LPNs SHINE IN THE OR

Changing Lives in Ecuador

Plan Your Path with New Career Infusion Portal
Renal Update!

CALGARY, February 8, 2016 • EDMONTON, February 9, 2016

With
BARB BANCOFT, RN, MSN, PNP

Why Embryologic Development of the Kidney is Important
- The Mesenchymal Ridge: Clinical Correlations with Ototoxicity and Renal Failure

The Requisite Review of A & P of the Kidney
- Arterial and Venous Supply of the Kidney
- The Functioning Unit of the Kidney — the Nephron
- The Five Major Functions of the Kidney

What you Need to Know about the Most Common Primary Disorders of the Kidney
- Acute and Chronic Pyelonephritis, Nephrotic Syndrome
- Acute and Chronic Renal Failures, Attherosclerosis of the Renal Artery
- Nephrotic Drugs, Acute
- Kidney Stones; Upper and Lower Urinary Tract Infections
- Polycystic Kidney Disease
- Renal Cancer

Role of the Kidney as the “Innocent Bystander” in Various Systemic Disorders
- The Diabetic Kidney; The Kidney in Heart Failure; The Kidney in Septis
- Systemic lupus Erythematosus and Lupus Nephritis; Rhabdomyolysis
- Glomerulonephritis, DGC, HUS (Hemolytic Uremic Syndrome)

The Interpretation of Lab Tests used to Diagnose and Follow Patients with Renal Disease
- BUN, Creatinine, Potassium, Phosphorus, Sodium, Urima, Urosond, Specific Gravity, Protemuria, Microalbumumuria
- Electrolyte Imbalances (Sodium & Potassium and Phosphorus), Hypertension, Anemia
- Correlate the Signs and Symptoms with the Specific Kidney Disorder

Drugs that Affect the Kidney
- Nephrotic Drugs (NSAIDS, Acrxominophen, Antibiotics)
- Diuretics, ACE Inhibitors, ARBs, Radiocromost Agents

** Brand New Workshop! **
Join us for another one of Barb’s illuminating sessions! This one-day workshop begins with the embryologic development of the kidney and the clinical implications for clinical practice. The discussion then reviews the anatomy and physiology of the kidney correlated with structural and functional conditions. A number of disease processes discussed such as glomerulonephritis, pyelonephritis, nephrotic syndrome, polycystic kidney disease, the diabetic kidney, the kidney in shock, acute tubular necrosis, acute and chronic renal failure, kidney stones and autoimmune disease and the kidney. In addition, the effects of aging and the effects of drugs on the kidneys will be emphasized. Lab tests to be discussed include the BUN, Serum creatinine, creatinine clearance and urinalysis.

WHO SHOULD ATTEND?
- Renal Nurses, Dialysis Nurses, Cardiac Nurses
- Med Surg Nurses; Critical Care Nurses
- Diabetes Nurses, Nurse Practitioners and Educators
- Acute, Long Term and Home Care Nurses
- Tele-Health and Occupational Health Nurses

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

Conference Fees:
- $189.00 + $8.45 GST = $197.45 Early Rate (on or before January 1, 2016)
- $179.00 + $8.95 GST = $187.95 Middle Rate (on or before February 1, 2016)
- $189.00 + $5.95 GST = $194.95 Regular Rate (after February 1, 2016)

Price includes conference sessions, lunch, coffee breaks, and handouts.

Physical Assessment Pearls

CALGARY, Mar. 28, 2016 • EDMONTON, Mar. 29, 2016 • LETHBRIDGE, Apr. 12, 2016

With
BARB BANCOFT, RN, MSN, PNP

Okay… So you only have 5 Minutes!
- The Patient’s History, the Chief Complaint, Signs and Symptoms
- Using the PQRST Mnemonic as a Framework
- AAA – Associated Symptoms, Absent Symptoms, or ALARM Symptoms
- Revisiting the “Vital Signs”; The Importance of Critical Thinking
- For Example: Using the PQRST to Evaluate Various Types of Pain

Quick Evaluation of Vital Signs
- What’s Not Normal? Special Vital Signs Considerations
- Heart Rate, Pules…and Drugs
- Respirations – Use the KUSMAL Mnemonic
- Blood Pressures Evaluation. And Meds
- Temperature - Special Considerations in the Elderly

Other Important Stuff
- Medications in the elderly and their Effect on the Physical Assessment
- Evaluating Kids: Vertical Growth, and Iron; Heart Rate
- When is Weight a “Vital Sign”?

The Physical Examination – Quick but Thorough
- Brushing Up Your Inspection, Auscultation, and Palpation Skills
- Sharpening Cardiovascular Exams – From Heart Sounds to JVD
- Improving Respiratory Exams – From Crackles to Hemoptysis
- Enhancing GI & GU Exams – From Quadrants to Acute Abdomens
- The Most Important Thing in a Gyn Exam
- The Two- Minute Neuro Exam
- Skin! Lesions, Rashers, Hives, Or Cancer
- What You Need to Know about Something Called the “Likelihood Ratio”

Join Barb Bancroft and learn to master Physical Assessment of your patient! In taking the history, learn to characterize the chief complaint by asking the right questions the “PQRST + AAA” way. Barb provides examples of how to use this mnemonic to get the most important information in the least amount of time. Barb will then guide you through assessment basics: where to “listen,” where to “look,” and where to “feel” if you only have a minute. Barb correlates anatomy, physiology, and pathophysiology for each major system discussed. Refresh your knowledge on all the info you can glean from a basic vital signs evaluation. Barb will also discuss various drug classes and the side effects that can confound a physical exam. Join us!

WHO SHOULD ATTEND?
- Med-Surg & Acute Care Nurses Wishing to Refresh Their Skills
- Nurses New to Acute Care or Med-Surg Areas; Float Nurses
- Home Care, Continuing Care, or Geriatric Nurses
- Tele-Health and Occupational Health Nurses
- Nurses Wishing to Refresh Their Physical Assessment Skills

* This workshop may be too basic for critical care nurses *
* This workshop is not a “hands-on” physical assessment course *

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

Conference Fees:
- $199.00 + $8.45 GST = $207.45 on or before: February 16 (Cal./Edm.), February 25 (Leth.)
- $179.00 + $8.95 GST = $187.95 on or before March 14 (Cal./Edm.), March 28 (Leth.)
- $189.00 + $5.95 GST = $194.95 after March 14 (Cal./Edm.), March 28 (Leth.)

Price includes conference sessions, lunch, coffee breaks, and handouts.
Nudging Health System Evolution

With the “Health System of Tomorrow” as a central theme, the College of Licensed Practical Nurses of Alberta (CLPNA) Council brought together LPN colleagues with other decision makers and thought leaders from around the world for the CLPNA’s third annual Think Tank on November 10, 2015. The day focused on examining new and emerging practice, sharing perspective and vision, and considering the ideal health system for Alberta, all of which contributed to the profession’s ability to consider, anticipate and prepare for an evolving health system.

Over the past three years our Think Tanks have inspired and challenged the LPN community and our stakeholders to think beyond today and consider possibilities. This year we again had the privilege to learn from some of the best innovators and healthcare futurists in Canada and beyond. We were inspired to imagine a hospital that goes beyond ‘bricks and mortar’, bringing care and service into our communities. We heard about innovative service delivery models for home care and compared notes with our colleagues from Denmark on the best practices for restorative care.

Our panel discussion, ‘Creating Alberta’s Ideal Health System’, focused the conversation on the needs of Albertans, inviting us to engage with health leaders to share our expertise and passion for healthcare and provide insights on our current environments, while envisioning our role in the health system of tomorrow. We also heard from Alberta’s Auditor General, who provided our audience with a perspective on our current system and stimulated us to think about where real change can make a difference.

This year’s LPN panel discussion showcased the evolution of the Licensed Practical Nurse profession. Looking back to reflect and looking forward to create, the panel demonstrated how the practical nurse profession has matured. This maturity, and a real evolution of the LPN profession, is equipping us to imagine the possibilities and create new opportunities.

A real evolution of the LPN profession is equipping us to imagine the possibilities and create new opportunities.

Our Think Tanks are an important part of our strategic planning and help us make better decisions today in preparation for tomorrow. This is demonstrated in the publication of the profession’s Strategic Plan, integrating our philosophies and creative possibilities for the future into the business model of the College. Specifically, this is witnessed through the comprehensive review and update to the Competency Profile. This project showcases the dynamic evolution of the profession, along with the nimbleness and commitment of educators to prepare our nurses to address the anticipated healthcare needs of Albertans. The resolution to take these directions has not been an accident or good luck, but a calculated and deliberate decision.

This year’s Think Tank once again demonstrated that the profession and our organization is open to the range of possibilities that exist in healthcare today, and we are ready to explore a full range of potential futures. We were honored to be joined by our Honorable Minister of Health, our Deputy Minister of Health, local, provincial and national health leaders and of course the many many LPNs who participated in making this another truly successful day.

As we move ahead, the CLPNA looks forward to working collaboratively with all our health partners to create a high quality, responsive health system that meets the future’s challenges, whatever they may be.

Jo-Anne Macdonald-Watson, President and Linda Stanger, Executive Director
LPN AWARDS OF EXCELLENCE 2016

HONOUR A SHINING STAR

Recognize a Shining Star by nominating them for an Award of Excellence in the following categories:

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

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

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

- **Interprofessional Development Award** recognizes non-LPN healthcare leaders who are instrumental in building quality practice environments. Nominees are chosen by LPNs.

Winners will receive a $1000 cash prize and will be honoured at the Celebrations and Awards Dinner at the CLPNA’s 2016 AGM & Conference in Edmonton, Alberta on April 28th, 2016.

**Nominations open until February 29th, 2016**

**NOMINATION FORMS**
from www.clpna.com, foundation@clpna.com, 780-484-8886

Winners are chosen by the selections committee of the Fredrickson-McGregor Education Foundation for LPNs. Only complete nomination applications will be considered.
For the third year, members of the College of Licensed Practical Nurses of Alberta (CLPNA) joined with other health professionals on November 10 to take an in-depth look at the changing health landscape and the role of licensed practical nurses. Attendees at the Delta Edmonton South Hotel heard from local, national and international leaders on care that enriches people’s lives and draws on everyone’s energy and talents.

Previous Think Tanks had looked at the impacts of an aging population (2013) and compassionate person-centered care (2014). This year built on those learnings and addressed the big challenge: We know what needs to be done. How do we get traction and really change?

The big takeaway? To borrow from Canada’s new Prime Minister, better is possible and LPNs can lead the way. Over and over, speakers reiterated that LPNs are learners, leaders and mentors. They’re trusted by clients and families. LPNs can identify opportunities that help people reach their goals. They see successes and LPNs need to share those stories and provide people with new visions of what they can achieve.

The day opened with a presentation by Dr. Samir K. Sinha, Director of Geriatrics of Mount Sinai Hospital and Provincial Lead for Ontario’s Seniors Strategy. Dr. Sinha has a reputation for broad system-level thinking on how we can do better. For seniors, that involves integrating ambulatory, emergency, community and inpatient care. It means ensuring that when seniors walk through emergency room doors, the care that’s provided supports their return home right from the start. Dr. Sinha’s challenge to LPNs? Make sure that leaders understand the contributions LPNs make. Establish nursing-led models of care. And encourage best practices.

Nancy Lefebre, Chief Clinical Executive and Senior Vice President Knowledge and Practice, St. Elizabeth Health Centre, challenged providers to be leaders, disruptors and adaptable, moving beyond the traditional four walls definition of home and thinking about care provided in home-like contexts. Providers will need to be flexible: Patients and clients have knowledge and gather information that gives them a stronger role when it comes to determining their care. Adaptiveness will include using research being done in the community and quickly applying information as it’s received.

Eva Pedersen, former head of Aged Policy in Denmark, spoke about that country’s focus on restorative care – bringing back people’s ability to live life the way they wish to live it. That means asking people what matters most to them and focusing on their goals. That means...
providing care with the elderly, not for the elderly; and involving people in the discussion about the future of care.

Carol Anderson and Penny Reynolds talked about how Alberta Health Services is putting the principles of restorative care into action at Capital Care Norwood in Edmonton. The goal is to have individuals discharged to the lowest level of care and ideally back in their homes. This required putting people and their family at the centre of the care team, better evaluating the individual’s ability to participate in their own care, setting individualized goals within 24 to 48 hours and doing a baseline measure of functional status on admission and discharge. Nurses were involved in redesigning service provision and using their problem-solving skills and knowledge.

Other speakers talked about the need for greater accountability and tracking in the system (Sergie Pekh and Doug Mackenzie, Alberta’s Auditor General’s Office). The system has first-class physicians, nurses and other caregivers, they said. However, they’re like a symphony without a conductor.

Another theme that wove through several discussions was the need to engage frontline workers in ‘decluttering’ processes and freeing time to care. We need to adopt better practices and give up the old ways of doing things. That includes promoting self-management support at every encounter with patients and clients dealing with chronic disease. By assigning responsibility for self-management support to someone on the team, it moves from being everyone’s responsibility and no one’s job to a key task.

A recurring highlight at each Think Tank has been hearing from a panel of LPNs. This year’s panel talked about the LPN of tomorrow. Participants included Tammy Tarkowski, Site Leader, Two Hills Health Centre; Quintin Martin, Staff Nurse, Acute Care Cardiology, Royal Alexandra Hospital; Chloe Kilkenny, General Manager, AgeCare Communities of Wellness, Osteoporosis Canada, Educator Alberta; Ashley Holloway, Practical Nurse Educator, Bow Valley College; and Teresa Bateman, Director of Practice and Communication, CLPNA. You need integrity, professionalism, the ability to lead a team and think outside the box, said Tarkowski. Martin talked about the importance of mentorship and how teams readily accept his expertise. A challenge identified by Kilkenny was ensuring that leadership understands the LPN scope of practice, while Holloway encouraged LPNs to think about advancing within the practice, something she’s done as a master’s student in health administration. Bateman built on the theme of being well-grounded as LPNs and growing in the profession. Never lose your passion, she said.

Sarah Hoffman, Alberta’s Minister of Health and Seniors, closed out the day by emphasizing the value of the individual and supporting people in caring for themselves and loved ones, so that they can live with respect and dignity. Equal isn’t always fair and sometimes more effort needs to be put into ensuring the right care is being provided, she said, adding that one of her drivers is ensuring that more money is put into the front lines in the zones. Respect earns respect and the Minister reiterated her respect for the roles of LPNs.

The two previous Think Tanks have informed work throughout the health system and within the CLPNA. This year’s stands to do the same. Members are encouraged to mark their calendars when the dates for the 2016 Think Tank are announced.

The full report from the 2015 Think Tank is available on www.clpna.com.
LPNs Shine in Perioperative Nursing

By Holly Budd
Angie Miller has worked in many operating rooms over the years yet she is still awed by the procedures she gets to be a part of since beginning work at the Mazankowski Alberta Heart Institute (the Maz) last year. As a licensed practical nurse (LPN) with the perioperative nursing specialty, heart and lung transplants, cardiac bypass, valve replacement and pacemaker surgeries are becoming routine for the operating room (OR) veteran who spent time in orthopedic and general surgery before making the leap to cardiac surgery.

When she completed her LPN training, Miller certainly didn’t envision that her diploma would lead her to the OR or that the OR would even be an option.

“We see the heart every day – who can say that?” she marvels. “I really love the OR. It’s been amazing. I like continuously learning new things. That’s what intrigued me about coming to the Maz. I don’t know if I would’ve been a nurse this long if I hadn’t found the OR.”

Glenda Tarnowski, Practice Consultant with the College of Licensed Practical Nurses of Alberta (CLPNA) believes the role advancement for LPNs in the University of Alberta Hospital (UAH) and the Maz ORs over the last few years has made them the best perioperative LPN roles in Alberta and potentially, all of Canada.

“When you go through those OR doors, it’s like entering a different world. In terms of scope of practice, it’s very unique to that setting. It’s very multi-disciplinary. It’s not just RNs and physicians you’d see on the unit. In the OR, you’re adding in surgeons, perfusionists, anesthesia technicians, anesthetists, and X-ray technicians. You go from a team of two or three to a team of five or six or more,” said Tarnowski. “LPNs that take on the perioperative nursing specialty take on advanced knowledge, skill and ability to practice within this environment. Individual competence and interdisciplinary collaboration are essential to effective delivery of care”.

Not so many years ago, the idea – let alone the practice – of LPNs working and functioning as part of the surgical team would have seemed unlikely.

Michele Derbyshire, RN, is the unit manager of the Maz operating room and with her management team, has been
instrumental in evolving and supporting the roles and responsibilities within the OR on her site to match up with the scope of practice the CLPNA sets for LPNs with the perioperative specialty.

“We allow and expect our staff to work to their full scope of practice. It’s our expectation. They’ve been trained to do specific tasks. Why would we not allow them to do what they’ve been trained to do?” said Derbyshire.

Kenny Davidson, RN, is the Patient Care Manager for Adult Operative Services at the University of Alberta Hospital and along with Derbyshire, has been an advocate for advancing the role of LPNs within the OR.

Davidson and Derbyshire are both veterans of the operating room, having spent the majority of their careers there, first as frontline nurses and now in OR management. Both are passionate about surgery and developing excellent teams.

“If I was to take you to any OR right now, you would not be able to pick out who the RNs are and who the LPNs are. Everybody works to the same scope of basic practice with the RNs taking the leadership role,” Davidson explains.

The historical division between RNs and LPNs took time to move beyond. Both say there has been resistance to overcome throughout the process of encouraging LPNs to work to the full scope of practice within the OR, but that they have actively supported the working relationship between LPNs and RNs. The big change was the move to understanding that LPNs are responsible for their practice and accountable to their professional association.

“That’s the culture we’ve grown into with the LPNs. Recognizing and giving them the ability to work to their full scope of practice,” said Derbyshire. “We’ve developed that rapport between RNs and LPNs – that everyone is here as a professional. We foster a community that respects all its members and recognizes that all of their contributions are necessary to provide the best patient care.”

Melissa Olfert, RN, who works in otolaryngology surgery, agrees. “We’re interchangeable in the OR. We complete the same tasks, do the same things. Everything is collaborative and every discipline...”
is treated equally [in the OR]. Everyone pitches in. It’s such a supportive work environment,” Olfert said.

As LPNs have become more and more comfortable in the perioperative environment, some of the LPNs at UAH and the Maz have taken on a teaching role. “They’re now at a level where they are comfortable and supportive in preceptoring new students from the LPN perioperative course,” said Derbyshire.

In 2000, Aileen Campbell was one of the first LPNs hired by Derbyshire for the OR. After spending the first 17 years of her nursing career in continuing care, she attended the annual CLPNA conference where she heard about the perioperative educational opportunity. She was intrigued by the chance to learn something new. Fifteen years later, she primarily works in plastic and burn surgeries and has become so knowledgeable and has developed her clinical skills in that area that she can often be working in a role coordinating daily clinical care activities. The ability to support LPNs working to this level of practice is something both Derbyshire and Davison say may not happen in other ORs.

Campbell remembers her first surgery well. “My first day to observe was in a liver resection room. It was very overwhelming. I left a really good job and I was thinking, ‘What am I doing here?’” She now finds herself preceptoring recent graduates – both LPNs and RNs - and draws on those memories while showing them the ropes, “You get very comfortable [in the OR]. You have to remember that when you’re teaching students, you have to remember what your first day was like.”

In an OR, every member of the team is valued. Every member has an important contribution to make to ensure the success of the surgery and a positive outcome for the patient.

Having had a long career as a bedside nurse, Campbell says there are aspects of that she still misses, like collaborating with the family. In perioperative nursing, you see the patient once and you may not see them again once they leave the OR. “You always wonder how they’re doing, you always ask the surgeon how they’re doing,” she said.

It can be a challenge hiring for the operating rooms: it is a demanding environment not suited for everyone. But when you find the right fit, people don’t want to leave.

“The environment is exciting. You’re either saving someone’s life or actually making them better and giving them their life back,” said Davidson. “There’s a real technical side to the OR. You have to understand instruments, sutures. If you want to succeed as a nurse in the OR, you’ve got to understand the procedure as well as the surgeon does.”

In an OR, every member of the team is valued. Every member has an important contribution to make to ensure the success of the surgery and a positive outcome for the patient.

“Even though the surgeon is the one whose hands are making the surgery happen, you have to be able to follow what’s going on. As a nurse, if you can follow the surgery and put the right thing in the surgeon’s hands when they need it, that speeds up the surgery. Everything goes smoothly, there are no gaps, the OR nurse has the ability to decrease the length of an anaesthetic time,” said Davidson.

Derbyshire cites the bond between team members and the excitement of continually learning as draws of the operating room.
“It’s ever changing. New technologies, new equipment, new surgeons coming on board. As a teaching hospital, we’re able to teach our residents and new nurses, watch them grow and blossom into respected members of the team,” she said.

The intensity of the environment may not be for everyone. There is limited bedside nursing, but this limited time is very important for the patient and their family during their surgical journey. The acuity of patients is higher and their physiology and circumstances can change rapidly leading to quick changes and high demands on nursing staff.

There are two distinct roles for a perioperative nurse: circulating or scrubbing. The circulating role is the nurse in the room who is supporting the scrub team. The circulating nurse ensures availability of supplies, that charting and documentation is correct, and appropriately manages specimens. The scrub nurse is in the sterile field and responsible for the instruments, ensuring the flow of surgery goes well, and that the surgeons have what they need when they need it. Both are crucial to the overall performance of the surgical team.

Melissa Lorente, LPN, always wanted to work in the OR and leapt at the chance to accept a perioperative educational incentive. She has spent the last six years in the OR, currently working in urology surgery at the UAH. Her preceptor when she started was Campbell.

“I like patient contact, but I like the hands-on operative procedures more,” said Lorente, citing good organizational skills, ability to multitask, working well as part of team and being assertive as must-have skills for a nurse interested in making the leap to the OR.

Assertiveness is crucial in the operating room. Alberta Health Services requires the use of the Safe Surgery Checklist for accreditation, which was adapted from the World Health Organization’s Safe Surgical Checklist and aims to give everyone involved in a surgery permission to raise concerns about potential errors.
“Safe Surgery Checklist empowers people to have a voice without repercussion,” said Davidson.

“That empowerment comes from anyone on the team. It doesn’t have to be the anesthetist or the surgeon. It could be an LPN or RN. It’s essential everyone has a voice when it comes to patient safety,” adds Derbyshire.

Lorente appreciates this respect in the surgical environment.

“In the theatre, it doesn’t matter who we are, anybody will step up and say something if they have to. New people can find that hard, to say something,” she said. “A lot of nurses on the ward, don’t have that relationship with the surgeons and staff that we do. They feel like they can’t approach them, they have to let the charge nurse know.”

UAH and Maz surgical suites have embraced the LPN perioperative role and advanced LPNs that have demonstrated the knowledge, skill and ability to hold their own and given them a chance to shine. LPNs are involved in heart surgery, liver transplants, kidney transplants, and major burns. LPNs regularly coordinate the liver and plastic surgery teams.

“I don’t know what they expect when they come here, initially,” said Davidson. “Do they expect to be in a supplementary role like they are in some other areas? If you talk to some of the LPNs that have worked in other ORs, they typically practice in a supportive role. Here they are part of the team. The LPNs are excited by the fact that we support them to function to the full scope of their perioperative role using the skills they have learned.”

Andrea Di Marcello, LPN, moved into a perioperative role at the Maz just over a year ago. After working in dialysis for seven years she felt it was time to learn something new.

“It’s a lot to take in for the first while. When I first came, they said it takes a year to be comfortable and a year to be confident,” Dimarcello said. She says she’s never bored, and loves that her work is never routine. “I love looking at the body from the inside.”

Tarnowski herself spent many years in the OR, as an LPN with the Perioperative Nursing Specialty, a time which she remembers fondly.

“It’s a dance. It’s like a ballet. If you watch a finely-tuned surgical team operate together – it’s a choreographed practice. Everybody knows their role and their responsibility. It’s teamwork at its finest. You have to have the aptitude, the passion to be there. You can’t even predict the predictable,” she remembers.

“It’s about stepping up as an individual too. It’s being willing to take risks and push yourself and your own competencies to the level of expert.”

LPNs that take on the perioperative nursing specialty take on advanced knowledge, skill and ability to practice within this environment.
PHYSICAL ACTIVITY & SEDENTARY BEHAVIOUR IN ALBERTA, 2015

The Alberta Survey on Physical Activity has reported on adult physical activity status and determinants of physical activity in Alberta since 1993. As of 2015, sedentary behaviour was also examined.

Active living is a way of life that incorporates a combination of:
- 150 minutes of moderate-to-vigorous physical activity weekly,
- incidental physical activity every hour, and
- low levels of sedentary behaviour during waking hours.

The main findings and recommendations are included in this infographic. See the full report for more details.

The percent of physically active Albertans has remained consistent over the last decade.

On average, Albertans sit for 8 hours and 50 minutes per day.

We can all help Albertans move more often.

Personal habits, workplace cultures, neighborhoods and local policies can support an active lifestyle that enriches the health and quality of life of Albertans.

Full report is available at www.centre4activeliving.ca
Reprinted with the permission of the Alberta Centre for Active Living
Finding Purpose by Finding the Best in Others

Talking to an Award-winning LPN Educator

by Tara Hogue Harris

“What better way to serve others than through nursing?”

S

o says Darcy Shenfield, the 2015 recipient of the Rita McGregor Excellence in Nursing Education Award. In her work as Educator with the Good Samaritan Society (GSS), Darcy can be found at any of six sites in the West Central Region (from Spruce Grove to Hinton), facilitating education programs, coaching, and taking every opportunity to learn and share her love of learning with others.

This award isn’t the first recognition Darcy has received. Her creativity, flexible teaching style and desire to help students with different learning needs earned her workplace’s Innovation and Creativity Award in 2003 and the Teamwork award in 2006 and 2013. Her own quest for lifelong learning led her to complete the Certificate in Adult and Continuing Education (CACE) from the University of Alberta, which taught her a lot about herself, she says – “how I lead, how I work with others, how best to motivate people and how to get the best out of each team”.

Darcy also wears the hat of Dementia Care Expert, and works closely with the Alzheimer Society. She was one of the first Educators in the Edmonton area to teach the Supportive Pathways Course, a cutting-edge program that caters to the needs of long-term care residents living with dementia. She is also a Crisis Prevention Institute (CPI) instructor in non-violent intervention, and a casual instructor at NorQuest College, sharing her 26 years of experience and her love of learning with a new generation.

Why did you become a nurse?

Everyone is given gifts, and mine is the gift of servitude. To fulfill my soul, I need to serve others.

As for how, I graduated from NorQuest in the late eighties, at a time when LPNs and RNs weren’t finding jobs. I had a son and was about to get married, so I needed work right away and took a job as a health care aide (HCA) with the Good Samaritan Society. Because I wasn’t getting nursing hours, my license expired. Then when the CLPNA required mandatory upgrading as the profession changed from RNAs to LPNs, my employer said to me, “Upgrade. We need you as an LPN”. When I completed my upgrading, I was reinstated and then became a team leader.

What did becoming a team leader mean to you?

I think I was a natural leader already, so I just continued as part of the team. I did a lot of on-the-spot coaching. That’s your role as a team leader – to encourage people to grow in their role. I was always looking for what special skills each person could bring to the team, and how I could bring that out. As an HCA, I would have two or three students working with me, and as an LPN, I took both HCA and LPN students on. I would mentor new staff for their first three to six months or more, making sure they were integrating into the team, and answering follow-up questions.

How did your role and education change over time?

GSS had expanded bigtime by that point, and the education team needed to grow. They decided, why can’t we have LPN Educators? I felt that teaching on the floor came naturally to me but then I needed to learn about teaching in a classroom and different learning styles.

That’s when I took the Certificate in Adult and Continuing Education through the Faculty of Extension at the University of Alberta. I completed it in two years while working...
full-time. My kids were young when I did the LPN upgrading and I had promised them I wouldn’t go to school again until they were done school themselves. I actually completed the CACE course while they were in high school, and graduated with honours.

What has you excited at work these days?

For our annual education day at GSS, we’re running a virtual dementia tour. All staff – nursing, maintenance, housekeeping, food services, everyone – are experiencing five minutes of what it might be like for a person with dementia. We’re altering hearing, vision and motor skills and asking them to do five activities of daily living. We’re hearing that this is transformative learning. Staff tell us it’s changing how they work with residents on the very next shift.

Tell us about life outside of work.

Volunteering is important to me. I’ve supervised CLPNA exams and worked on the Continuing Competence committee. I work with Parkland Turning Points, an agency that helps families experiencing domestic violence, and I teach a session on transitioning to long term care at the Alzheimer Society. I’m an empty nester now, and I keep busy with hobbies, walking my dog and I stay connected with a great circle of friends.

What advice would you give an LPN looking to follow in your footsteps?

Start by looking for opportunities today where you can coach and mentor others. As an LPN, we’re in a leadership role. Ask yourself, what skills can I bring out in the HCAs I work with, or the students that come into my building? This isn’t a burden, it’s a growth opportunity. Participate in any committee. All are opportunities for growth.

I love my job as an Educator. It’s where I’ve flourished. I see having students as a blessing!

The CLPNA congratulates Darcy on her accomplishments and is proud to recognize the excellence she brings to the profession.
Can Decreasing Antipsychotic Use Lead to Growth in Mental and Emotional Health?
By Verdeen Bueckert, MCL, BScN

While working in an acute medical inpatient unit, I met three women who changed my perspective on seniors care.

L was a high functioning executive until Lewy body dementia eroded her cognition. It took 40 minutes and four nurses to restrain her and provide personal care, which distressed her for the rest of the day. But there was one health care aide who used gentle strategy to avoid force and resistance. I wondered... how often is there a better way?

S loved to sing and dance, until dementia stripped her of her sense of fashion and dignity. One day, as she struggled down the hall between two security guards, I opened a door, turned around and found her in my arms. She decided I was her sister, and I tried to live up to that. We went for short walks on my breaks, and I often stopped to say hello and give her a hug. I wondered... what difference could it make if we all took simple steps to develop trust and caring relationships?

J had always been physically active, and loved to walk her little dog. Naturally, she continued to walk constantly, sometimes off the unit. She resented the implication that she was lost or wandering. “I was walking!” she emphasized. I noticed... there’s a dignified adult who deserves respect. One day at shift change, we had coffee together in my office. It was such a normal moment: two people enjoying a break. I wondered... how often could a simple intervention prevent agitation caused by overstimulation, boredom or loneliness?

The Appropriate Use of Antipsychotics (AUA) provincial project, initiated by the Seniors Health and Addictions and Mental Health Strategic Clinical Networks, is more than the “change flavour of the month.” It represents a change in practice – a shift away from drugs and towards the biopsychosocial model of excellent nursing care.

The AUA project team supports long-term care (LTC) staff as they seek to replace the use of antipsychotics–when possible– with more person-centred strategies. Eleven LTC early adopter sites reduced their collective use of antipsychotics by half within nine months, positively impacting residents, families and staff.

Risks of Antipsychotic Use
In the 1950s, antipsychotics such as Haldol enabled people with schizophrenia to live normal lives in their own homes. They were also used to treat similar symptoms in dementia such as delusions, hallucinations, agitation and aggression. In the 1990s, concerns over side-effects prompted the switch to atypical antipsychotics such as risperidone (Risperdal), quetiapine (Sero-
The Project

Keeping these risks and the appropriate research in mind, the AUA project team created methods of assessing the use of antipsychotics in long-term care facilities. The first method is to perform monthly reviews of those on antipsychotics, to assess for purpose, effect and side-effects, by an interdisciplinary team including nursing, pharmacy, physician and allied health.

Second, a care plan process was developed that brings together nurses and healthcare aides to strategize and implement person-centred approaches for responsive behaviours. The project team also emphasized staff education, specifically implementation of dementia education, awareness of antipsychotic side-effects and risks, and attention to underlying factors such as pain, constipation and sleep.

Another method used was family/alternate decision-maker involvement. Care providers would have discussions with family or decision-makers about risks and reasons for antipsychotic medications, with the opportunity to provide (or refuse) consent.

Finally, there is a focus on collecting and sharing resources among the sites, specifically on the Continuing Care Desktop and AHS Seniors Health Strategic Clinical Network external website.

The project was not without concerns, though. A 2005 survey of Canadian nurses found 30 per cent of those working in hospitals, and 50 per cent working in long-term care reported they had been physically assaulted by a patient/resident in the previous year, so increased aggression while off antipsychotic medication was a risk factor. There was also a concern that implementing this project would result in the need for increased staff members or current staff hours; attending to confused, frightened, dependent people is time-consuming.

Behaviours/conditions not improved by antipsychotics:
- Wandering
- Undressing/not dressing suitably
- Hiding or hoarding things
- Eating things not fit to eat
- Repetitive words and behaviours (clapping, calling out)
- Interfering with others (pushing those in wheelchairs)
- Inappropriate urination or defecation (voiding in the plants, smearing feces)

Behaviours/conditions that may be improved:
- Certain mental health conditions such as schizophrenia; mania in bipolar disorder
- Adjunctive treatment of major depression that doesn’t respond to antidepressants
- Disturbing hallucinations and delusions
- Physical and verbal aggression that endangers self and others.
The Results
The evaluation showed that the eleven early adopter sites are quieter and calmer. Residents are less confused, and communicate their needs instead of screaming. They’re more active and less dependent. They’ve re-engaged socially with families and other residents and participate in activities. It took time up front to figure out more person-centred strategies, but there was no need for increased staffing. Each success empowered front-line providers to look for the reasons behind the behaviours of even the most challenging residents.

Here are some examples:
- A resident was prescribed antipsychotics to help manage hallucinations associated with delirium caused by a urinary tract infection. After the hallucinations resolved, the antipsychotic wasn’t discontinued. He experienced approximately 45 aggressive episodes per month until the team tapered and discontinued the medication. He’s had no further incidents of aggression.
- A resident ‘screamed’ every afternoon around 2 p.m., causing others to be unsettled and call out or scream. Instead of medication, staff assisted her to bed for a nap. Now she’s more settled.
- One extremely agitated resident was given a drug holiday. When her 14 medications were removed, the underlying problem became clear: hemorrhoids. She’s now on three medications, knows the other residents by name and helps them to their activities.

Antipsychotics are not always the best treatment for dementia. When used inappropriately, they’re chemical restraints. They’re to be used sparingly while better solutions are explored. Not surprisingly, cognitive impairment often improves when we take away a medication that causes confusion, sedation and agitation. In fact, atypical antipsychotics worsen cognitive function at a magnitude consistent with one year’s deterioration compared to placebo. Where do we go from here? The eleven early adopter units are spreading their successes within their sites and organizations, provincially and nationally. The AUA project team is extending support to the remaining 164 long-term care centres in Alberta. Interest is stirring in some acute care hospitals and supportive living facilities.

Beyond Alberta, the world is watching. Global attention is focused on the growing prevalence of dementia and the needs of older adults. Alberta LTC nurses are poised to inform dementia care practices nationally and internationally. This is a proud and historical time for gerontological nurses everywhere, and a time to recognize this nursing specialty for what it is: a tremendously rewarding calling and career choice.

Reprinted with permission from Alberta RN (ISSN 1481-9988) Summer 2014 Volume 70 No 2 © College and Association of Registered Nurses of Alberta (CARNA).
Endnotes are available on request.
2016 marks 30 years of self-regulation for the Licensed Practical Nurse profession. That’s a generation of LPNs governing LPNs; developing our own practice, registration, and conduct.

What an opportunity to reflect on where our profession has come from and where we are going! Changes encountered through our history and those on their way.

As trends in demographics and technology impact every health professional, let’s learn from those who have been there through the decades, evolving for today and tomorrow.

You’re invited to come along with us to our Annual General Meeting and Conference.
That's a generation of LPNs governing LPNs; developing our own practice, registration, and conduct.

What an opportunity to reflect on where our profession has come from and where we are going! Changes encountered through our history and those on their way. As trends in demographics and technology impact every health professional, let's learn from those who have been there through the decades, evolving for today and tomorrow.

You're invited to come along with us to our Annual General Meeting and Conference.

Keynote Speaker

**Dr. David Sheard** - Chief Executive and Founder, Dementia Care Matters

Be moved and motivated by David Sheard's uniquely humanizing approach to dementia care. Over the last 30 years, Dr. Sheard has developed a reputation as a challenging and motivational speaker as a leading dementia care consultant in the UK, Ireland, USA and Canada. He has an appointment as a Visiting Senior fellow in the School of Health and Social Care, University of Surrey, and holds the Honorary degree award of Doctor of the University (DUniv). After 15 years in health and social services in specialist dementia care, including as a General Manager-Old Age Psychiatry in an NHS Trust, he founded Dementia Care Matters in 1995. Dr. Sheard believes effective dementia care is about emotional care, something we all need in life.

See all speakers at [www.CLPNAconference.com](http://www.CLPNAconference.com)
Saison Demitor shares her nursing skills with the citizens of Ecuador as part of a volunteer medical team, and was happy to share her story with CARE magazine as well. She graduated from NorQuest College in Edmonton in 1999, and completed MacEwan’s Perioperative Nursing certificate soon after. Saison has worked in operating rooms at the University of Alberta Hospital, Grey Nuns Community Hospital and is currently working in the OR in Westlock, AB. On her next trip to Ecuador, she plans to stay sixteen days instead of her usual ten. Each team member must raise $3000 to cover the cost of their travel, accommodations, meals and a portion of the medical supplies. For more information on CAMTA, to apply or to donate, please visit camta.com.

Changing Lives in Ecuador

By Saison Demitor, LPN

I was working at the University of Alberta Hospital in the operating room when I first heard about an organization called CAMTA: the Canadian Association of Medical Teams Abroad. During one of our weekly staff meetings, Eileen, a registered nurse, stood up and told us about a medical mission she was going on to Ecuador with CAMTA to do both adult and pediatric orthopedic surgeries. Her enthusiasm was contagious, and her goal was both to inform and to fundraise. I happily handed her a cheque, and looked forward to hearing about the mission once she returned. I continued to donate annually, as I believed in their cause and liked that it was a local group that founded the charity.

A few years later, in December of 2005, I got a call from Eileen. She said that an OR nurse had suddenly backed out of her commitment to go on the following mission to Ecuador, and she asked if I wanted to go. I excitedly said yes, and began fundraising immediately. I joined the 2006 mission and have been hooked ever since.

The Canadian Association of Medical Teams Abroad has been in operation since 2001 and went on their first mission to Ecuador in 2002. Their mission statement is:

“To enhance the lives of those citizens in developing countries who are desperately in need of first world medical intervention by providing medical and surgical care as well as public health and ongoing education. To work together both here and abroad through mutual respect and effective communication.”

Almost 100 members travelled on our most recent mission to Ecuador. This allows us to perform up to forty total hip
replacements on adults, and thirty to forty pediatric surgeries. CAMTA’s growth has been incredible and remains manageable due to our relationship with the Tierra Nueva Foundation in Quito, Ecuador. The foundation connects us with possible patients and allows for patient follow-up once the teams leave.

My first trip with CAMTA was exciting, and exhausting. We spent 21 hours traveling to Quito. Once there, we unpacked our supplies and set up the operating rooms as best we could. While the nurses set up the OR, the surgeons, anesthesiologists, ward nurses, and physiotherapists ran a clinic to assess the potential patients to see if they were good candidates for surgery.

Most of us chuckled at the differences from Canadian hospital equipment: small scrub tables, low overhead lights, wobbly mayo stands, glass suction canisters, and ancient defibrillators. Once our week of surgeries started, though, we quickly adapted to our new environment. It’s part of the adventure!

I took a few years off from going to Ecuador to have children. Now that they are a manageable age to leave home with Daddy, I have returned to the team. 2016 will be my fifth year with CAMTA, and I’ve been pleased that my LPN/ORT skills and scope of practice are recognized by them. In fact, when Eileen retired from CAMTA as the pediatric team lead, I was asked to step in. Last year was my first year in the role, and having been an Operating Room LPN for 15 years, I was ready for this new challenge. I am able to prepare before the mission, making packing lists, ordering supplies and implants (such as plates and screws). Once in Quito, I manage the flow of the cases, making sure that our supplies and instruments are available and sterilized on time for the surgeries. All members of the surgical team work wonderfully together.

Our jobs here in Alberta are imperative to our fellow Canadians. We offer a service that is accessible and affordable. While I enjoy my work here, I am refueled by my ability to serve in a developing country. A large number of Ecuadoreans cannot afford surgery. A total hip replacement is life-changing. Many were not able to walk without debilitating pain, resulting in loss of livelihood. Children born with clubbed feet or hip dysplasia may never walk properly without medical intervention. CAMTA has allowed me to use my professional skills to help change the lives of some wonderfully grateful people, and I know that they have forever changed my life as well.

Public Can Dial 811 for Dementia Advice

Albertans can now receive specialized dementia advice available through Health Link. This service helps support individuals and caregivers living with dementia, including those with Alzheimer’s disease.

The dementia advice service was introduced in September 2015 to those calling Health Link from the South, Central and North Zones of Alberta Health Services (AHS) and is expected to expand province-wide in the spring of 2016.

What is dementia?
Dementia is a syndrome which affects memory, thinking, orientation, judgment and ability to carry out daily activities. The most common type of dementia is Alzheimer’s disease.

How to access the service
By dialing 811, callers will reach Health Link staff who can assess their needs and provide immediate advice for their concerns, 24/7. When needed, callers can also be referred to a specialized dementia nurse for additional support.

How a dementia nurse can help
The dementia nurse, who has extensive training and experience in seniors’ health, will be able to do a more in-depth assessment to gain an understanding of each individual situation. They will provide support and advice to patients and caregivers, as well as link callers to services available in their community.

Why dementia advice is needed
Dementia is expected to more than double in Alberta as the baby boom generation moves into older age. By 2038, it is estimated that about one in ten Albertans over the age of 65 and nearly half over age 90 will be living with dementia.
CAREER OPPORTUNITIES
Licensed Practical Nurses

Discover a culture of care based on collaboration and values.
Alberta Health Services (AHS) provides the highest quality patient care by placing the needs of our patients, families and communities first.
Working here allows you to make a meaningful difference in the lives of Albertans.
With competitive wages, great benefits, and flexible hours, we enable a better quality of life for both you and your family.

what’s your reason?

www.albertahealthservices.ca/careers
For more information email careers@albertahealthservices.ca

As a group, you can save more on your home and auto insurance

Get your exclusive group rates!
1-888-476-8737
thepersonal.com/clpna

Certain conditions apply. The Personal refers to The Personal General Insurance Inc. in Quebec and The Personal Insurance Company in all other provinces and territories. Auto Insurance is not available in Manitoba, Saskatchewan and British Columbia due to government-run plans.

Get a quote today and you could win $30,000
Towards an eco-friendly trip of a lifetime!
Learn more at thepersonal.com/mywinningquote

No purchase necessary. The contest ends on December 31, 2015. The draw will take place on January 15, 2016. Total of one (1) prize to choose between a travel voucher worth $30,000 (CAN) exchangeable for an eco-friendly trip from a travel agency chosen by The Personal, or a cheque for $30,000 (CAN). Contest rules and details available at thepersonal.com/mywinningquote.
Starting IVs is both a skill and an art that nurses perfect over hours of training and practice. Now new technology is adding another dimension to that skill, and offering greater peace of mind to patients as well. Vein illumination is becoming an increasingly common tool in the quest to improve IV access.

“When a patient comes in saying ‘I don’t have good veins’, I can show them ‘You have four beautiful veins right here’”, says Jody Lovely, licensed practical nurse at the Home Parenteral Therapy Program (HPTP) at Calgary’s South Health Campus. Nurses in the HPTP Clinic do outpatient IV microbial therapy, as well as inpatient IV therapy.

“A lot of our patients are dehydrated and feeling unwell, with lots of comorbidities”, notes Tara Gallinger, also an LPN at the clinic. “Many don’t have ideal veins for IVs”.

The VeinViewer Vision 2 is the vein illuminator used at the HTPT Clinic. It projects harmless near-infrared light onto the skin. The light is absorbed by blood but reflected by surrounding tissue, illuminating veins in green, pink or yellow – options that allow the technology to work well with a range of skin tones. Bifurcations, valves and peripheral veins show up too, making it easier for health professionals to assess and find the best place to start an IV.

Jody and Tara like that the viewer has a flexible, retractable arm that can be pulled out and rotated 360 degrees. While quite large and on wheels, it’s battery-powered so it can easily move where they need it. They can plug it in overnight and it will hold a charge for up to two days. They estimate that they use it on 70 to 75 percent of those patients with difficult IV starts, (which is about 20 to 25 percent of all patients in the clinic), with overwhelmingly positive results.

“Most patients enjoy it”, says Tara. They’re pleasantly distracted to see what veins look like, and that reduces anxiety and tension. When asked if there’s anyone the technology doesn’t work on, the two nurses can’t think of any examples. “It’s good with people who are overweight or diabetic”, they note, and also beneficial for those who have been through chemo. “Those patients can have small or fragile veins, and this lets us protect the healthy veins”.

Non-invasive, easy to use and calming for patients - this technology can be called a clear winner for these LPNs and the people they serve.
Embracing a Multi-Generational Workforce: Here’s how to do it.

By AMA Practice Management Staff

It is likely that you’re working with several generations in your work environment. It’s not uncommon for four, or possibly five, generations to be working side-by-side. This presents some challenges but also great opportunities for leveraging diverse skills and strengths.

Each generation is shaped through their shared experiences and values which in turn influence how they interact and are motivated in the workplace. Understanding the strengths and motivators of each generation is important to achieving cohesiveness and effective working relationships.

Five generational categories are generally recognized:
• Veterans (born 1930-45)
• Baby Boomers (born 1946-64)
• Generation Xers (born 1965-76)
• Generation Yers (born 1977-90)
• Millennials (born since 1991)

Work Style

Each generation tends to have a preferred work style. Veterans prefer detailed directions and guidance. Baby Boomers work best in teams, value meetings and ask for direction when needed. Generation Xers, many of whom grew up as “latchkey” kids, are independent, resilient and adaptable. They work best when they are empowered to work alone to get the needed result. Generation Yers respond well to workplace structure, challenges and coaching. Similar to Baby Boomers, they work well in team situations.

Work/life balance has a different meaning to each generation. It’s no surprise: Veterans and Baby Boomers believe hard work leads to success and expect to adapt personal life to the needs of the organization. Generation Xers enjoy challenging work but want balance in their lives, while Generation Yers are committed to their careers but expect the flexibility of time and technology.

Communication

Providing effective feedback to different generations varies by generation. Veterans tend to operate on the premise that “no news is good news” and expect feedback only when a goal is met. Baby Boomers expect corporate accomplishments to be recognized through promotions, a hierarchy of titles and yearly pay raises. Generation Xers and Generation Yers both seek immediate and continual feedback to assure they are on target with organizational goals. Generation Yers have been raised with high expectations and abundant praise; they appreciate immediate rewards and feedback.

Finding the right method or approach to communicating with the various generations can be challenging. The Veterans are used to formality – a memo, personal conversation or a phone call. Baby Boomers also respond best to personal contact but have adapted to voice mail and email. Generation Xers expect the direct, immediate response that email and instant messaging bring, while Generation Yers and Millennials have been communicating via technology all their lives. They are most comfortable with cell phones, texting and utilizing social networking.
Relationships

The explosion of social media has heralded the arrival of the virtual relationship and Generation Yers are leading the charge. Generation X/Baby Boomers are more likely to value fewer, more personal relationships over an extended network of affinity-based connections. Expectations on how to manage conflict also vary by generations. Veterans grew up respecting authority and utilizing the corporate chain of command to resolve conflict. Baby Boomers tend to value team consensus. Generation Xers prefer to resolve problems immediately and directly, while Generation Yers proactively utilize the conflict management skills taught during school years.

Managing the Generations

The conventional employer relationship is not necessarily a thing of the past, but it is no longer the standard – or won’t be for long. We need to recognize this as not just an adjustment in leadership, but a cultural shift in the workplace. While the roles of employee and manager will continue to morph, the dynamic will always be there.

Here are some suggestions if you are part of the Veteran/Baby Boomers/Generation X generations:

- Start listening; stop assuming. Engage younger employees and listen to what they have to say.
- Start viewing Generation Y as a strategic business investment – invest resources and time in engaging, training, developing and retaining our future leaders. They will someday run our organizations!
- “Do as I say, not as I do” won’t work – the new generation is bright, they watch and learn. If they desire reasons for why we do things, tell them.
- Tap into their skills and social influence – this generation grew up with advanced technology and instant access to information. They want to make a difference and they follow trustworthy leaders.

Here are some suggestions if you are part of the Generation Y/Millennial generations:

- Be patient – it takes time to earn trust and to impress people with your abilities. Being patient will pay off in long-term confidence in you.
- Keep texting to your personal life – although texting is your norm, the abbreviated style of texting to communicate is typically not well received in most businesses and may be viewed as ambivalence. Full sentences please – LOL.
- Pursue mentors and advocates – there is enormous value in having experienced guides to help you navigate your career. Many leaders are willing to be a mentor, but you must win their advocacy first by showing your commitment to the relationship.
- Embracing the generations can be effective and powerful in your organization. When creating a new project or solving a problem, develop teams that draw from a cross-section of skills and ages to maximize the strengths of each generation.
- Finally, keep in mind, no matter what generation you are working with, everyone likes to feel engaged and valued. Clear and good communication can go a long way, no matter how old or young one is.

Here’s to finding our way forward together!

Reprinted with permission from the Alberta Medical Association’s Alberta Doctors’ Digest
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

AHS Education Resource Centre for Continuing Care
www.educationresourcecentre.ca

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
LPN Professional Development Strategy Drives New Career Infusion Portal

The five-phase Donner-Wheeler Career Planning and Development Model forms the foundation for Career Directions. This model provides a process to move from recognizing career possibilities to taking action. The model is focused on professional development and is designed for you to take greater ownership of your career and to help you prepare for an ever-changing workplace environment.

In your nursing career, the model will assist you to:
• understand the environment in which you live and work;
• assess your strengths and limitations and then validate that assessment;
• articulate a vision for your career;
• develop a realistic plan for the future; and
• market yourself to achieve desired career goals.

Career Directions will introduce you to the concepts, skills, and tools of career planning and development through a series of multimedia videos. The video portion of each module will take approximately five minutes to complete. Then, there is an opportunity to explore what each module means to your career with independently completed activities. The activities are in PDF format, so you can download them, work on them at your leisure and keep them to revise and change as you develop over time. There are also links to additional resources, including information and tips on resumes and interviews.

Mentorship Program

The CLPNA is also developing a Mentorship Program to support LPNs. LPNs may use a mentorship relationship to help increase enjoyment of and satisfaction with their current role and assist them in achieving career goals. The program is expected to launch in Spring 2016.

The CLPNA looks forward to sharing more exciting information as we develop the program.

For more information, go to www.clpna.com, “I Am a Member”, and “Career Infusion Portal”. Or contact the CLPNA’s Professional Development Consultants at info@clpna.com, 780-484-8886 or 1-800-661-5877 (toll free in Alberta).
As the year draws to a close, time is also running out for LPNs to complete their Registration Renewal application for the 2016 calendar year. Most Active Practice Permits expire on December 31, 2015.

Members must renew in order to:
- work in Alberta as a Licensed Practical Nurse in 2016 (registration type Active)
- OR change registration type to non-practicing (Active to Associate; or Active to Inactive; or Associate to Inactive)
- receive regulatory and practice information
- keep registration in good standing

Practicing Without a Current Practice Permit is Illegal
To work as a Licensed Practical Nurse in Alberta and use the title ‘LPN’, individuals must have a current, valid CLPNA Practice Permit (Section 43 of the Health Professions Act). Violation will subject the individual to disciplinary action, including fines of $500 and up.

Registration Renewal Fees & Deadlines

<table>
<thead>
<tr>
<th>2016 REGISTRATION FEES FOR ACTIVE PRACTICE PERMIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fees Paid After January 1</td>
</tr>
<tr>
<td>$400</td>
</tr>
</tbody>
</table>

Fees may be paid online by credit card (VISA or MasterCard), INTERAC® Online (TD Canada Trust or RBC only), or by previous enrollment in Pre-Authorized Payment Plan (PAP). All fees will change at 12:00am (midnight) on the dates listed. CLPNA Payment Policy states that registration fees are not pro-rated and are non-refundable. All fees are in Canadian dollars. If unable to use the above payment methods, contact CLPNA during business hours to make alternate arrangements.

After December 31, applicants seeking an Active Practice Permit must contact CLPNA and request a Reinstatement Application Form.

Associate Membership
Members who do not plan to practice in 2016 as an LPN in Alberta but may return to practice in the future are encouraged to renew as an Associate for $50. Associate status does not allow you to work as a LPN.

Members Not Renewing
Members who do not plan to practice in 2016 as an LPN in Alberta should officially notify CLPNA by changing their registration type to “inactive” on their 2016 Registration Renewal.

Proof of Registration on Public Registry
Employers requiring proof of LPN registration status can find this and more on CLPNA’s Public Registry at www.clpna.com.

To begin the 2016 Registration Renewal process, go to www.clpna.com and click on the blue “myCLPNA Login” link in the upper right corner. For our step-by-step “How To Guide for 2016 Registration Renewal”, go to www.CLPNA.com, “I Am a Member”, “Registration Renewal”.

30 care | VOLUME 29 ISSUE 4
Ready, Click, Win(ner)!

For completing her 2016 Registration Renewal by November 1, Diane Paley, LPN won $350! Congratulations, Diane! The CLPNA thanks you and the thousands of other members for renewing early.

*Prize is equivalent to Active Registration Renewal Fee. To be eligible, members must submit a complete 2016 Registration Renewal for an Active Practice Permit by November 1, 2015.

CLPNA HOLIDAY HOURS

Regular Office Hours
Mon – Fri, 8:30am – 4:30pm

December 21-25 CLOSED
December 28-30 OPEN
December 31 closed 2:00pm
January 1 CLOSED

Stop Losing Track of Your Continuing Education

When did I take that course? What did I learn at that in-service? How can I keep track of it all?

Document all your continuing education and learning activities using CLPNA’s online Record of Learning. The Record of Learning is an online tool in your member profile at myCLPNA.com that can be used to document and record all continuing education you complete any time during the year.

CLPNA recommends that you maintain learning/education records for a minimum of four years; however, many keep learning/education records for their entire career. CLPNA may request copies of verification of learning records from LPNs during the annual Continuing Competency Program Validation (CCPV) process, which impacts 20% of eligible members every year.

For those who prefer a paper-based tracking system, the Record of Professional Activities form can also be used to track what you learned, how you completed the learning, and a summary of the completed learning. Learning records are necessary to complete annual Registration Renewal and the CCPV.

Members can start using their Record of Learning now by logging into https://www.myCLPNA.com, or going to www.clpna.com and clicking on the blue “myCLPNA” link in the top right corner. Complete details are available on the Continuing Competency Program’s Tracking Tool.
In our evolving healthcare system, nurses must continually enhance and expand their knowledge and abilities to maintain a level of competence equal to their role, responsibilities and practice setting.

LPNs are provided a formal means to address learning needs, set a realistic timeline, participate in learning at every opportunity, and successfully complete a learning plan each year through the CLPNA’s Continuing Competency Program (CCP).

Now the CLPNA has developed new tools based on a 5 Step Model to help simplify the process. The Continuing Competency Program’s 5 Steps are reflect/assess, plan, implement, evaluate and record.

The tools easily guide you through the entire CCP process from simplifying Learning Plan development to our new online Record of Learning Tool to help track your ongoing education. They will also help you prepare solid documentation for when you are selected to participate in annual CCP Validation. The CLPNA strongly recommends using these tools before Registration Renewal and periodically throughout the year.

**Continuing Competency Program Tools**

- **Reflection Tool** – A question-based tool to guide self-reflection.
- **Self-Assessment Tool** – A systematic template to self-assess competence using the Standards of Practice.
- **Learning Plan** – An outline of how you will manage identified learning needs you have chosen through reflection and/or self-assessment.
- **Tracking Tool** – Tools to evaluate what you learned and how you completed this learning.

You should keep the Guide, Reflection Tool, Self-Assessment Tool, Learning Plan and records of learning as part of your learning records. Your learning records become part of your professional portfolio, which can hold records of all professional education you have completed. Your Learning Plan should be reviewed regularly and used when establishing your next year’s Learning Plan. Employer learning records, education certificates, or transcripts should be saved for future reference.

As a licensed practical nurse, you have a professional and legal responsibility to ensure that your practice and conduct meet current healthcare demands. The Continuing Competency Program (CCP) offers you an opportunity to engage in activities that contribute to the development of nursing competencies to achieve optimum personal and professional growth throughout your career. Annual assessment of competence will help you to determine personal strengths and areas you would like to strengthen through self-reflection, lifelong learning and the integration of learning into practice.

The CCP Tools and complete information can be found on www.clpna.com, "I Am A Member", "Continuing Competency Program".
Getting to Know our... Research and Policy Staff

Three newly-created unique positions stand out at the College of Licensed Practical Nurses of Alberta. The new staff members include two Directors and a Consultant in the areas of research, policy, and practice, and bring strong backgrounds as frontline nurses with advanced education and extensive experience. The CLPNA is excited about the possibilities they open to the LPN profession.

Leah Phillips, PhD, was welcomed as Director of Research in Executive Director Linda Stanger’s fall editorial: “The Director of Research will… develop a research and knowledge integration plan that will inform our practice, our policies, and our place in the healthcare system.”

Dr. Phillips is also an Adjunct Professor in the Faculty of Rehabilitation Medicine at the University of Alberta. She received a Master of Arts in Sociology and her PhD in Public Health from the University of Alberta. Early in her career, she worked as an LPN in post-operative orthopedic surgery and psychiatry.

Dr. Phillips has held several positions with Alberta Health Services, including Assistant Scientific Director for the Primary Health Care, Kidney and Bone and Joint Health Strategic Clinical Networks and was the Senior Information Analyst with the Provincial Trauma Program. She was Program Manager for the Western Regional Training Centre for Health Services Research.

As the Director of Policy Development, Shirley Pate is responsible for the overall architecture of policy development for the LPN profession, including those related to the LPN Profession Regulation, Standards of Practice and Code of Ethics, Practice Policies and Position Statements.

Fortunately, none of this is new to her. Until recently, Ms. Pate was a Policy Analyst for Health Human Resource Planning and Strategy Branch, Professional Services and Health Benefits Division at Alberta Health.

Ms. Pate’s extensive nursing and legal background brings her real-world, local understanding of healthcare complexities. She started her healthcare career as a Certified Nursing Assistant in Saskatchewan, completed a diploma and then a Bachelors of Science in Nursing, and practiced as a Registered Nurse. A law degree earned in 1997 set her career moving in a different, but complementary, direction.

Jeanne Weis, RN, BN, calls her new role as Practice, Policy and Research Consultant a “wonderful opportunity.” Working in healthcare for over 20 years progressively as an HCA, LPN, RN, and as a nurse educator, Ms. Weis will soon earn her Masters in Nursing with an education focus.

Additionally, she is a partner in research related to LPN competencies in education. Through collaboration with a University of Alberta research team, she is actively exploring innovative methodologies to enhance healthcare practice in Alberta.

As Associate Chair for the Practical Nurse program at NorQuest College and an instructor, she’s taught LPNs in theory, clinical and lab settings. Many of her years in nursing practice were specialized in palliative care, both as an LPN and RN, in acute and community palliative care, research and program management. “Palliative care…as an LPN (is where) I found my true passion for nursing.”
Dear Santa,

All I want for Christmas is a new car, a vacation to Tahiti and a bit of a youthful glow…

Not asking too much, is it? Poor Santa, dealing with such difficult requests is not an easy job. He simply is not rich, cannot fit cars on his sleigh and does not work in the business of enhancing youth.

Many LPNs in Alberta specialize in the area of dermatology and will be providing dermatologic treatments during the holiday season. These procedures involve injections to soften the look of wrinkles and relax facial muscle contractions, as is the case for crow’s feet and frown lines.

Dermatology specialization by LPNs has grown substantially in recent years and is also an area of practice that presents many questions. In providing a clear understanding around the parameters of LPN practice in this specialized area of care, you can determine if you can provide dermatologic injections as part of your LPN practice.

Dermatological Training Required

Before you begin providing dermatological procedures, theoretical and practical education as well as competence in intramuscular, intradermal and subcutaneous injections is required. This knowledge and skill has been included in the practical nurse base program in recent years. If you did not receive this in your PN education or a significant amount of time has passed since you last had opportunity to practice this skill, it is a competence that you require in order to work in a dermatology setting.

Specialized dermatology education and training, including a theoretical component, as well as supervision in clinical practice is required. This education may be acquired through your employer and should include interventions and treatments specific to your practice setting with hands-on experience until competency to perform this skill with independence has been achieved.

The knowledge required for practice includes:

- Knowing the anatomy and physiology of the treatment area.
- Assessing your patient fully to ensure they have a complete understanding of the treatment, medication and procedure prior to commencing.
- Knowing the pharmacology related to dermatological medications including the routes of administration, potential side effects, and contraindications as well as possible complications and how to manage them.

Essential Responsibilities

All LPNs are accountable and responsible in their practice to provide safe, competent and ethical care.

It is essential to:

- Ensure you are working within your role description, LPN competencies and the policies and procedures of your employer.
- Comply with the regulatory and legislative standards of practice (Health Professions Act, 2003) and authorized LPN restricted activities legislation.
- Review the CLPNA’s Competency Profile for LPNs, 3rd Ed. (2015), and ensure you fully understand the dermatologic competencies and have the informal or formal certification to provide these procedures safely.
- Ask for assistance when the skill or competency is beyond your knowledge or training.

And finally, regulation guidelines indicate that “LPNs working in dermatology settings must have direct or indirect supervision from a physician trained in dermatology, who is on-site and available to assist as necessary.”

Once you have ensured you have the knowledge, competency and ability to practice safely, you may give the gift that many are asking for.

Now that we have tackled youth…how can we work on fitting that car and trip into the sleigh?

Still have questions? Ask one of the CLPNA’s Practice Consultants at practice@clpna.com, 780-484-8886 or 1-800-661-5877 (toll free in Alberta).
Donations to Assist LPN Education

Since its inception in 2006, the Fredrickson-McGregor Education Foundation has been proudly assisting LPNs with their continuing educational goals. If you are an LPN who has utilized the Education Grant Program, please consider donating to the Foundation. Your gift goes a long way in assisting other LPNs like Avinash Jared:

“I would like to thank the Fredrickson-McGregor Education Foundation for helping us, LPNs, to achieve our goals through continuing education and would definitely recommend the (Education Grant Program) to my co-workers. The IV Certification and Phlebotomy workshop taught me how to record the electrocardiogram, how to describe and diagram the events in the normal cardiac cycle, and understanding artifacts.”

There are many ways to give including Monthly Donations, Annual Gifts, In Celebration (birthday, wedding, anniversary or retirement), In Memorium, and In Appreciation.

You would not only receive a tax deductible receipt but also the satisfaction of knowing that you have helped your fellow LPNs with their educational goals, but also assist the Foundation so we can keep offering educational grants to the LPNs of Alberta.

Visit our website at Foundation@clpna.com for more information on how to donate.

Fredrickson-McGregor EDUCATION FOUNDATION
For LPNs

Computer-based Testing for National CPNRE Exam Coming in May

The College of Licensed Practical Nurses of Alberta (CLPNA) is very pleased to be collaborating with other provincial regulatory colleagues and Assessment Strategies Inc. to implement computer-based testing to deliver the Canadian Practical Nurse Registration Examination (CPNRE®) starting in May 2016.

Computer-based testing allows test writers to take the CPNRE® on a computer in a proctored test centre. This allows Regulators to offer the CPNRE® more often and at more sites across Canada.

The content of the Canadian Practical Nurse Registration Examination will not change. The 180 multiple-choice questions cover the same Canadian-developed entry-to-practice competencies as it did before, and the standard used to establish the pass mark is computed the same way it always has been.

The change simply means that test writers will answer examination questions directly on a computer in a test centre rather than responding to examination questions on a paper answer sheet. The CPNRE® will continue to be offered in English and French.

With computer-based testing there are more flexible options to take the exam. Test writers will not be tied to only one test date in one location at one time. Test writers will be able to choose from among several testing dates/times, across more than 100 cities and towns in Canada.

Test writers will still apply with the College of Licensed Practical Nurses of Alberta. The difference is that after the CLPNA has confirmed eligibility to take the exam, test writers will be directed to a scheduling website to choose where and when to take the exam and schedule an appointment.

Test writers requiring a special accommodation (extra time, a separate room, a reader, a recorder, a large print exam or large print answer sheet) will make this request to the CLPNA as per the current practice.

Assessment Strategies Inc. has a computer-based testing demo that test writers can take to gain experience with the features of the computer-based system. A demonstration guide will also be available.

Questions may be directed to Melanie Therrien, Registrar, at mtherrien@clpna.com, 780-484-8886 or 1-800-661-5877 (toll free in Alberta).
Disruptive Behaviour in the Workplace

The College of Licenced Practical Nurses of Alberta (CLPNA) is responsible for ensuring their members provide safe, competent and ethical care.

In order to provide care in a professional manner, it is essential LPNs recognize the need to collaborate with co-workers in a cooperative and respectful manner with the goal of providing appropriate care. Part of providing care is working closely with many different healthcare disciplines, consisting of diverse professional and cultural backgrounds. It is important to acknowledge each co-worker’s role and their distinctive contributions to the inter-professional team by appreciating their expertise. A breakdown of communication and poor relationships between co-workers tends to prevent the team from working cohesively, which often diminishes patients’ well-being and safety.

CLPNA’s Complaints Department is seeing an increase in concerns brought forth by co-workers involving disruptive behavior. Conflict starts with a lack of communication, disrespect among employees and misuse of power. Unfortunately, disputes can occur and inevitable conflict can and does happen in all corners of any healthcare setting. When this happens, the painful reality is situations become frustrating, and often intolerable, to all involved.

It is a stressful situation in the workplace when a co-worker submits a formal complaint against another team member without implementing strategies to resolve conflict before it escalates. Disagreements among co-workers are considered a workplace issue and are best handled at the workplace. Co-worker conflict is not a reflection of a nurse’s competencies or abilities.

Prior to submitting a formal complaint, reflect on the useful information below:

• Be able to self-reflect and use a critical thinking approach to recognize your involvement in the conflict;
• Reflect on personal attitudes, motivators, values and beliefs that affect relationships;
• Recognize stress may affect relationships and take steps to manage your own stress;
• Improve awareness of any disruptive behavior such as intimidating tactics, gossiping, negative comments, and non-verbal communication;
• Model professional behaviours;
• Mentor, support, and integrate new staff members into the workplace;
• Accept your fair share of the workload;
• Respect the privacy of others and keep confidences;
• Work cooperatively despite feelings of dislike;
• Don't engage in conversation about a co-worker with another co-worker;
• Don't criticize publicly;
• Address any issues with your co-worker in a timely, respectful manner and discuss options to resolve issues effectively; and
• If matters are unresolved between each other, work closely with management for a resolution.

By recognizing areas that influence conflict between co-workers, nurses can work toward constructive and collaborative practices to resolve differences at the workplace level and hopefully prevent a formal complaint to CLPNA. Use your leadership skills to work towards promoting a collaborative environment.

References:
The College of Licensed Practical Nurses of Alberta (CLPNA), in partnership with Alberta Health, is developing the Alberta Health Care Aide Directory. The Directory is funded by a grant from Alberta Health and will be operated separately from the CLPNA.

The purpose of the Alberta HCA Directory is to provide information about Alberta’s HCAs and their attainment of core competencies. This information is important for employers, educators, and government for workforce and educational planning, and employment research. It is also important to LPNs, the profession that works closely with HCAs. The Government of Alberta is committed to having a competent and valued health care workforce. This directory is an important step towards achieving this goal and CLPNA is proud to be leading this initiative.

Why CLPNA?

1. LPNs work closely with HCAs and having a greater awareness of the HCAs’ core competencies supports you in your leadership and collaboration.
2. The CLPNA has a long history of working collaboratively with a variety of stakeholders, including government and employers.
3. The CLPNA understands the HCA competencies and role, and has a strong track record of smooth enrollment and registration processes for its own members.

For more information about the Alberta Health Care Aide Directory, please visit the website at www.albertahcadirectory.com and sign up on the mailing list.
The CLPNA has opened its archives to share the most curious and compelling items with CARE readers. We hope you’ll enjoy a look back at everything from high points in LPN history to hairstyles that might be better forgotten...

We’ve seen the perioperative specialty take LPNs into operating rooms from Edmonton to Ecuador in this issue. Add Kandahar, Afghanistan to that list. Back in August of 2007, Sgt. Larry Leduc, CD, LPN, travelled from Alberta to Kandahar Base as a Senior Operating Room Technician. While the OR is always a fast-paced, high intensity environment, the pace and conditions in Afghanistan offered more risk and more reward with every shift. Sgt. Leduc shared his experiences with CARE during his 2007 deployment and we’re happy to share our gratitude, then and now, for the service of all nurses in the Canadian military.
Pharmacology Update for Nurses

RED DEER, April 11, 2016
Radisson Hotel
0830 to 1600 hrs

With
BARB BANCROFT, RN, MSN, PNP
9000 Drugs, Where to Start? Differentiate Quickly Among the Classes of Drugs with the “Suffix” of Each Class
- The “statin”, the “pril” the “trigans” and the “sartans”
- The “prazosin” and the “afibil”
- The “idols”, the “filids”, the “idols” and the “dipenes”
- The “cortis” the “maubs”, and the “glitizens”
- The “combos”, the “cycloval” 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 “Highway System” and the “pril”
- The Nocturnal Liver and the “statin”
- The Proton Pump and the “prazosin”

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

Executive Links

** Register Early to Avoid Disappointment **
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 information. 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, RPNs, & LPNs in All Areas
- Acute & Critical Care, Special Care Areas
- Geriatric, Home, Community, and Primary Care
- Outpost Nurses, Occupational Health Nurses; Transition Coordinators
- Nurse Practitioners, Tele-Health Nurses, Educators, Managers

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

Conference Fees:
- $169.45 GST + $177.45 Early Rate (on or before February 29, 2016)
- $179.45 + $8.95 GST = $187.45 Middle Rate (on or before March 28, 2016)
- $189.45 + $9.45 GST = $198.45 Regular Rate (after March 28, 2016)

Price includes conference sessions, lunch, coffee breaks, and handouts.

The Diabetic Foot

EDMONTON, May 16, 2016 • CALGARY, May 17, 2016

With
Dr. KEVIN WOO, Ph.D, RN, FAPWCA

Overview of Foot Complications and Related Diseases
- Diabetic Feet and Related Complications: Neuropathic, Neuroischemic, and Ischemic Problems

Comprehensive Assessment of The Foot
- Vascular Assessment: Ankle Brachial Pressure Index; Doppler Testing: Wave Form Assessments
- Neurological Assessment: Monofilament Testing; Testing for Range of Motion and Reflexes

Dermatological Conditions of The Foot
- Pathophysiology of Hyperkeratotic Lesions, Dermatitis, Fissures, Verruca Vulgaris, Trauma, Tinae Pedis, Hemosiderosis
- Callus Care and Prevention

Offloading Interventions and Planter Pressure Redistribution
- Application of Total Contact Cast
- Selection of Appropriate Foot Wear

Selecting Appropriate Skin Care Products Including Appropriate Moisturizing Agents

Nail Anatomy and Onychopathology
- Onychomycosis & Differential Diagnoses; Evidence Based Treatment for Onychomycosis

Best Practice Recommendations for Diabetes Management
- Blood Glucose, Diet, Lipids, Kidney Function, Exercise
- Targets for Optimal Blood Glucose, Cholesterol and Blood Pressure
- Lifestyle Changes

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

Executive Links

** Brand New Workshop **
Foot ulcers and related complications are common, especially among people with diabetes. For optimal patient outcomes, the care of people with foot complications and ulcers requires a systematic approach to evaluate and address risk factors. This interactive and workshop will describe underlying causes and clinical approach to differentiate foot complications related to arterial disease, neurological conditions, diabetes, arthritis, and autoimmune disorders. Participants will develop skills in vascular assessment using a Doppler, vibration and proprioception testing, callus care, and application of total contact cast. Discussion will provide just in time summary of best practices and targets for medical management, infection treatment (including management of tinea pedis and plantar warts), footwear selection, skin and nail care, in addition to comprehensive lifestyle modification.

Who Should Attend?
- Foot Care, Wound Care, and Infection Control Nurses
- Nurses in Acute Care, Critical Care, and Long Term Care Settings
- Nurses in Home Care and Rehabilitation Settings
- Adult Nurse Practitioners and Diabetes Educators

Dr. Kevin Woo is an Assistant Professor at Queen’s University, School of Nursing in Kingston, Canada. Kevin is an adjunct research professor at the Western University teaching for their Masters of Clinical Science in Wound Healing program. He is the Early Researcher Award recipient 2014-2016 from the Ministry of Research and Innovation. He is the co-editor of Chronic Wound Care 3, a clinical source book for health care professionals. He served on expert panels to develop best Practice Guidelines (BPG) in collaboration with Registered Nurses Association in Ontario for the Assessment and Management of Stage 1 to 4 Pressure Ulcers and Screening for Dementia, Delirium and Depression in older persons. Kevin continues his clinical practice and functions as an Advanced Wound Consultant at the West Park Health Center, a specialized chronic care and rehabilitation hospital in Toronto. Additionally, he is the Web Editor for Advances in Skin and Wound Care journal web site and he is a member of several editorial boards.

Conference Fees:
- $169.45 + $8.45 GST = $177.45 Early Rate (on or before April 4, 2016)
- $179.45 + $8.95 GST = $187.95 Middle Rate (on or before May 2, 2016)
- $189.45 + $9.45 GST = $198.45 Regular Rate (after May 2, 2016)

Price includes conference sessions, lunch, coffee breaks, and handouts.
2016 CLPNA AGM & CONFERENCE

Evolving for a new tomorrow

REGISTER TODAY
This event is expected to sell out!
Apply for Grant Funding!
at www.CLPNAconference.com

April 27-29
Delta Edmonton South Hotel

www.clpnaconference.com