 years</td>
</tr>
<tr>
<td>dTap (diphtheria, tetanus, pertussis)</td>
<td>• One booster dose per lifetime</td>
</tr>
<tr>
<td>MMR (measles, mumps, rubella)</td>
<td>• Susceptible or unimmunized adults born in 1970 or later</td>
</tr>
<tr>
<td>Varicella</td>
<td>• Susceptible or unimmunized adults</td>
</tr>
<tr>
<td>Influenza</td>
<td>• Annually</td>
</tr>
<tr>
<td>PPV 23 (pneumococcal polysaccharide 23-valent)</td>
<td>• 65 years+</td>
</tr>
<tr>
<td>Shingles</td>
<td>• Susceptible adults</td>
</tr>
</tbody>
</table>
records. Amendments to Bill 28 will confirm immunization records are cross-referenced with education enrolment records to ensure non-vaccinated children are told to stay home in the event of an outbreak.

Types of Immunizations

The following are the current immunization practice areas:

- Routine Adult and High Risk Persons
- Routine School
- Influenza
- Travel
- Workforce Health and Safety

Routine Adult Immunizations

The most common routine adult immunizations are tetanus and diphtheria (Td), and influenza. The accompanying table lists what vaccines should be administered on what schedule.

Who’s at Risk

The following conditions place individuals at high risk of infection, and make immunization a higher priority:

- asplenia or hyposplenia: more at risk of fulminant bacteremia and are therefore eligible for Meningococcal C, haemophilus influenzae B, and Pneumococcal;
- post hematopoietic stem cell transplant: requires entire immunization schedule restarted post-transplant;
- cochlear implant;
- immunocompromised due to disease or treatment;
- renal dialysis; and
- chronic conditions including HIV, COPD, chronic liver disease, cardiac disease, diabetes.

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As a new nurse, looking for a challenge and a place to make your mark, you might not think outside the big city. If you expand your gaze, you will find small towns like Two Hills scattered throughout Alberta. A farming community set among postcard-pretty lakes and hills, this quiet town is 140 km east of Edmonton.

It’s also home to the Two Hills Health Centre, where an exceptional group of licensed practical nurses (LPNs) has found ample opportunity to pioneer new roles and find deep satisfaction at every stage of their careers.

The health centre is a welcoming one-story facility perched at the edge of town. Though the population of Two Hills is only about 1400 people, the centre has a service area of around 8000, including the Saddle Lake Cree Nation and summer visitors to places like nearby Lac Sauté resort area. It has a 24 hour emergency department, acute and continuing care, rehabilitation, radiology and more, with a staff of over 200 employees at the facility.
Among them is Tammy Tarkowski, LPN, the site manager for Two Hills Health Centre. Tammy was Alberta’s first LPN to fill that role.

“The person with the right vision and the right values is the right person for the job,” says Valerie Thompson, Area Director for the County of Two Hills, Lamont and Minburn and a registered nurse (RN). Formerly the site manager of Two Hills Health Centre herself, Valerie saw that Tammy had the skills and the vision of collaborative practice that made her the right fit to lead the centre.

The challenge of the site manager position came at the perfect time in Tammy’s 30-plus years of nursing. She began her career in Two Hills in 1985 and has worked in home care, long-term care and the Stroke and Geriatric Empowerment Unit (SAGE). Six years ago, Tammy was considering a career move into teaching when the site manager position became available.

“The competition was quite stiff,” says Valerie. “Tammy had the right skills beyond nursing.” She notes that when it’s time to hire, managers need to look at education and skills to find the right person.

Tammy speaks warmly of the mentorship she’s received from Valerie, and notes that Valerie had to jump through a few hoops to support an LPN for the site manager role. It was clear, though, that Tammy had the right mix of clinical and business expertise. Over the years Tammy has sought out nursing and leadership courses as well as built up her accounting and business experience through attending business management courses, and hands-on experience in a family-run retail business.

“It was challenging to step in as site manager after being part of the team as an LPN,” Tammy acknowledges. “Her leadership is exceptional,” Valerie affirms, noting that Tammy can problem solve for everyone from LPNs and RNs to healthcare aides and maintenance staff. “It comes from her time as an LPN. She sees all the roles and she understands them.”

Respect and encouragement are evident as these LPNs of different generations gather to share their stories and achievements.

As site manager, a typical day includes Tammy attending report on one of the units and then connecting with all the units or managers to hear concerns. She ensures continuity between departments and works with team leads from all programs. She is also the chair of the fundraising foundation for the health centre, and has started a cultural liaison program with the Saddle Lake Cree Nation.

Tammy has also been the interim care manager for the centre’s long-term care unit for the past six months, a role soon to be filled by another LPN (the first LPN in that role in Two Hills.) Another first: Tammy is the only LPN on the Provincial Nursing Professional Practice Council, a consultative group which strives for excellence in the delivery of nursing services and promotes delivery of quality patient-centered care.

“Her leadership is exceptional,” Valerie affirms, noting that Tammy can problem solve for everyone from LPNs and RNs to healthcare aides and maintenance staff. “It comes from her time as an LPN. She sees all the roles and she understands them.”
Another mentor who has been with Tammy since the early days of her career is Sophie Hasiuk, LPN. Now in her 51st year of practice, Sophie has been working in Two Hills since 1982.

“We’ve grown together in the profession,” says Sophie of Tammy. “She’s come a really long way.”

Sophie’s own path in nursing began in 1966 when she graduated as a Certified Nursing Aide in Edmonton. While her initial training was only ten months, her curiosity and love of knowledge has meant that her education has never stopped.

“Your learning doesn’t begin until after you’ve graduated,” says Sophie, a philosophy that has served her well. When her career led her back to Two Hills, her hometown, she soon sought out a new learning opportunity in the form of the medication administration course.

“What are you going to do with that?” was the comment from skeptical co-workers at the time, but Sophie persisted. “I said ‘I’m just going to take it because I want to learn. Just for myself!’” she remembers. Her new training opened the door to temporary work in long-term care during a staffing shortage – and opened minds to the idea of LPNs in long-term care. When mandatory upgrading was introduced for the practical nursing profession in the late ’90s, Sophie had already completed some key courses. Fifty-one years into her nursing career, Sophie has no plans to stop learning – she has a renal update workshop next on her calendar.

Sophie and Tammy bonded through their continual quest for education and have attended many courses together.
These two professionals share a restless drive to learn and improve, as well as an aptitude for leadership. While Tammy’s talent has taken her into a managerial role, Sophie has shown leadership in mentoring younger nurses while never losing sight of the true heart of nursing.

“She’s always thinking of the patient. Sophie does the right thing, and that spills over to guide others,” says Valerie, calling Sophie “an exceptional LPN.” “Sophie is very pro-education,” unit manager and RN Tracy Benoit confirms. “She’s a huge role model.”

Sophie precepts new nurses when the opportunity arises. She’s happy to share her years of experience but she maintains that working with new graduates is a two-way street.

“I learn from them! They have such a wealth of education,” Sophie insists. It’s clear that she finds all of her younger colleagues inspiring, and she’s quick to praise the clinical skills they bring with them after graduation. Lisa Thiessen, LPN and Courtney Armstrong, LPN, are two of the younger graduates who benefit from Sophie’s mentorship and experience while breaking new ground in their own right.

Lisa graduated in 2013 and is the first Mennonite LPN at Two Hills Health Centre. This makes her an asset in a community that has seen a large influx of Mennonite families from Mexico and elsewhere. Lisa speaks Plattdeutsch, the dialect of German spoken by some Mennonites, and Lisa acknowledges that this can build trust with those who share the language and culture.

Today, the new mother works in the SAGE rehabilitation unit, helping patients recover from strokes. She thrives as part of a large care team.

“We’re leaders on the unit,” Lisa says proudly. The LPNs do the health assessments and join the physicians on rounds. She also organizes family conferences and educates patients and caregivers on treatment, prevention and managing at home.

“Lisa will be an inspiration for young girls who share her culture,” says Sophie, a sentiment echoed by Tracy Benoit, who calls her “a positive role model” for the Mennonite community.

Courtney Armstrong graduated in 2011 and her scope in the long-term care unit is also broad and challenging. She works in a 16 bed secured unit, which requires quick reactions in a constantly changing environment. She’s also a case manager for eight beds, a healthcare aide instructor and is a wound care champion for all 60 beds in long-term care.

“We’re in charge of the whole picture; it’s not just dressing changes,” Courtney explains. Assessment, prevention and education are all part of her day.
Respect and encouragement are evident as these LPNs of different generations gather to share their stories and achievements. Sophie and Tammy have 83 years of nursing between them, and so many ‘firsts’ to their names, they are clearly role models. Sophie is unfailingly supportive of the new nurses, cheering their accomplishments and admiring the skills they bring into practice.

Lisa and Courtney are aware that trails have been blazed for them by LPNs like Tammy and Sophie. They’re also gratified that their classroom experience is valued in a supportive work environment.

This small town is a hotbed of opportunity for LPNs. Some of this is thanks to capable and caring leadership from people like Valerie. “A workforce needs to try new things to move healthcare forward. We need to make it safe to try new things and voice new visions.” This is a lesson in not underestimating the opportunities offered in Alberta’s smaller centres.

“We see benefit to the patients, the facility and the team” when everyone works to their full ability, says Tracy. Sophie agrees. “That’s the beauty of team nursing – we can depend on each other.”

The rural spirit of teamwork and camaraderie has allowed this team to meet big challenges in a small setting. Two Hills is a place where licensed practical nurses of every age have discovered new opportunities for learning and leadership, and found challenges to fulfil a lifetime in nursing.

Sophie Hasiuk: Recollections from 51 years of Nursing

When Sophie Hasiuk began as a Certified Nursing Aide in 1966, it was a different time.

“It was very strict. Our uniforms had to be 16 inches off the floor, no matter how tall you were. Shoes polished, laces white, hair off your collar, no nail polish and no jewelry,” Sophie recalls. Every morning started with a stringent inspection.

One of the few exceptions to the jewelry rule was when a nurse got engaged. That nurse then had one week to proudly wear her ring at work – and then off it came, to be tucked away on a chain.

Respect was a big part of training. “When a doctor or charge nurse walked in, we would immediately stand up.” First names were off limits for patients and staff; everyone was Mr., Mrs., or Miss. To this day, Sophie remembers last names more easily than first names.

She has seen the LPN role expand over the years, and still remembers counting the drops for IVs that were administered in glass bottles. At one of her first placements, she was not allowed to chart or take blood pressure – those jobs were the role of the registered nurses.

When Sophie graduated, she had her pick of positions, as LPNs were in great demand. She’s watched hiring go up and down over the years, and times when there was doubt about the LPN role. “People asked, are they capable? But we were,” says Sophie firmly. “We’ve proved ourselves.”

At over 70 years of age, Sophie Hasiuk is still a spitfire and a proud and capable pioneer of this profession. It is LPNs like her that have shaped the LPN profession directly from the front lines of care.
More Albertans die by suicide each year than in traffic fatalities (more than 500). About ten times more Albertans present in hospital emergency rooms after a non-fatal attempt (more than 5000) and about 10 percent of the population is plagued with thoughts of suicide, or, suicide ideation. People consider suicide when the deep psychological pain of living is too much to bear: they do not actually want to die. To this end, when they are offered help, they take it. We need to learn how to identify people at risk of suicide and connect them to the help they need.

Here are the 5 things we wish all nurses knew about suicide:

1. **Anyone can be at risk of suicide... but some groups are more adversely affected than others.**

   Suicide is complex, and anyone can be affected by it. It does not discriminate based on economic status, race, religion, age or any other demographic. While anyone can be at risk, some groups are at higher risk.

   Perhaps surprisingly, men between the ages of 40-60 years have the highest number of suicides in Canada. Middle-aged men generally do not seek help, and they access more lethal means. Men may seek medical attention for other health reasons, however, which could be linked to suicidal behaviours.

2. **People at risk of suicide show warning signs.**

   People at risk of suicide typically display behaviours indicating such. They may express hopelessness or that they’re a burden on others. They may isolate themselves or openly speak of death. They may show a marked change in behaviour. Most people at risk of suicide are also experiencing depression so it is important to rule out suicide risk when a person is depressed.

3. **Treat every attempt as the first.**

   The number one factor in people dying by suicide is a previous attempt. Whether the patient is there for their first suicide attempt or their fifth suicide attempt, each attempt must be treated thoroughly. The patient is seeking help because they are afraid for their life. Attention-seeking is a good thing!

4. **Ask Directly! “Are you thinking of suicide?”**

   If you are concerned about someone being at risk for suicide, ask them directly; they will be grateful you did! Asking someone if they are considering suicide will not put the idea in their head. Asking them will give them an opportunity to talk to you. Stay calm, listen non-judgmentally, assure them help is available. Instead of trying to solve their problem, actively listen by trying to hear their perspective and validating their feelings. Finally, connect them to help.

5. **Anyone can help someone at risk of suicide.**

   The good news is that anyone can be the person who helps someone at risk of suicide. Take the time to engage with someone at risk. Suicide is preventable. We need to be aware of the signs that someone may be experiencing suicide ideation, and have the confidence to ask them.

   Other high-risk groups include:
   - Seniors,
   - LGBTQ youth, and
   - Indigenous youth.

To learn about suicide prevention workshops, and suicide prevention information, visit us at www.suicideinfo.ca
Between 3-20 percent of Canadian patients are diagnosed with a hospital-acquired infection (HAI) annually, according to IPAC Canada (1). An estimated 220,000 incidents of HAI occur in Canada each year (2). Approximately 8000 people will die from them (3). Most importantly, 70 percent of HAIs are preventable (5).

Nursing best practices in infection control are vital to inhibiting the spread of infections. Meanwhile, development of best practices aimed at emerging antibiotic-resistant infections is urgently needed due to their global proliferation. One in 12 adults hospitalized in Canada are colonized or infected with Methicillin-Resistant Staphylococcus aureus, Vancomycin-Resistant Enterococcus, or Clostridium difficile (4).

The objective of this project was to perform a comparative online search of research publications of Canada to ascertain the number and focus of infection control studies performed in the past seven years that are applicable to Canadian nurses. A PubMed search of medical research articles published from 2010-2017 was utilized to conduct a systemic review of the literature. The keyword search was restricted to studies of infection control in Canadian healthcare facilities.

The studies showed that stringent infection control practices demonstrated lower patient rates of infection over given periods of time in hospitals and long-term care settings (6).

Nursing best practices in infection control are vital to inhibiting the spread of infections. The studies showed the importance of increased disease surveillance (7), the importance of timely completion of public health case reports, and the importance of nurses having understanding of infection control competencies. This education would include basic microbiology, understanding the chain of infection including characteristics of susceptible patients, routes of transmission, and components required for transmission, use of personal protective equipment, the use of point of care risk assessment protocols, and reduction and management of occupational health exposures (such as needle sticks) (8).

These factors can be applied in our practice by being aware of the diseases that are being monitored in our work environment, staying in touch with the infection control providers, providing information to other
being a nurse isn’t just something you do – it’s something you feel. It’s what drives you to provide uncompromising care in a challenging and ever-changing environment.

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The CLPNA was pleased to present the 2017 Conference and AGM at Calgary’s Grey Eagle Resort and Casino. This year’s conference gave LPNs and delegates the opportunity to connect, share and create a lasting bond, far past the three day action-packed event.

In addition to the usual merriment surrounding the CLPNA’s annual conference, Alberta’s LPNs also celebrated 70 years as a profession in the province. LPNs have seen many titles and evolving roles in Alberta including Nursing Aide (1947), Registered Nursing Assistant (1970) and finally as Licensed Practical Nurses (1989).

Throughout the past 70 years of social and political upheaval, gender inequality, pandemics, regulatory and professional advancements, the profession’s commitment to advocacy, patient spiritual health and person-centred care has been steadfast. Recognizing the past 70 years of practical nursing in Alberta is significant, something for the entire province’s LPNs to be proud of. It’s important to see how far the profession has come, and Celebration70! recognizes the transitions and highlights in the history of licensed practical nursing, motivating us towards even greater future achievements.
Highlights included a warm greeting from the Honourable Sarah Hoffman, Deputy Premier and Minister of Health. Her visit included a meet and greet with Valerie Paice, Council President, and Linda Stanger, CLPNA’s CEO, in addition to a number of LPN delegates. They discussed challenges faced by the profession, and the health system, sharing details about their work.

The Awards Dinner is always highly anticipated, and delegates danced the night away to the rockin’ tunes of the dueling piano emcees, Jan Randall and Matt Day. The Fredrickson-McGregor Education Foundation for LPNs received incredible support for their feather boa fundraiser, adding yet another level of glam to the sparkling evening and raising over $3,000.

The roster of lectures and workshops did not disappoint. The conference was pleased to welcome a dynamic group of experts. They included David Irvine, famed leadership advisor, who spoke about the challenges of the LPN’s role, reminding LPNs why they went into nursing, and how to stay connected to the heart of their work. Chris Fields, communications professional and CARE magazine contributor, explored his decade long venture of interviewing and writing about LPNs in Alberta. The Schizophrenia Society of Alberta invited delegates into the world of schizophrenia, using a dramatization to illustrate to outsiders the challenges faced by those with the disorder. Pat Katz, an inductee of the Canadian Speaking Hall of Fame, addressed midlife malaise and skills to bring back the zest for life. Finally, Dr. Brian Goldman, ER physician and host of “White Coat, Black Art” on CBC Radio, unpacked the idea of disruptive innovation, and the role LPNs can play in making healthcare meet the needs of Canadians.

Delegates were inspired by the work of those that have gone before us, those among us and those yet to be. Congratulations on 70 years of excellence in patient-centred care.
Establishing a Profession

LPNs, then known as Certified Nursing Aides (CNAs), emerged as a profession after the Second World War. CNAs were seen as subordinate to Registered Nurses, and only women were trained.

From the beginning, the profession was diverse, made up of women of different ages, races, and backgrounds. Care for Aboriginal Canadians was segregated, with the Federal Government operating the Indian and Northern Health Service, as it was known.

Numbers grew quickly, as healthcare and the population expanded; CNAs played important roles in obstetrics and patient care in general. Contrary to common images of the 1950s, many CNAs were married (and working).

By the early 1950s, the Nursing Aide Association was active, mainly organizing social events. In 1957 it became the Alberta Certified Nursing Aides Association (ACNAA), and gradually took on more professional roles.

New Demands & Changing Expectations

Healthcare continued to expand through the 1960s; concerns about the growing role of public funding meant greater opportunities for Certified Nursing Aides. Training for men as Nursing Orderlies (NOs), originally employer-based, formally began in 1967. Although the work and training were similar, the base salary for men was above the maximum paid to CNAs.

In 1973, seven women complained about the discrepancy, eventually taking the case to the Alberta Supreme Court. This led to the first pay equity ruling in Canada — after three years and efforts by the provincial government to derail the process.

In line with the social and political turmoil of the era, CNAs and Orderlies became more organized and active, with the Alberta Certified Nursing Aides Association becoming the bargaining unit for CNAs. Educational programs continued to expand, moving to the Alberta Vocational Colleges in Edmonton and Calgary (now NorQuest and Bow Valley College), after years of debates about nursing education, reports, and unimplemented recommendations.
After the pay equity decision, ACNAA gained recognition as a union and the provincial government moved to consolidate Nursing Aides and Orderlies with a common education program, title - Registered Nursing Assistants (RNAs) - and pay scale. ACNAA, renamed the Alberta Association of Registered Nursing Assistants (AARNA) was one of the founding members of the Canadian Association of Practical Nurses and Nursing Assistants (CAPNA), with both acting to find a commonality in education and title across Canada.

In Alberta, the government passed the Health Disciplines Act, laying the basis for self-regulation; AARNA remained a union (later the Canadian Health Care Guild), and the Professional Council of Registered Nursing Assistants (PCRNA) was set up to manage licensing with eventual self-regulation of the profession.

Political and social turmoil continued throughout this era, compounded by rapid inflation, high interest rates, and short contracts. United Nurses of Alberta, the RN union, held major strikes in 1977, 1980, and 1982. Unions also moved on each other’s members, with the Alberta Union of Provincial Employees seizing a sizeable number of RNAs working at the Royal Alexandra Hospital.

In 1987, RNAs became the first self-regulated health profession under the Alberta Health Disciplines Act, and lobbied for the change of title to Licensed Practical Nurse (LPN). Contrary to the growing autonomy of the profession, the 1980s and 1990s saw the roles and numbers of LPNs shrinking, compounded by the drastic health cuts of the Klein era, restructing, and hospital closures.

LPNs remained active in the controversies of this period, but practitioners and the CLPNA focused primarily on expanding LPN education, scope of practice, and professionalism. Initiatives continue into the present with clearly defined competencies, practice standards and a well-articulated Vision, Mission Statement and Strategic Plan firmly guiding the profession.
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 27 during the Awards Dinner at the CLPNA’s 2017 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: Brandi Ward, LPN
Instructor, Red Deer College

With 10 years of practical nursing experience, Brandi has successfully translated her extensive nursing knowledge and skills to teach practical nurse students at Red Deer College. She has taught in lab, clinical settings and in the classroom for six years, and has made a huge impact on many students. Red Deer College is truly fortunate to have such a passionate and inspiring instructor. She represents the school and her profession with the utmost integrity. She is the kind of nurse and person students one day aspire to become.

Creating a positive learning environment for her students is extremely important to Brandi. She makes lessons realistic, and really tries to get students to truly understand the material, rather than just memorizing it.

Brandi is a skilled leader and she acts as a phenomenal role model for PN students. Brandi always encourages her students and new grads to “get out there” and make a difference. She has identified many times that students are the future of nursing and that they can pave the path to better holistic care for clients. She is a leader of LPN practice.

NOMINEES:
Michelle Bourgeois
Natacha Dube
Jenny Schoeninger
PAT FREDRICKSON EXCELLENCE IN LEADERSHIP AWARD

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

Winner: Ruth Wold, LPN
Site Manager, Three Hills Health Centre

Ruth Wold, a two-time recipient of the Excellence in Leadership Award, has continued to build her leadership skills to the benefit of both her profession and her position as site manager of the Three Hills Health Centre (including the role of unit manager for both the acute care and emergency departments).

Eager to further her growth in leadership philosophy and skills, she has recently taken courses such as Constructive Conversations for Leaders, Accountable Leadership and Choosing to Make a Difference. Ruth is also on the provincial Front-Line Leader Advisory Council aiming to improve leadership abilities.

One of Ruth’s greatest attributes is being an effective communicator. Ruth works with her team to help strategize and identify areas for quality improvement within her unit in order to ensure excellent care. She has been instrumental in leading the Unit Quality Council and has affected changes such as reporting and learning practices to learn from near misses and incidents to improve the quality of patient care.

Ruth has a great passion for what she does. She has been an LPN for 30 years and is truly proud of that role. Ruth is one of only a few LPNs who have taken on the role of Site Manager and has done so with grace and passion. She is a credit to her profession. Ruth has and continues to push the boundaries of the role of LPN as a leader in healthcare delivery.
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: Christine Lynkowski, LPN
LPN, Grey Nuns Hospital

Christine has been a practicing LPN on the postpartum units at the Grey Nuns Hospital for the past six years. In 2016, she expanded her nursing practice by accepting one of the first LPN positions in the Grey Nuns’ NICU.

On a daily basis, Christine demonstrates her exemplary nursing knowledge, skills and critical thinking, and she tailors her approach to provide holistic client care. Christine actively embraces the concepts of family-centered and integrated care by being a champion of bedside report, including the patient and family members in their care and the care of their baby.

Christine is an excellent team member. She is keen to recognize when her colleagues need support, whether work-related or personally. Her compassion for others draws people to her, making her a source of comfort and reassurance.

She demonstrates initiative in her learning and professional development by attending relevant and interesting in-services and seminars and works to full scope of practice. She is a consummate professional, exemplifying high standards in the care she provides to her patients and acting as a role model for her peers, as well as the next generation of nurses in training. She helps staff to identify risk factors and allows them to come to a conclusion about what their assessments and interventions should include without any negativity or judgment.

Christine maintains a professional and positive attitude at work, never allowing negativity to be a part of her day. Her stellar attitude motivates her peers to reflect the same attitude and ultimately creates a culture of positivity in her facility.

NOMINEES:
Zufan Ergete
Roselyn Faraon
Nancy Hidalgo
Susan Homan
Whamie Joy
Michelle Menard
Ashni Narayan
Sjeane Pioh
Amber Weich
Yuan Ting (Phoebe) Yu
INTERPROFESSIONAL DEVELOPMENT AWARD

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

Winner: Dr. Ahmed Elmezughi
Physician, Airdrie Medical Clinic

Dr. Ahmed Elmezughi’s nominators say he is the most selfless person they have had the privilege of working with. His kind-hearted nature and true appreciation for those who work with him is remarkable. With a baby at home, days spent in urgent care, time given at the military base, and dedication to a senior citizen home, Ahmed Elmezughi still makes his family medical practice a priority.

Dr. Elmezughi has patience and compassion, and is always looking out for others. Ahmed has touched the hearts of his team in so many ways, and has given them opportunities that other nurses could only dream of. Ahmed has supported the LPNs in their continuing education efforts to increase scope of practice, and benefit both LPNs and their patients.

He treats his staff with decency and respect, and has coordinated a fantastic team who helps each other and truly values one another’s knowledge. Ahmed has shown his leadership skills in times of emergency, and is focused on unwavering empathy and the best possible care for his patients. He is an astonishing role model for his team.

NOMINEES:
Corrinda Black
Joseph Hansel Panes
Coralee Reynar
Jackie Sperling
Georgette Wasylyshyn
Brody Williams

DAVID KING EDUCATIONAL BURSARY

Recipient: Ann Noseworthy

Congratulations to all nominees & recipients!
A playground is an area designed for children to play and be active. Childhood use of playgrounds is linked to improved brain development, motor skills, and social capabilities. However, serious injuries can occur in playgrounds or using playground equipment, with injuries from falls being the most common cause of emergency department (ED) visits.\(^1\)

**ED visit rates for falls involving playground equipment increased from 2010 to 2015**

In 2015, there were approximately 25,000 ED visits due to playground equipment falls among children aged one to 14. This corresponds to a rate of 962 visits per 100,000 children (close to one ED visit for every 100 children). Boys had a slightly higher rate than girls (975.3 per 100,000 vs. 948.4 per 100,000), which is not statistically significant. From 2010 to 2015, the ED visit rate of injuries due to falls involving playground equipment was 719.1 per 100,000 with a seven percent annual increase.

Across the six year period, children between the ages of five to nine had the highest rate of falls involving playground equipment (1088.1 ED visits per 100,000), while children aged 10 to 14 had the lowest rate (467.2 ED visits per 100,000).

The playground equipment type from which children fell varies across age group. For children aged one to four and 10 to 14, trampolines were the most common playground equipment causing falls, accounting for between 36 and 44 percent of falls over the past six years. For children aged five to nine, monkey bars accounted for 28 per cent of falls over the same time period.

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*Alberta Health, Health System Accountability and Performance, Surveillance and Assessment Branch Email: Health.Surveillance@gov.ab.ca Find more information on health indicators on the Interactive Health Data Application (IHDA) website www.ahw.gov.ab.ca/IHDA_Retrieval/

Alberta Health Care Aide Directory

Calling all HCAs, Enroll Now!

Valued Members of the Healthcare Team

www.albertahcadirectory.com
Healthcare providers working in Alberta’s primary healthcare system are employed by a variety of organizations with different approaches to care.

Depending on the everyday needs of an Albertan, primary healthcare can be found from a family doctor or allied health professional employed by a Primary Care Network (PCN); or support may be found from home care, a public health nurse or a mental health practitioner employed by Alberta Health Services (AHS).

To help bridge this gap and create an integrated resource for tools and education, a new website called the PHC Resource Centre has launched.

“Within a short time frame, a patient can be receiving care from an acute care facility, a community based-centre and a Primary Care Network,” says Ruth Wiens, clinical lead at Peaks to Prairies PCN. “It’s crucial for there to be consistent messaging and information provided to decrease confusion and empower the patient with the tools needed for self-management.”

Wiens notes the ability to access a variety of tools and resources in one spot makes things easier for clinicians.

“Working in a rural setting, we sometimes find that we have access to fewer resources than what is offered in urban sites, so having the information online is great,” she says.

Available on the Alberta Health Services external website, the PHC Resource Centre expands upon the previous Chronic Disease Management (CDM) Resource Centre. New topics include addictions and mental health, lifestyle and prevention, chronic pain, cancer and nutrition.

This unique website also connects content experts with clinicians from primary care. The clinicians enhance the work of the content experts by offering guidance on which tools and resources would be most applicable in their respective PCNs and clinics.

Kelly Almquist is a member of the website’s content advisory network and she’s passionate about bringing different disciplines together to create resources that support more cohesive, integrated teams.

“The PHC Resource Centre supports evidence-based practice that will help all of us better support our patients to be as healthy as they can be in our communities,” says Almquist, a chronic disease management nurse who works in a family doctor’s office in Grande Prairie. “This website allows us to quickly choose and access resources when we need them. Ultimately this tool will help break down barriers between health service programs and health professionals to support changing the medical model of healthcare.”

New PHC Resource Centre Centralizes Content for Clinicians
Website is a One-stop Shop for Primary Healthcare (PHC) Resources
By Kim Schaaf

The PHC Resource Centre can be found at www.ahs.ca/phcresourcecentre. Those interested in getting updates right to their inbox can sign up for a monthly newsletter called PHC Matters on the website.
Apps for Today’s Nurses

Be careful out there. These apps that focus on safety and preparedness will help you do just that.

Be Ready by Canadian Red Cross - Disaster Preparation / Free / iOS and Android

From fires and floods to power outages and extreme weather, this app from the Canadian Red Cross gives users the information needed to prepare for and take action in emergency situations. With an alert system tied to a weather tracker, and useful in-app information even without an internet connection, this app might help you sleep better at night.

Travel Smart – Canada / Free / iOS and Android

This Government of Canada app offers up-to-date travel advice and advisories on over 200 destinations worldwide. It offers emergency contact information for Canadians abroad, and tells you the wait times at the nearest Canada-U.S. border crossing. Travel smarter and safer with this free app.

First Aid by the Canadian Red Cross / Free / iOS and Android

Even nurses can use a little help when it comes to an emergency. The Canadian Red Cross comes through again with this simple app to help you handle the most common first aid issues. Videos, quizzes, safety tips – and it’s all preloaded so you don’t need an internet connection to access lifesaving skills.

The CLPNA and CARE magazine do not endorse the apps shown above. Please exercise your own judgement and the rules of your employer when choosing to use healthcare apps or mobile technology in your workplace.
Connecting LPNs to other health professionals with your interests in mind.

**CONNECTIONS**

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.rpnau.org/practice-education/e-learning
Latest Self-Study Courses: Infection Prevention & Control + Anaphylaxis

Two new online self-study courses are now available from ‘Study with CLPNA’ (www.studywithCLPNA.com).

INFECTION PREVENTION AND CONTROL (IPC) SELF-STUDY COURSE

In healthcare settings, IPC measures are enhanced to protect more vulnerable populations from acquiring healthcare-associated infections. These types of infections can increase hospital lengths of stay, cause patient health complications and may even result in death. This self-study course provides the information nurses need to know about new and evolving infections and prevention.

ANAPHYLAXIS SELF-STUDY COURSE

Many licensed practical nurses are performing medication administration including immunizations in non-hospital environments (such as schools, clinics, and home care), where they may be expected to manage anaphylaxis. Anaphylaxis is the most severe form of allergic reaction and is potentially life threatening.

This learning is interactive, informative, and challenges the learner about best practice in anaphylaxis recognition and management. The information in this course is enriched by the knowledge, skills, attitudes, and clinical judgment LPNs have acquired through the study of anaphylaxis, pharmacology, and medication administration, and contains up-to-date research, evidence and information.

As deaths and emergency care visits related to fentanyl and other opioid overdoses in Alberta continue to rise, the provincial government has been pursuing various measures to combat the opioid crisis and focus on harm reduction. Naloxone can be used to temporarily reverse opioid overdoses and the government has worked to unschedule the drug in over 900 community settings across Alberta in order to make it readily available. As an unscheduled drug in these settings, Take Home Naloxone Kits can be distributed free of charge and without a prescription directly to clients in certain community agencies registered with Alberta Health Services.

The CLPNA developed a Fact Sheet “Naloxone and the Role of the Licensed Practical Nurse in Alberta” to provide members with information on protecting the public by providing education and interventions to prevent and counteract opioid overdoses.

The LPN role will vary since naloxone has not been unscheduled in all settings (for instance in hospital settings, naloxone is still a Schedule 2 drug) and LPNs do not presently have the regulatory authority to dispense drugs. In registered community agencies, LPNs may distribute the Take Home Naloxone Kits to clients and an important part of their role will be to provide client education around the indications and instructions for Kit use. In hospital settings, LPNs may not dispense these Kits to clients, although LPNs may be asked to administer naloxone to clients under a client-specific physician order or medical protocol.

Regardless of the care setting, all nursing interventions related to client care should be documented following CLPNA standards and agency policy. Alberta Health Services offers online naloxone training which is available to both AHS employees and non-AHS employees.

Find the Fact Sheet “Naloxone and the Role of the Licensed Practical Nurse in Alberta” on www.clpna.com under “Legislation, Practice & Policy” and Supportive Documents.
Personal Directives: What are they and what is your role?

In May, the College of Licensed Practical Nurses of Alberta published a Practice Guideline to clarify the “LPN Role in Bringing a Personal Directive into Effect”. LPNs are most likely to become aware of a client's personal directive when providing nursing care in home care, supportive living or long-term care settings, although they may see personal directives in all practice settings. In these situations, an LPN may be asked to complete a capacity assessment by their employer.

The Personal Directives Act includes Schedules that outline the steps and considerations that need to be followed. The Practice Guideline “LPN Role in Bringing a Personal Directive into Effect” provides a summary of the Schedules and identifies the duties and obligations of an LPN involved in bringing a personal directive into effect.

A personal directive comes into effect if the person (the maker) is found to lack the capacity to make their own personal care decisions. LPNs are competent to conduct capacity assessments under the Personal Directives Act; however, LPNs cannot make capacity assessments under the Adult Guardian and Trusteeship Act.

If the personal directive does not designate a specific person (i.e., a trusted family member) to determine capacity, then two service providers may make this determination. One of the service providers must be a physician or a psychologist and the other service provider may be an LPN. The LPN may also be involved in determining and documenting when a maker has regained the capacity to make decisions about personal matters.

LPNs are encouraged to familiarize themselves with the practice guideline, available on www.clpna.com, or contact a Practice Consultant at practice@clpna.com, 780-484-8886 or 1-800-661-5877 (toll free in Alberta) with further questions.

Council Election Results Near

Calgary, Edmonton, Grande Prairie, and Fort McMurray may all be getting new District Representatives to Council. Election results will be announced in late July. The new term begins on September 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.

“Ensuring safe, quality and ethical care for Albertans is the mandate of the CLPNA.”
– Message from the CEO, Linda Stanger, CLPNA

This strong mandate is reflected throughout CLPNA’s 2016 Annual Report and 2017-2020 Strategic Plan. In a break with the past, the Annual Report’s contents now reflect the Strategic Plan. Chapters describe how the CLPNA met that year’s goals under Education & Competence, Registration & Conduct, Research & Innovation, Engagement & Empowerment, and Communication & Public Awareness.

In the 2017-2020 Strategic Plan, CLPNA’s Council lays out the Three-Year Business Plan and 10-Year Strategic Plan for the organization. A sixth goal has been added this year, “Organization & Culture”, described as a commitment “to a healthy organization supporting the College’s legislated mandate and business plan”.

The reports were presented by Council to members, employers and stakeholders at the Annual General Meeting on April 26, 2017 in Calgary. Both documents are available on www.clpna.com under “Legislation, Practice & Policy”.

Nursing regulators release ‘Medical Assistance in Dying Guidelines for Nurses in Alberta’

A new joint nursing document, “Medical Assistance in Dying (MAID) Guidelines for Nurses in Alberta”, will supersede all previous information provided to licensed practical nurses on the subject. The Guideline unpacks key information of interest to LPNs, including:

• Eligibility and Provision of Medical Assistance in Dying
• The Nurse’s Role
• Communication with the Client and Family
• Aiding with Medical Assistance in Dying
• No Obligation to Aid with Medical Assistance in Dying
• Independent Witness
• Documentation

The document was collaboratively developed by the Tri-Nursing Group (the College of Licensed Practical Nurses of Alberta, the College and Association of Registered Nurses of Alberta, and the College of Registered Psychiatric Nurses of Alberta).

On June 17, 2016, the federal government enacted legislation allowing for the provision of medical assistance in dying in certain circumstances in Canada. As a result, the amendments to the Criminal Code of Canada (RCS 1985, c. C-46) sets out the circumstances when medical assistance in dying will not be considered a criminal offence.

Every fall during Registration Renewal, LPNs participate in the Continuing Competency Program. As professional nurses, it is necessary to keep current with the knowledge and competence required for today’s practice environments. Lifelong learning is essential to stay in touch with best practices in healthcare, ensure continued competence and allow for personal and professional growth. Through a self-directed learning plan, LPNs choose the learning that will impact their professional practice. By participating in lifelong learning and completing a minimum of two learning objectives annually, LPNs are prepared for Registration Renewal and the Continuing Competency Program Validation (CCPV). As per the Health Professions Act, participation in the program is mandatory.

###Are Your Learning Records Up-To-Date?

**E**very fall during Registration Renewal, LPNs participate in the Continuing Competency Program. As professional nurses, it is necessary to keep current with the knowledge and competence required for today’s practice environments. Lifelong learning is essential to stay in touch with best practices in healthcare, ensure continued competence and allow for personal and professional growth. Through a self-directed learning plan, LPNs choose the learning that will impact their professional practice. By participating in lifelong learning and completing a minimum of two learning objectives annually, LPNs are prepared for Registration Renewal and the Continuing Competency Program Validation (CCPV). As per the Health Professions Act, participation in the program is mandatory.

####Be Prepared

An important part of the Continuing Competency Program is keeping track of your learning. Stay organized by:

- Reviewing your Learning Plan regularly to ensure learning objectives can be met,
- Choose a different learning objective when necessary to match completed learning,
- Reflect and evaluate how your learning influenced your nursing practice, and
- Document a summary of each learning activity using the online Record of Learning.

Reflecting on what has been learned helps reinforce learning. The online Record of Learning is designed to be easy to complete and enable members to enter information in an organized and efficient manner. CLPNA recommends LPNs enter learning information as soon as possible after completing a learning activity. LPNs can access CLPNA’s online Record of Learning through their member login at https://www.myCLPNA.com.

Almost 25% of Alberta’s LPNs are selected annually to have their learning plans validated.

Keeping track of learning activities is necessary in the event LPNs are chosen to participate in the CCPV process. Information about CCPV can be found at www.clpna.com, “I am a Member” and “Continuing Competency Program Validation”.

It is no surprise with the advancement of today’s technology, social media has become a powerful means of communication. From Facebook and Twitter, to Snapchat and Instagram, social media as a health promotion tool is tremendous when used appropriately: promoting health awareness, encouraging patient involvement in their own health, and spreading health messaging.

Recently, there has been an increase in complaints about LPNs to CLPNA relating to social media. These complaints involve unprofessional conduct such as breach of privacy and confidentiality, crossing therapeutic boundaries, and unacceptable and insensitive comments which harm the integrity of the profession. Conduct surrounding social media has not only affected the LPN profession but all professions regulated under the Health Professions Act and various professions across Canada.

Take a minute to think before you post. Be conscious of your social media behaviours on duty as well as off duty; these behaviours can be viewed as unprofessional conduct and can result in a complaint to CLPNA.
Here are helpful tips to avoid having a complaint filed against you:

- Avoid identifying yourself as an LPN;
- Do not offer health-related advice in response to questions and comments on social media and instead refer information seekers to the appropriate healthcare access point;
- Avoid accepting/requesting friend/follower requests from clients and their family members;
- Avoid revealing personal contact information to clients;
- Do not post confidential and/or identifying information about clients on social media;
- Do not share media (images, video, sound clips) from care environments;
- Avoid revealing place of employment on social media accounts intended for personal use;
- Enhance privacy settings and keep personal account(s) private and protected with a strong password;
- Do not use social media to degrade, vent or share negative information about a client, co-worker or employer;
- Do not post, like, or comment on posts that could be considered inappropriate or misunderstood if taken out of context;
- Always present oneself in a professional manner;
- Be aware of and follow employer policies on the use of technology and social media in and out of the workplace;
- Follow a professional responsibility to report incompetent or unethical conduct of themself and others.

For further information on this topic, please refer to CLPNA’s Practice Guideline, “Professionalism on Social Media”, available from www.clpna.com, under “Legislation, Practice & Policy”. 
end of shift

DREAMS AND DEDICATION ARE A POWERFUL COMBINATION

- William Longgood -
Liver Logic
Fifty Ways to Love Your Liver

EDMONTON, October 16, 2017
CALGARY, October 23, 2017
0830 to 1600 hrs.

BARB BANCROFT, RN, MSN, PNP

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

WHO SHOULD ATTEND?

- Medical, Surgical, Perioperative and Critical Care Nurses
- Nurse Practitioners, Primary Care Nurses, TeleHealth Nurses
- Nurses in Blood Services, Infection Control, & Public Health
- Home Care & Long Term Care Nurses; Occupational Health Nurses
- Dietitians, Pharmacists, Nurses in Diagnostic Imaging

Did you know that the liver has 500 functions and that it can regenerate itself within 30 days? Listen to Barb's fascinating lecture on the liver in all of its glory. Barb takes you for a journey through an amazing organ that we tend to take for granted. She will review the metabolic and the synthetic functions; she'll discuss the signs and symptoms of liver disease and the most important lab tests. She'll also discuss all the types of hepatitis and cirrhosis, acute and chronic liver failure and NASH and discuss the latest advances in the treatment of liver disease. You will not only gain a new respect for this 3-pound football sized organ, you will also realize that it is just as important as the more celebrated organs systems of the heart, lungs, brain, and kidney. You "gotta" love your liver!

$169.95 + $8.45 GST = $177.45 Early Rate (on or before September 11, 2017)
$179.95 + $8.95 GST = $188.95 Middle Rate (on or before October 10, 2017)
$189.95 + $9.45 GST = $198.45 Regular Rate (after October 10, 2017)

The Therapeutic Use of... Medical Cannabis

EDMONTON, November 6, 2017
CALGARY, November 7, 2017
0830 to 1600 hrs.

MARY LYNN (ML) MATHRE, RN, MSN, CARN

Mary Lynn (ML) Mathre, RN, MSN, CARN has more than 40 years of experience as a nurse and has specialized in addictions nursing since 1987 and cannabis education since 1990. Ms. Mathre is a co-founder and President of Patients Out of Time (inc. 1995). A non-profit organizing dedicated to educating health care professionals and the public about the therapeutic uses of cannabis (www.medicalcannabis.com). She is the editor of Cannabis in Medical Practice: A Legal, Historical and Pharmacological Overview of the Therapeutic Use of Marijuana (1997) and co-editor of Women and Cannabis: Medicine, Science and Society (2002). Ms. Mathre has authored several chapters and numerous peer-reviewed articles on the topic of medical cannabis; and written resolutions for several organizations in support of patient access to medical marijuana, including the Virginia Nurses Society on Addictions, the Virginia Nurses Association, the National Nurses Society on Addictions, and the American Public Health Association. She has served on the planning committee for Patients Out of Time's accredited biennial National Clinical Conference on Cannabis Therapeutics since it began in 2000, now an annual event since 2015. Ms. Mathre is also a founding member and Past President of the American Cannabis Nurses Association (www.cannabisnurse.org).

WHO SHOULD ATTEND?

- Nurses in All Areas, especially: Medical-Surgical & Pain Settings
- Nurses in Oncology & Palliative Settings; Geriatric Settings
- Nurses in Primary Care, Mental Health, Maternal Child & Pediatrics
- Nurse Practitioners, Managers, Educators, Pharmacists, Dietitians

Health Canada has recently revised the laws around the Therapeutic Use of Medical Cannabis. Recently there has been an upsurge in both the numbers of prescriptions for Medical Cannabis for a variety of medical conditions, and the numbers of patients already taking medical cannabis arriving into care settings. This has been a challenge for nurses who had little or no education about cannabis in their nursing programs. This workshop aims to provide a comprehensive review of medical cannabis and provide a valuable stepping stone in the nurses knowledge for proficient care of the patient using medical cannabis. In this one day workshop, we will review the history and current therapeutic uses of cannabis, the Endocannabinoid System in the body, the safety and pharmacology of cannabis, toxicity, potential risks, indications for use, the range of therapeutic effects, dosage and methods of administration and nursing implications.