RISE. AND SHINE.

LPN Boards
Africa Mercy Ship
2017 Conference Celebrates 70 Years of LPN Profession
Journey Through the GI Tract

CALGARY, February 27, 2017 • EDMONTON, February 28, 2017

With
BARB BANCROFT, RN, MSN, PNP

33 Feet of Gastrointestinal Tract! Where to Begin?
- The Teeth, The Tongue, The Mouth and Gums
- The Contrary Over Hypophosphatases and Osteonecrosis
- Ouch! Everything You Wanted to Know About Bites and Saliva
- The Diabetic Mouth, Oral Herpes, Mouth Mouth
- Do You Really Want to Pierce Your Tongue?
- Bruxism and the SSRIs
- Serious Cardiac Implications of Oropharyngeal Bacteria

The Soft Palate, the Uvula, The Tonsils, & Salivary Glands
- Stalling and the Gyg Reflex, Effect of Anticholinergics
- Causes of Speech Changes, Hoarseness, Angioedema
- Oral Signs of an Eating Disorder, When to Worry about a Sore Throat
- Oral Cancers - Causes, Is there a link to HPV?
- The Surprising Place You Find the First Signs of Fauvice

GERD - Gastroesophageal Reflux Disease
- Causes, Endoscopy: Drugs to Treat GERD and How they Work
- Caution! Long Term Use of the Prazoles
- Non Drug Methods to Treat GERD
- Barrett’s Esophagus - Surprising and Important Findings
- Other Issues: Esophagitis Candidiasis, Dysmotility and Varices

Getting to the “Gut” Issues
- Cirrhosis of the Liver - Multiple Routes to the Same Disease
- Gastric Ulcers - Helicobacter Pylori, The Role of NSAIDS
- Barrett’s: Surgery - “Y”-Grafts and Long Term Outcomes
- Relief for Natosis and Vomiting
- The Acute: Appendicitis, Gastronteritis
- The Chronic: Celiac Disease, Crohn’s Disease

What you Need to Know about the Large Bowel and Rectum
- Treatment of Constipation and Diarrhea, Opiate Associations
- Colon Cancer, Risk Factors, Genetics, Screening and Prevention
- Ulcerative Colitis, Problems of the Rectum

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.

Registration Form (Fax to 1.866.566.6028 or 403.240.7849)

Yes! Please register me for the GI Tract workshop in:

☐ Calgary February 27, 2017 Coast Plaza Hotel
☐ Edmonton February 28, 2017 Ramada Hotel Kingsway

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Organization: __________________

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

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

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Conference Fees:

☐ $169.95 + $8.45 GST = $177.40 Early Rate (on or before January 16, 2017)
☐ $179.95 + $8.95 GST = $188.90 Middle Rate (on or before February 13, 2017)
☐ $189.95 + $9.45 GST = $198.40 Regular Rate (after February 13, 2017)

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

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Attention: __________________________ Title: __________________________

Fax: ( ) Phone: ( )
From the College

Award-Winning Website a Favourite of Nurses

COVER STORY
Rise. And Shine. An LPN Pep Talk
An award-winning young LPN wears many hats in her quest to keep learning and building community while staying true to her rural roots.

CARE & Environmental Stewardship

A Heart to Help Others:
Aboard the Africa Mercy

More Than A Bad Day:
Recognizing & Changing Workplace Abuse

2017 CLPNA AGM & Conference

RESEARCH
Connecting with People with Dementia

Trauma-Informed Care in a Healthcare Setting

I Believe in Angels
A Personal Tribute

The Operations Room
News for CLPNA members
Understanding current trends and emerging best practices within the health system locally and internationally is critical to the strategic work of the CLPNA as we pursue our vision of “Transforming the licensed practical nurse profession and influencing a quality person-centred system.” The CLPNA’s fourth annual Think Tank in October provided an important opportunity to focus on many aspects of person-centred care. The collaborative environment created through sharing this event with our many stakeholders and partners truly enriched the exercise. It was clear from the day that person-centred care is really a way of ‘being’ with our patients. We were pleased to host this engaging day of learning, sharing and growing together.

Along with international speakers presenting on health system transformation, we were fortunate to hear the Alberta approach in the form of patient and family experiences and their effect on health professionals, person-centred principles and patient first strategies, comprehensive universal primary healthcare, and outcomes and measures that we want in the system. We also had opportunity to hear four licensed practical nurses, who live and breathe person-centred care every day through their work in private business, primary care, dementia care and home care.

It is clear the direction toward a person-centred health system is well underway provincially and internationally and the reasons for this are evident. People want and expect to be involved in discussions and decisions about their health and the care they require, whether it’s for themselves or their loved ones. This means today’s providers are required to really understand and demonstrate what it means to put the patient at the centre of their care. Organizations and government also require many checks and balances as they work to ensure person-centered care becomes an intuitive part of the culture of healthcare.

Good health can be explained in a textbook as meeting certain quantifiable targets and requirements, but when you examine all factors as they relate to the determinants of health, it’s easy to see how an individual’s beliefs, values and situation influence how they might look at ‘being healthy’. Person-centred care brings us back to the core values of nursing by addressing the determinants of health from the patient’s perspective, not from the providers’.

Ultimately, person-centred care is the ‘right thing to do’ and when done right, it’s obviously the most compassionate and satisfying way for all involved to both receive and deliver healthcare.

The Think Tank was a success with participant ratings averaging 4.5 out of 5 overall. We extend a very sincere thank you to all speakers and attendees. The dedication and participation of everyone signifies an obvious commitment to the goal of person-centred care. Through open discussion and dialogue, we have opportunity for needed transformation. CLPNA and our 15,000 LPNs are excited to be part of the dynamic collaboration moving this agenda forward.

Valerie Paice, President and Linda Stanger, CEO
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.

**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.

**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.

**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 2017 AGM & Conference in Calgary, Alberta on April 27, 2017.

Nominations open until February 15, 2017

**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.
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Step Forward
Russell Sawchuk, an Edmonton-based educator and consultant, had no idea in 1998 that his work on a competency profile for licensed practical nurses would someday lead to an internationally-recognized nursing website.

Learning Nurse (www.learningnurse.org), tagged as Learning Nurse Resources Network, recently received a Best of Nursing Websites award from California-based Pacific Medical Training (PMT).

Remarkably, the site draws in an average of 34,000 nursing and professional affiliate users per month. It would seem that high visitor count, coupled with its free-of-charge accessibility, flexibility, and up-to-date content, secured the site the PMT award for best online nursing resource, a number six rating out of 10 similar online destinations.

How did Learning Nurse come to be? Nearly two decades ago, Sawchuk worked with CLPNA, the provincial government, and other stakeholders to develop a detailed nursing competency profile for Alberta Health in preparation for a new Health Professions Act in 2000. This initial role gained federal attention, and he continued working on profiles for B.C., Saskatchewan, Manitoba and the Atlantic provinces.

Not surprisingly, Sawchuk became very knowledgeable about the nursing profession, and through his travels, noticed the lack of continuing education opportunities for LPNs nationally. He recalls one conversation with an LPN in Prince George, B.C. When he asked her about how she continued her education, she explained she would need to take at least three days off work and travel to Vancouver in order to study, both prospects inconvenient and problematic.

As an educator and internet developer since the web’s advent, Sawchuk saw an opportunity to create an online resource, offering a set of tools that could be accessed from anywhere, at any time -- even on your night shift break. It would be a great idea to help Canadian nurses polish their skills and learn new information with ease. Learningnurse.org was born.

Today the website offers users a library of resources, assessment tools like apps, games and quizzes, and e-learning which includes eCourses, narrated learning modules and “nuggets” tackling common nursing errors. Some nursing governing bodies accept completion of these courses as continuing education credits. The content is suitable for the entire nursing field: students, assistants and aides, LPNs, RNs and psychiatric nurses, and is configured to be accessible on any mobile device.

Sawchuk has spent countless hours and continues to spend much of his own time to make Learning Nurse a world-class resource. Its reach is not limited to Canadian professionals. Learning Nurse sees heavy traffic from users as far away as New Zealand and Australia, and is accessed by professionals in Africa, the Middle East, and the Philippines. And, he adds, it appears as the top link for Google searches of “nursing games” and “nursing quizzes.”

“We direct members to Learning Nurse on a routine basis,” says CLPNA’s Director of Professional Development Sharlene Standing. She adds that CLPNA is working with Sawchuk, and his consulting firm Steppingstones Partnership Inc., on a number of new e-learning projects aimed at furthering LPN education.

Sawchuk says this relationship is really a “win-win” for CLPNA and its members, as well as for users of Learning Nurse. The partnership between the two allows for content to be tested and shared. With the new learning modules Sawchuk is developing, he predicts the CLPNA website (StudywithCLPNA.com) will be busier than his own with “really state-of-the-art” content.

If Learning Nurse is any indication of success, it’s safe to say it will be.
A butterfly flaps its wings. Across the world, a hurricane is set in motion.

Chaos theory
The story of the pot lies in Guatemala and a remote Incan village at 2700 metres above sea level. The medical outreach team Stefanie Nicol is leading has altitude sickness. The village is wary of outsiders. They send the chief first to assess the team. Deemed OK, they are taken to little huts with dirt floors. Given prenatal medications and vitamins, one midwife chases after Stefanie to present her with a pot, which the Inca use to carry water.

“I picture the pot in the hard cases. I go back to that feeling. How do you make it OK for patients? How do you express how thankful you are for what you have in caring for others?”

Stefanie Nicol, LPN

The story of the pot lies in Guatemala and a remote Incan village at 2700 metres above sea level. The medical outreach team Stefanie Nicol is leading has altitude sickness. The village is wary of outsiders. They send the chief first to assess the team. Deemed OK, they are taken to little huts with dirt floors. Given prenatal medications and vitamins, one midwife chases after Stefanie to present her with a pot, which the Inca use to carry water.
“I burst into tears,” says Stefanie who describes herself as a matter-of-fact farm girl. “That’s the only pot they have… something they need every day, and they give it to you to show gratitude.”

Stefanie runs the outreach team for Taber/Lethbridge-based TANGO (Taber Assisting Nations through Global Out-reach, www.tangofoundation.com), a medical humanitarian organization that fundraises locally and undertakes two trips annually to Fiji, Guatemala or Mexico, seeing a thousand patients a week and “packing a hundred hockey bags of supplies at a time” in the words of Stefanie.

It’s one of many hats Stefanie wears: clinical nurse who runs a physician practice for Dr. Ryan Torrie and his 1500 patients; Lead Clinical Coordinator for the Taber Colon Cancer Screening Program, a leading and pioneering program in Alberta that has performed 6000 colonoscopies; board member and annual Conference Coordinator for the Alberta Society of Endoscopic Practice. Important contributor to founding the Alberta Southwest Regional Chapter of the Canadian Society of Gastrointestinal Nurses and Associates. Gastrointestinal nurse specialist sought after in rural endoscopy education and research.

Stefanie is still in her early 30s. She will also say she’s humbled by any recognition she receives – and that it’s not the point of her life. She would rather have her career be seen as a set of takeaways that can help other nurses reach their full potential.

Dr. Torrie, who heads the Colon Cancer Screening Program in addition to his practice at the Taber Clinic, describes Stefanie as a voracious learner who helped build a leading cancer screening program from scratch by never saying no to opportunities, and always seeking answers through research. The clinic, and the Chinook Primary Care Network of which it’s a member, have supported Stefanie in her ongoing education, and today Stefanie is often relied on by other nurses and doctors as a go-to resource to answer questions about endoscopy. That’s in addition to her quarterback role in prepping and educating patients, and coordinating nurses.

“Stefanie knows more than many doctors here on GI [gastrointestinal] subject matter, and certainly has been valuable as a mentor and educator when we speak at conferences or work via the Alberta Society of Endoscopic Practice (ASEP),” Dr. Torrie notes. Dr. Torrie and Stefanie are on the ASEP board and were formative to the creation of the organization, with an aim to accelerate learning for others through their 10 year experience, and to create a safe zone for medical professionals to ask questions about subject matter typically in the domain of specialists.

“The Taber Program is proof that rural areas can be proactive and excel,” Stefanie says, as she notes Taber Clinic research that shows screening rates are paying off, with a 70% reduction (over the study duration average)
of diagnosed colorectal cancer in year seven of the study. “Taking the initiative to ask the ‘whys’, and pushing yourself, leads to better services and programs.” Stefanie mentions that Taber has also developed excellence in its diabetes program with a significant role for nurse educators, and in asthma where related visits to the ER are down to one or two per year. “Our job is to catch everything all at once so it’s not too late later. Do today’s work today is the goal of primary care.”

Stefanie describes a farmer with a diagnosed, advanced adenoma who ends up with a great prognosis. He’s talking to the neighbour out in the field one day, encouraging his neighbour to get screened. Urged on, the neighbour comes in and found to have precancerous cells, which is as close to cancer as you can get. Because he was on the younger side, the entire family is then screened. “One scope can change everything,” Stefanie notes. “We kept that entire family safe.”

A butterfly flaps its wings…

Takeaway 2 – Have People Rely on You

While the individual chess pieces in a system can be hard to move, Stefanie talks about the need to view the world in baby steps. “Prove yourself. Work your way up to something more. Be exceptional at that one thing, no matter how small it may be. If you become someone people trust and depend on, you will change the opinions of even those most resistant to change. And know that every day will not be rainbows and sunshine.”

Stefanie is emphatic that creating opportunities for oneself requires a passion for learning, noting that there is constant change in technology, education techniques, equipment, and healthcare systems, and a real opportunity to step into learning the pathology of a disease to deepen your value to the healthcare system, other medical professions, and the patient.

How does a nurse aim high? “Do the best you can,” Stefanie responds. “It’s mind over matter. Obstacles are hurdles to power through with a positive spirit. If someone says you can’t do something, step back, re-evaluate and come forward with another proposal. Never quit.”

Takeaway 3 – Empowerment Is Nature and Nurture

Nature is all about your own sense of self-purpose and destiny. Dr. Torrie notes that he hired the person, not the...
position, 10 years ago when Stefanie came to Taber, meaning her attitude and spirit were recognized early on. Based on what she’s seen, Stefanie has two pieces of advice for young LPNs just starting out: 1) Find your lane in nursing and do it well. “And if someone says no, try harder,” Stefanie says. “Find a reason for them to tell you yes. Don’t come to the table with empty questions or half effort. Be prepared.” And 2) Your biggest friend is being able to say ‘I don’t know and I will get back to you.’ “Telling someone you don’t know is another chance to learn, and it earns trust,” Stefanie observes.

Nurturing lies in the dynamic of the organization you work for. Stefanie acknowledges that she has been lucky in Taber. She ran into a very ambitious Dr. Torrie who “never once looked at me and said ‘you’re just a nurse’. Dr. Torrie has always been about moving forward and asking whether I want to learn something new.”

Mike Brand, Clinic Manager, adds that there’s a special sauce that converges in Taber, including attracting and retaining excellent staff, a go-getter attitude, and a team culture aided by an Alternative Relationship Plan (ARP) (instead of a fee for service model) that nurtures a strong team approach. “We perform to position, scope and role, but we’re not afraid to push and to lead from a patient-centric perspective.”

What happens if you feel stuck where you are because it’s not empowering your aspiration? “Get unstuck by finding a place that works better for you,” Stefanie responds, observing that broader healthcare culture can change for the better when people migrate to nurturing environments, and serve as inspiration for others to follow.

**Takeaway 4 – Always Remember “The One Patient”**

“I remember the day I found the sarcoma. I hadn’t seen one before; it was a textbook thing. And I watched a family’s journey, including helping the family in the grieving process.” Stefanie says all nurses have the one patient that changes them, motivates them, and points them in a clearer direction. Stefanie remembers every detail, and those details are with her with every patient she cares for.

**Takeaway 5 - Acquire Perspective**

Get outside yourself and look back. Perspective has a way of grounding life in deeper truths. Stefanie’s grounding lies in rural healthcare, her mom, the TANGO Foundation, and community connection.

Rural healthcare has an “everything but the kitchen sink” environment that Stefanie recommends to healthcare professionals just out of the gate or stuck in a rut.

“One person can’t know everything in a rural setting, unlike a specialist in the city,” Stefanie observes. “So we really are dependent on our team, which becomes like a family.
We see the whole picture and the whole story of people we care for, which is so satisfying. It’s harder, because of the personal connection, but that’s what also makes it more fulfilling.”

Stefanie’s mom has cancer, which she says makes her grateful and thankful for the life she lives, and motivates her to go the extra mile with her patients.

One day you are blind. Days later your cataracts are removed and you can see. A woman, marginalized by her community, has a large benign mass on her neck removed, yielding a smiling, proud woman who is looking forward to getting married and having children. TANGO, Stefanie says, is deeply humbling, and changes both the way you see the world and your interaction with patients when you return home.

“I’m reminded how important the small things are... the conversation after someone has been told they have cancer...helping ease a scared mind...or educating about a condition,” Stefanie says. Stefanie ends all appointments with her phone number and advice to call so people don’t lose sleep worrying. Stefanie says people giggle, but it’s a natural extension of the connection she wants to make with people.

Connection between a community and its health centre comes full circle. TANGO is now ubiquitous in Taber. It’s the subject of pride. Fundraising to the tune of more than $100,000 is raised annually in the community to fund trips. The notion of an ‘us’, a community where conflict yields to collaboration in its translation to a global stage, is a mirror that reflects a deepening bond between the Taber Clinic itself and the community. That trust will surely have benefits to holistic healthcare and outcomes in the community.

If glass ceilings are metaphorically in place to be broken, maybe the better perspective to instill is to not see the barriers. It’s possible, as hard as it may be, to envision positive, productive work environments where the title matters less than the power of the person. Or in the words of Stefanie Nicol, “we set our own limits. Get them out of the way.”

LPNs everywhere – time to put your beautiful butterfly wings into action. Why? Because the world needs so many more people like you.
What every nurse needs to know about...

Anxiety & Depression

LETHBRIDGE, April 3, 2017
RED DEER, April 4, 2017

What are Anxiety & Depression?
- North America’s #1 Psychological Health Challenge
- Anxiety: Facts and Figures
- Hypothesis of Why Anxiety is Increasing
- Impact on Your Patients’ Lives and Yours
- Depression: Treatment Options
- Male/Female Manifestations
- Medication/Psychotherapy

Strategies & Help You Can Give Your Patients Right Away
- These Strategies will Change your Patients Lives - And Yours Too
- Autonomic Nervous System Relaxation Response / Paced Breathing
- The Magic of Cognitive Restructuring
- Challenging Distorted Thoughts
- Stress Inoculation

Traps Caretakers Fall Into
- Compassion Fatigue
- Secondary Trauma Dangers
- Caretaking: A Very Slippery Slope
- Challenging the Victim Role
- How to Get Out of the Martyrdom Complex
- The Liberation of Empowerment

Question & Answer Session

Conference Fees:
$179.95 + $8.95 GST = $187.90 Early Rate (or before February 21, 2017)
$189.95 + $9.45 GST = $198.40 Middle Rate (or before March 20, 2017)
$199.95 + $9.95 GST = $208.90 Regular Rate (after March 20, 2017)

SANDRA REICH, M.Ed.

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

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

Renal Update!
... to pee or not to pee

EDMONTON, May 8, 2017
CALGARY, May 9, 2017

Why Embryologic Development of the Kidney is Important
- The Metanephric Ridge; Clinical Correlations with Ootoxicity and Renal Failure

The Requisite Review of A & P of the Kidney
- Arterial and Venous Supply of the Kidney
- The Functioning Units 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 Failure; Atrophyclerosis 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 Sepsis
- Systemic lupus erythematosus and Lupus Nephritis; Rhabdomyolysis
- Glomerulonephritis, DIC, HUS (Hemolytic Uremic Syndrome)

The Interpretation of Lab Tests used to diagnose and Follow Patients with Renal Disease
- BUN, Creatinine, Potassium, Phosphorus, Sodium, Urtinalysis, Ultrasound, Specific Gravity, Protrenas, Microalbuminuria
- 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, Acesamphenom, Antibiotics)
- Diuretics, ACE Inhibitors, ARBs, Radiocontrast Agents

Barb Bancroft, RN, MSN, PNP

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

Conference Fees:
$159.95 + $7.95 GST = $167.90 Super Early Rate (on or before January 30th)
$169.95 + $8.45 GST = $178.40 Early Rate (on or before March 27, 2017)
$179.95 + $8.95 GST = $188.90 Middle Rate (on or before April 24, 2017)
$189.95 + $9.45 GST = $198.40 Regular Rate (after April 24, 2017)
The College of Licensed Practical Nurses of Alberta has been making positive choices to better reduce their environmental footprint when it comes to producing CARE magazine. With over 52,000 copies produced each year, the effect on the environment is important. CARE is committed to the Forest Stewardship Council (FSC) as a premium environmental impact reduction program. The FSC is a global organization that works to reduce the impact of forestry and create a sustainable resource that has the lowest impact possible on the environment. Their motto, “Forests for all forever” is a dedication to keeping our forests protected, and only taking what we need without consuming more energy than necessary. Canada alone has over 50 million hectares of certified forests, which accounts for 31% of the world’s FSC certified forests. The FSC works hard to protect the wildlife, workers and the communities that it may impact while working to create this safer and more accountable future.

To enhance CLPNA’s environmental stewardship, CARE magazine also uses 10 percent recycled paper, which saves over 16 tons of trees during the course of a year and over 40,452 gallons of fresh water. Such a small amount of recycled paper has a huge impact on the environment, and can ultimately reduce the amount of greenhouse gases produced during the magazine’s manufacturing. By using 10 percent recycled paper content, 7460 pounds of carbon dioxide emissions were also reduced. Recycling plays a huge part in our responsibility towards taking care of the world we live in, and CLPNA is taking steps to not only reduce its impact, but better the environment globally.

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As 21 year-old licensed practical nurse Hannah Ostermeier stepped out of the airport in Cotonou, Benin, she was greeted by hot, sticky, humid air thick with loud voices, the honking of cars and the hustle and bustle of hundreds of people. West Africa is a culturally rich, beautiful and vibrant urban display of life, but as the region continues to grow, so does its incredible need for safe, timely, affordable and accessible surgery and healthcare.

For four months, Ostermeier has committed her time and skills to volunteer with medical charity Mercy Ships, which uses hospital ships to provide free life-changing surgeries and training in developing countries. Ostermeier is working as a ward nurse to help patients recover from surgery onboard the current vessel, the Africa Mercy.

Ostermeier, a recent nursing graduate, has always had a heart to help others and after hearing about medical charity Mercy Ships as a teenager, is now fulfilling her dream of volunteering with the organization thanks to her newly acquired nursing skills.

“There wasn’t a pivotal moment that made me want to become a nurse. It was more of a journey that I wasn’t even aware I was walking. Since I was young I can’t remember a time when I didn’t want to help people. When I entered my last years in high school, I still wasn’t sure what I wanted to do with my life. So I ended up taking one of those career tests… the first thing that popped up was nursing,” said Ostermeier.

A Heart to Help Others: Aboard the Africa Mercy
By JoJo Beattie, Mercy Ships Canada
parents, who tried for eleven years to get pregnant, was born on the third floor of Peter Lougheed Centre of Calgary General Hospital and now (when home) works on the second floor of the same hospital on the surgical ward.

The *Africa Mercy* and her crew of 400 spend an average of 10 months in each country visited. Activities range from screening hundreds of patients, performing surgeries, training local healthcare professionals, and support for community development projects.

The vessel is equipped with five state-of-the-art operating rooms and is a fully modern hospital specializing in maxillofacial, reconstructive, plastics, orthopaedic, ophthalmic, dental and obstetric fistula surgeries.

“I was blown away. All of that exists on the ship! I didn’t expect it to be this good,” said the nurse.

Out of the seven surgical programs Mercy Ships offers, Ostermeier has been most interested in plastic surgery. “We take skin that is distorted for various reasons and turn it into something beautiful. We move skin to different parts of the body so that the patient can ride a bike again, so that a mom can pick her child up with two hands, so a young man can provide for his family, so the little girl can raise her arms for a hug. At home, plastic surgery is usually thought of for those who wish to look better or younger. Here in Africa, it means a chance at a better life, it means that the small one-year-old we help will never know how hard life would have been. I feel blessed to be a part of their healing process and am learning a lot,” Ostermeier said.

Around five billion people worldwide lack access to safe surgery and almost a third of all deaths in 2010 were caused by conditions requiring surgery. Although Mercy Ships helps thousands of people each field service, the need is overwhelming and many cannot be given an appointment.

“One of the hardest things so far has been seeing the team tell people no during screening days, that all the surgical spots have been filled. The loss of hope seen in their eyes was hard to watch, and it was even harder to watch them walk away. I have a great appreciation for the screening team, they have the most difficult job, telling people yes, we can help you, or no, we can’t,” said Ostermeier.

The *Africa Mercy* is home to short- and long-term volunteers, and positions range from nurses to engineers, teachers to cooks. There is a place for anyone with a willing heart and a desire to volunteer.

“It’s an amazing place to grow both professionally and personally. It’s a place to give love, and receive it back in ways you wouldn’t expect,” said Ostermeier. “I have learned that there is an art to nursing. I have become more grateful for what I have at home. I feel at peace for the first time in a while; this is where I am supposed to be. I am thankful at the end of each day, for the patients I take care of, the community I live in, and the friendships I have made.”

There are many differences between working in a hospital in Canada and working in a floating hospital in Africa, but the biggest may be time. Time slows down and nurses are able to provide a different kind of bedside care and be with their patients throughout the entire healing process, showing them love and acceptance, and truly providing hope and healing.

For more information about volunteering and Mercy Ships, visit www.mercyships.ca or join our online community, mymercy.mercyships.org.
Recognizing and Changing Workplace Abuse

By Tara Hogue Harris

The whispered conversation that stops when you come in ear-shot. The suspicion that someone read the personal message on your phone when you weren’t looking. The realization that you weren’t told about an important meeting, or invited to a group activity.

Doesn’t sound like a good day at work, does it? But the events described are more than a bad day; they are better defined as co-worker abuse. These behaviours can affect your well-being and undermine the care of the patients you serve. The College of Licensed Practical Nurses of Alberta partnered with four other healthcare colleges to consider co-worker abuse and its impacts on staff recruitment and retention, and on patient safety.

Psychological Hazards

Before we can talk about solutions, let’s clarify what kinds of behaviours and activities count as co-worker abuse:

• Backstabbing
• Broken confidences
• Failing to respect privacy
• Infighting
• Intimidating behaviour
• Eye-rolling, sarcasm or raised eyebrows

Of course, context matters. A sarcastic comment between long-time colleagues with a good relationship might be acceptable, but if a relationship is new or poor, it could be received very differently. Constructive criticism from your supervisor or developing plans to improve work performance are considered normal human resource processes, and while they may sometimes be stressful, do not constitute workplace abuse.

Consequences

You expect your employer to protect you from physical hazards in your workplace, and now, for the first time in Canadian history, employers have a legal duty to maintain a psychologically safe workplace too. Stressors like the ones listed above can cause physical and psychological symptoms, physical and mental illnesses, and behavioural effects like smoking, overeating and substance abuse. The health of organizations can suffer too, resulting in decreased morale, lowered job satisfaction and productivity, increased absenteeism and higher turnover.

Some sobering results from CLPNA’s 2013 member survey on this topic include:

• 85.1% of LPNs surveyed experienced abusive behaviour from another nurse (LPN, RN and RPN);
• 80% experienced abusive behaviour from health professionals outside of their nursing peers
• 60% did not report the abuse because:
  o They felt nothing would happen or change
  o Fear of retaliation,
  o Or the abuser was their supervisor.

That means that if you’re in a managerial position, coworker abuse could be impacting your workplace and you might not be hearing about it.

Looking for Solutions

The first step is awareness. Start by visiting ThingsNeedToChange.ca. This website gathers the information you need to better understand the issue, and find the resources and tools to deal with workplace bullying in
a positive way. There are practical solutions to help those experiencing abuse to speak up, and to help others realize that there are better ways to deal with their frustrations and challenges.

Take a first step towards a better way at ThingsNeedToChange.ca. Watch the videos, reflect upon the solutions, and think about ways to start a dialogue with your coworkers and managers. Whether you’re in a leadership role or not, you’ll find material that can help and specific actions you can take.

Make more work days good days.
It can start with you.

With thanks to Leanne Loranger, PT, Practice Advisor with Physiotherapy Alberta College + Association.

References available on request.

One Good Thing a Day

All change has to start somewhere. CLPNA and its partners want to get the ball rolling with a few ideas on how you can make a difference in your workplace. It’s okay to start small... getting started is what matters.

Buy someone a coffee.
Open a door for someone.
Say please and thank you.
Do an anonymous good deed.
Be a good listener.
Compliment a co-worker or offer them a kind word.
Create a One Good Thing a Day contest.
Smile.
Organize a movie night for your team.
Bring in a treat to share.
Plan a coffee party to celebrate a special occasion like a birthday or holiday.
Celebration70! recognizes the transitions and highlights in the history of the Licensed Practical Nurse profession, motivating us toward the future.

Delegates will network and be inspired by the work of those that have gone before us, those among us and those yet to be.

Come join us as we celebrate the 70th anniversary of the LPN profession at this great venue with some new surprises in our program, and of course, the Awards of Excellence for the LPN profession.

April 26-28
Grey Eagle Resort & Casino, Calgary, Alberta
David Irvine, The Leader’s Navigator™
As one of Canada’s most respected voices on leadership and organizational culture, David Irvine has dedicated his life to helping build organizations that attract, retain, and unleash success - by leading The Authentic Way™. David has advanced degrees in human development, science and social work, and more than 30 years’ experience as a workshop facilitator, family counsellor, professional speaker, and adviser to executives. David is the best-selling author of five books.

Dr. Brian Goldman, Host of ‘White Coat, Black Art’ on CBC Radio One
Dr. Brian Goldman hosts the award-winning current affairs radio series ‘White Coat, Black Art’ on CBC Radio One where he demystifies what goes on inside medicine’s sliding doors – with edgy topics that include whistle blowing, burnout, racism, and how to get to the head of the line. He’s written two books, ‘The Night Shift: Real Life in the Heart of the ER’, and ‘The Secret Language of Doctors’.

Patricia Katz, MCE, CHRP, HoF
A Canadian Speaking Hall of Fame inductee, Patricia Katz has inspired tens of thousands to accomplish what matters most in ways that bring more peace of mind creating a more satisfying work and life experience for all. She is the bestselling author of six books, and holds a Masters in Continuing Education.

FEATURING
Wine & Cheese Reception • Silent Auction
Awards Dinner • Exhibitors

www.clpnaconference.com
We all agree that quality healthcare is critical to the well-being of all Albertans, requiring that we constantly seek out best practices. Leadership of nurses and connections with patients, clients and residents is very important. Bow Valley College undertook a project, funded by the College of Licensed Practical Nurses of Alberta (CLPNA) and Institute for Continuing Care Education and Research (ICCER), to develop a leadership platform through the development of communication strategies in a care team led by licensed practical nurses (LPNs). The communication toolkit will help LPNs support health care aides (HCAs) to engage and connect with those they care for.

LPNs are leaders in healthcare settings, often directing care provided by HCAs in continuing care and supportive living facilities. The intent of the project was to develop a model for knowledge translation through a communication toolkit, whereby LPNs in a leadership role have the ability to enhance the quality of care to seniors. Continuing care has been undergoing a fundamental shift in recent years, as the sector is moving away from an institutional approach of care towards a more person-focused philosophy (Grabowski, D., O’Malley, A., Afendulis, C., Caudry, D., Elliot, A. and Zimmerman, S., (2014). Culture change and nursing home quality of care, The Gerontologist; 54; 35-45.)

Our aim was to develop a model that can be widely applied and replicated in any healthcare setting. As an exemplar for this study, we focused on how to connect with people who have dementia, a phenomenon common to all continuing care settings. The project goals were:

- To enhance and advance the LPN in a leadership role in all settings
- To develop a model of knowledge translation and a toolkit to be used by LPNs in their practice
- To develop the core materials related to connecting with people who have dementia
- To evaluate the effectiveness for the knowledge translation model in one continuing care setting

Based on the tenets of participatory action research, the model was developed collaboratively with LPNs and HCAs working in the continuing care setting. An advisory committee was struck which provided guidance, support and feedback. Following an extensive literature search, a communication toolkit was implemented with the intent of connecting with people who have dementia. Information obtained through the research indicated that caregivers often believe they do not have time to talk to their residents and connect with them, but in reality, it doesn’t take time to connect and act upon the communication with the resident.

Six key components of client engagement were determined and a toolkit was built based on the pictorial of a tree with overlapping branches. Each branch represents a communication tool in the toolkit with a simple yet key phrase defining it.

| Respect: | Think of someone as valuable and important |
| Listen:  | Appreciate life histories and stories |
| Value:   | Celebrate experiences |
| Include: | Collaborate and connect |
| Engage:  | Meaningful interactions improve well-being |
| Reflect: | Pause and consider what went well and what didn’t |

Information sessions were held at a Covenant Care, Holy Cross Manor in Calgary in February 2016 to elicit interest in the project. In July, two sets of engagement sessions were held; one with LPNs and one with HCAs.

The engagement session with the LPNs included how communication relates to the role of the healthcare provider, the roles of the LPN and HCA and how these roles connect and impact resident care, and the importance of engagement, including the use of the toolkit. LPN leadership in working with HCAs was highlighted, including the need to mentor and role model engagement skills. The toolkit for the LPNs had the HCA at the core or trunk of the tree.

The engagement session with the HCAs included very similar content, but utilized the LPNs in the knowledge exchange. Each LPN chose a communication tool from the toolkit to discuss with the HCAs after the facilitator discussed the role of the HCA when working with residents with dementia, engagement and the toolkit development.

During the engagement sessions, all participants agreed the content discussed was not new to them, but they were excited to be reminded and to be given the chance to implement it. In August, one month after the engagement sessions, participatory interviews were held and wonderful themes emerged.
1. Each tool in the communication toolkit was valuable for improving client care. They provided a reminder to include the resident in their own care and decision making. “You make their day. Sometimes we just focus on the tasks... But if we just think about the person, look back to how they were before, what they were doing before, they really appreciate that.” (HCA)

2. The communication toolkit was viewed as a useful reminder for effective resident care.

3. The communication toolkit and engagement sessions improved practice including improved care, improved engagement, improved resident happiness and a reminder that residents are people and not a diagnosis.

4. The HCAs felt very engaged in resident care.

5. The LPNs felt empowered to support the HCAs in the provision of care. “I was able to tell them what I really feel, to express how to really care for the residents. And... I felt elated because not everybody’s given the chance to talk about it.” (LPN)

6. The barrier of workload vs. implementation of the toolkit remained, but was lessened. “We want to do our best, but sometimes the load of work makes us a little bit away from listening and giving choices. We just have this number and this much time so we have to... finish the duties. But we have to think about how to treat those people the way they want to be treated. To make this place as a home.” (HCA)

7. The toolkit was embraced and its use encouraged in healthcare curriculum and continuing education. “I’m hoping it becomes part of the education... It’d be great in schools... to actually have a course like that... Like when you come to a new position or when you do annual training or just to talk about the therapeutic communication and understanding. I mean, we talk specifically about residents with dementia, but I think it applies across the board.” (LPN)

This research illustrated that the core education of LPNs and HCAs surrounding working with clients with dementia is sufficient, but once in the workplace, busy schedules and day-to-day care activities lead to a focus on skills rather than engaged care. The implementation of the communication toolkit provided a simple yet powerful reminder of the importance of engagement when working with people with dementia. LPNs play a critical role in supporting, mentoring and role modeling for HCAs. HCAs may need reminding that it doesn’t take time to act upon it.
Trauma-Informed Care in a Healthcare Setting

By Chelsea Hobbs, B.A., M.Ed.
Mental Health Facilitator for Early Childhood Development Support Services (ECDSS)

Linda Johnson* was diagnosed with breast cancer earlier this year. Already a cancer survivor, this second diagnosis was met with shock, disbelief and fear. Catapulted into a never-ending series of consultation and appointments, Johnson came into regular contact with the healthcare system and her first round of chemotherapy was one she will not soon forget.

Johnson arrived at the chemotherapy ward feeling unprepared and unsure of what to expect. She had participated in some pre-chemotherapy training but now that the treatment was beginning, she found she had many questions that had not been answered, like, “What is normal?” “How sick is too sick?” and “When is my hair going to fall out?” However, the nurse paired with Johnson that day “was not interested in talking”. Procedures were done with little to no information and Johnson felt she was not being included as a part of her own treatment. Rather, she felt like she was being poked and prodded like “a piece of meat”. Although the nurse was efficient at completing the medical tasks, the relational piece of their interaction was missing. Johnson describes feeling “unsafe”, “terrified” and a lack of control left her questioning the remainder of her treatment.

What is Trauma?

Within the healthcare system, the term trauma is typically associated with serious physical injury to the body. However, traumatic injury can extend far beyond physical injury. According to the Centre for Addiction and Mental Health (CAMH, 2000), “trauma is the emotional response when an injury overwhelms us” and this injury can be physical, sexual or emotional. Trauma affects each of us differently and an individual’s response to a traumatic event can vary. An individual’s history, established coping skills, the associated meaning or context, and support system all play a role in how an individual responds to, and recovers from, a traumatic event.
What Do We Know About Trauma?

Trauma is pervasive. Studies such as the Adverse Childhood Experiences (ACE) Study demonstrate that at least 75 percent of the population have experienced at least one traumatic event in their life (Felitti et al., 1998).

Trauma has a broad impact. Exposure to trauma increases the risk of a wide range of vulnerabilities such as mental health problems, physical health problems, and interpersonal difficulties. Individuals who are experiencing these vulnerabilities don’t always understand the link between their history of trauma and their current struggles.

Trauma can be life altering. Reoccurring physical, emotional, and/or sexual violence can cause an individual’s body to adapt in neurobiological and psychosocial ways.

What is Trauma-Informed Care?

Trauma-informed services are not designed to treat the symptoms of adverse reactions to traumatic experiences. Rather, trauma-informed practice is a commitment, made by individuals and organizations, to approach service in a way that recognizes the universal and high prevalence of trauma while also becoming welcoming and accessible for all (The Multiplying Connections Initiative, 2008). Adopting this lens increases a service provider’s awareness of the context in which their clients live without contributing to these traumatic experiences (Harris & Fallot, 2001). A trauma-informed lens also enables service providers to recognize the client’s need for emotional and physical safety, while at the same time providing the opportunity for client choice, control and collaboration in one’s own course of treatment (Arthur et al., 2013). Trauma-informed services are not “one size fits all”, and should reflect the unique needs of different groups and, ultimately, the client.

Engaging a trauma-informed lens communicates several key messages to patients or clients. These messages include:

- Their lives are understandable – something has happened to them, rather than something is wrong with them.
- Their behaviours make sense – these behaviours may be maladaptive but they did, or still do, serve a purpose of survival. It is important for clients to recognize that they are having normal reactions to abnormal experiences in their life.

Being Trauma-Informed

For her second round of chemotherapy, Johnson was paired with a different nurse and from the beginning, this nurse created a very different experience for her client. The nurse explained the procedures as she was completing them, and Johnson felt included in the process which dramatically impacted how safe she felt. The nurse also utilized humour as a method of building trust and this resonated deeply for Johnson. As luck would have it, Johnson was paired with this same nurse for her third and fourth rounds of chemotherapy, and the consistency and continuity of care was important in repairing Johnson’s initial experience.

It is important to note that what made this nurse memorable was not her intelligence or skill; it was her ability to make a patient feel as though she was important, that she mattered, and that she was not alone. Granted, this is not always easy, and circumstance and personalities do come into play, but remembering that even though a treatment or procedure may be routine for you, it may be the first time your patient is experiencing it. Honour this new experience and the feelings associated with it and take the time to include the patient in the process.

In Alberta we are fortunate to have publicly funded and administered healthcare, which enables residents to have universal access to hospital and medical services. However, although this system is accessible and free, many people experience a healthcare system that feels unhelpful and unsafe. Many of these people also have histories of trauma. Patients who have experienced trauma in their lifetime often feel unheard and distrustful and unfortunately, this was also the case with Linda Johnson. However, like Johnson, this experience is one that can be addressed, changed, and potentially avoided. Although not always easy, implementing a trauma-informed approach into the work you do can be simple and ultimately make all the difference to the patients in your care.

Early Childhood Development Support Services is dedicated to the advancement of best practices, research-based professional learning and community engagement for all who work with children and families. Our training, conferences, individualized workshops and agency support services are focused on the enhancement, professionalization and improved effectiveness of child, family and community engagement throughout the province of Alberta and beyond. For more information or to learn more about the trauma-informed trainings ECDSS offers, visit www.ecdss.ca or contact them at info@ecdss.ca.

*Please note that names and some identifying details have been changed to protect the privacy of individuals.

For More Information:


References available on request
Christmas was always my mom’s favourite time of year. This being the tenth Christmas since her passing, I wanted to mark it somehow. I decided to make a pilgrimage to the Mel Miller Hospice palliative care unit in the Covenant Health Edmonton General Continuing Care Centre.

The second the elevator doors opened, it all came flooding back. My mind was transported directly into those last few precious weeks in the earthly existence of my mother, Marie Kozub. I remembered the days and nights when we took turns at her bedside. While out in the “real world,” people were lost in the hustle and bustle of Christmas shopping, Mom the Christmas fanatic was stuck in a hospital bed, her mind reeling from morphine used to treat the pain of end-stage breast cancer.

Then one evening just before Christmas, carollers came to the ninth floor. They may have stayed in the common area, but their voices reached each room. I watched Mom’s eyes brighten at the sound.

Mom loved music almost as much as Christmas. Each time I’d visit her in palliative, I’d bring a Christmas CD to play. She also loved ABBA. She especially loved their song “I Have a Dream” and the part where they sang about believing in angels.

Sadly, there were days when even ABBA was too much for Mom. “Shut off the music, Mark,” she’d say, sounding winded and weak. “Everything just sounds swirlly to me today.” When I pressed stop, it was like those angels Mom believed in were gone.

My mother left this world on the morning of December 28, 2006. I have since come to believe there are angels all around us, every day. We simply don’t pay attention to their presence until we need to. I also believe many of them aren’t angels at all, simply real people doing their daily work.

Maybe they’re carollers. Maybe they’re nurses.

Take Janet Colter. For years, Janet worked as Assistant Dean at the Faculty of Nursing at the University of Alberta, though she wasn’t a nurse herself. At age 54, she decided to go back to school. After graduating from the Practical Nurse program at NorQuest College in 2011, she did her final practicum in the palliative care unit at the Edmonton General. She’s been here to this day, working as an LPN.

“It’s a tough unit. It’s a very physically challenging unit. We’re moving all the time,” says Janet. But while she knows the hardships that come with the job, she also knows the rewards. “There are very few days that we are not thanked for what we do by the manager, a colleague, a family member, a patient. It makes you feel like you did make a difference to somebody’s life today, even if it was just a small thing.”

Janet knows what it’s like to lose loved ones. Ten years after losing her mother and just a little over a year into her new job at the General, she was notified that her father had been taken to emergency. He not only had pneumonia and fluid surrounding his lungs, he was diagnosed with stage four lung cancer. He died seven months later. Janet was granted compassionate leave from her position during those months.

“It was a wonderful and very special seven months,” says Janet of being her father’s caregiver. “My training here had prepared me. It was almost divine intervention that I had chosen to go back and do nursing and chosen palliative care.”

“Divine intervention” was on my mind as I got back into the ninth floor elevators. Just upon leaving the palliative care unit, you see, I heard something. A volunteer was in the common area and singing an utterly celestial version of an ABBA song.

“I Have a Dream,” in fact.

It was like my mom was right beside me, saying, “Merry Christmas, Mark. Life is magical. Never forget that.”
Caring for patients, maintaining facilities and keeping our health-care system running – it’s all in a day’s work for members of the Alberta Union of Provincial Employees.
resources

CONNECTIONS

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

Alberta Gerontological Nurses Association
www.agna.ca

Alberta Hospice Palliative Care Association
www.ahpca.ca

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

Canadian Association of Neonatal Nurses
www.neonatalcann.ca

Canadian Association of Schools of Nursing
www.casn.ca

Canadian Association of Wound Care
www.cawc.net

Canadian Orthopaedic Nurses Association
www.cona-nurse.org

Canadian Hospice Palliative Care Nurses Group
www.chpca.net

Community Health Nurses of Alberta
www.chnalberta.ca

Creative Aging Calgary Society
www.creativeagingcalgary.com

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

LEARNING LINKS

Study with CLPNA
www.studywithclpna.com

ACHIEVE Training Centre
www.achievecentre.com

Advancing Practice
www.advancingpractice.com

Canadian Blended Learning Courses for LPNs
www.jcollinsconsulting.com

Canadian Diabetes Educator Certification Board
www.cdecb.ca

Canadian Virtual Hospice
www.virtualhospice.ca

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

de Souza Institute
www.desouzainstitute.com

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

Learning LPN
www.learninglpn.ca

Learning Nurse
learningnurse.org

Reach Training
www.reachtraining.ca

Registered Practical Nurses Association of Ontario
www.rpnao.org/practice-education/e-learning
CLPNA Supports Harm Reduction Strategies

On October 27, the Alberta Government announced new programs to address overdoses and deaths related to fentanyl and other opioids including harm reduction strategies to address opioid misuse.

The College of Licensed Practical Nurses of Alberta supports supervised consumption services (i.e., supervising safe injection of street drugs) and the role the licensed practical nurse will take on in providing supervised consumption services and other harm reduction services. The CLPNA is pleased to partner with Access to Medically Supervised Injection Services Edmonton (AMSISE) and to work in partnership with the provincial government and other organizations on this new initiative.

LPNs have been employed in inner city clinics and facilities for many years. In this new initiative, the LPN role in supervised consumption services may include observing clients who are consuming drugs, assessing for and managing signs of overdose, and when necessary, administering drugs to counter an overdose, according to established protocols. LPNs may also provide education and guidance in safe injection practices, assess clients’ other health/socioeconomic needs and provide support and direction to services as appropriate.

CLPNA is committed to this collaboration and the philosophies of harm reduction. More information to guide LPNs in these roles will be available in the near future.

Questions? Contact Director of Policy, Shirley Pate, at spate@clpna.com, 780-484-8886 or 1-800-661-5877 (toll free in Alberta).

TV, Radio, Digital Ads Boost LPN Info

A winter ad campaign will boost Albertans’ knowledge about LPNs. New this year are digital ads on CTV’s Edmonton and Calgary websites linking to a custom webpage with even more info about LPNs. Thirty second video commercials will be shown on Global TV and HUTV, and a radio campaign can be heard from early December to mid-January. All ads can be found on CLPNA’s YouTube Channel at www.youtube.com/clpna, or on www.clpna.com.

Think Tank presents “Innovations in Person-Centred Care”

The fourth annual Think Tank, presented by CLPNA’s Council, focused on the creation of person-centred care at all levels of the system. Over 300 attendees came together on October 20 for the day of presentations to contribute to the continued evolution of a quality health system for Albertans.

CLPNA Council sponsors the Think Tank annually for two reasons. First, to learn about leading edge health delivery practices to prepare the profession to embrace and champion changes and transformation for an improved health system. Second, as a partner and collaborator in the health system, to share our learning with policy makers, educators and other health professional bodies.

Think Tank presentations are available at www.clpna.com.
2017 REGISTRATION RENEWAL
Most Practice Permits Expire Dec. 31, 2016

Members must complete the renewal process in order to:

- work in Alberta as a Licensed Practical Nurse in 2017 (registration type Active)
- change registration from Active to a non-practicing Associate
- notify CLPNA you are not renewing for 2017

To begin the 2017 Registration Renewal application, log in to myCLPNA at https://www.myCLPNA.com, or go to www.clpna.com and click on the blue “myCLPNA Login” button located in the upper right corner. For complete instructions, go to www.clpna.com, “I Am a Member”, "Registration Renewal".

The Registration Renewal deadline of December 31, 2016 is closing in on Alberta’s 14,000 Active Licensed Practical Nurses. Most LPNs must complete a Registration Renewal Application in order to practice as a nurse in 2017.

If your Practice Permit expires
Only individuals with a current CLPNA Practice Permit are authorized to use the title ‘Licensed Practical Nurse’ or ‘LPN’, or work as an LPN in Alberta, as per Section 43 of the Health Professions Act. Working as an LPN with an expired or invalid Practice Permit is considered unprofessional conduct and violation will subject the individual to disciplinary action, including fines of $500 and up.

Registration Renewal Fees & Deadlines

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Fees may be paid online by credit card (VISA or MasterCard), or by previous enrollment in our Pre-Authorized Payment Plan (PAP). All fees will change at 12:00 am (midnight) on the dates listed. CLPNA Payment Policy: Registration fees are not pro-rated and are non-refundable. All fees are in Canadian dollars. To pay using a different method, contact CLPNA during business hours to make alternate arrangements before starting the online Registration Renewal Application.

Reinstating Registration after Dec 31
On January 1, the online Registration Renewal Application will close. Applicants must submit a Reinstatement Application available from www.clpna.com.

Associate Membership
Members who, for any reason, do not plan to practice as an LPN in Alberta in 2017 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 an LPN or call yourself an LPN.

Members Not Renewing
Members who, for any reason, do not plan to practice as an LPN in Alberta in 2017 and do not plan to return to practice in the future, should officially notify CLPNA on their 2017 Registration Renewal Application by changing their registration type to “Inactive”.

Proof of Registration on Public Registry
The CLPNA encourages those who require proof of current or future LPN registration status to use CLPNA’s Public Registry at www.clpna.com.

Questions?
Contact CLPNA at info@clpna.com, 780-484-8886, or toll-free at 1-800-661-5877 (toll free in Alberta only).
Criminal Record Checks to Protect Public

To meet best practice in ensuring public protection, effective February 1, 2017, the College of Licensed Practical Nurses of Alberta will require criminal record checks for all registration applicants.

The new requirement is in accordance with Section 10 (c) of the Licensed Practical Nurses Profession Regulation and will affect the following individuals:

- Alberta-educated graduates (New Graduate applicants)
- LPNs (RPNs in Ontario) from other provinces/territories (Out of Province applicants)
- Internationally Educated Nurse applicants
- Former registrants reinstating with the CLPNA  
  - Including those currently holding an Associate membership

This change will not affect current CLPNA members completing their annual Registration Renewal for a Practice Permit. On the Registration Renewal Application, LPNs will continue to be asked to declare any changes to their criminal record status since their last renewal. LPNs are reminded to declare any changes in their criminal record status immediately to the CLPNA throughout the year.

Questions? Contact the Registration Department at registration@clpna.com, 780-484-8886 or 1-800-661-5877 (toll free in Alberta).
Dozens of LPNs gathered in Calgary to participate in CLPNA’s Career Directions© professional development workshop. For some it was the first CLPNA-hosted event they had ever attended. For others, the workshop provided an opportunity to articulate their career vision and develop strategies to realize their vision. For all, the day was meaningful because of the peer-to-peer contact.

Workshop Participants Valued the Experience

“Absolutely amazing workshop. It ignited a fire in me that I didn’t think was possible to reach. I now know my vision is attainable.”

“I enjoyed the chance to spend an entire day to consider what I want. I intend to do this more often!”

“The workshop brought an insight about myself, my strengths and areas I need to develop; the workshop exceeded my expectations.”

“Networking, sharing and hearing success stories of fellow LPNs encourages me to pursue harder and to be determined in my career.”

“The day gave me insight into other LPN careers and pride as a LPN as there are so many accomplished LPNs. Very encouraging for new grads and experienced LPNs.”

Didn’t get a chance to attend the workshop? Access the online program at http://www.clpna.com/members/career-infusion-portal/.

The Career Directions© online program is designed to provide LPNs with an opportunity to review their career to date, learn strategies to assist in making future career decisions, and learn how to develop a career plan. The five-phase Career Planning and Development Model designed by donnerwheeler forms the foundation for Career Directions©. The model provides a process to move from recognizing career possibilities to taking action. With a focus on professional development, LPNs can take greater ownership of their career.

Through a series of six online multimedia videos, the program introduces concepts, skills, and tools focused on career planning and development. Then, there is an opportunity to explore what each module means by completing activities. There are also links to additional resources, including information and tips on résumés and interviews.

To learn more about the many opportunities and directions you may take in your nursing career, listen to Career Conversations, watch Career Videos, and read Career Inspirations about CLPNA members, go to http://www.clpna.com/members/career-infusion-portal/.

Questions or comments? Contact CLPNA’s Professional Development Consultants at profdev@clpna.com, 780-484-8886 or 1-800-661-5877 (toll free in Alberta).
RESEARCH: A Year in Review

The College of Licensed Practical Nurses of Alberta has taken a dedicated approach to support research for the Licensed Practical Nurse profession. In October 2015, the CLPNA hired Dr. Leah Phillips as their Director of Research. Dr. Phillips’ mandate is to establish a foundation and build a framework of research activities to advance knowledge, build capacity, inform decision-making, impact the health of members, and contribute to broad health system changes.

The three main research goals for 2016-2019 are to:

1. lead and facilitate research activities to advance knowledge about the LPN profession;
2. collaborate with stakeholders to advance the understanding, use, and translation of research evidence; and
3. encourage and champion research that contributes to advances in nursing, healthcare and health systems.

To begin, the department established the Alberta Innovates Health Solutions (AIHS) grant, Advancing Knowledge in Practical Nursing Research Grant, to encourage research collaborations with established Alberta researchers. The funded projects will begin in early 2017.

Additionally, the department developed a webinar series, Battling Dr. Google and Nurse Jackie, to deliver Evidence Based Practice (EBP) education to members. Using information gathered through a member survey, the webinars targeted areas where LPNs can incorporate evidence in their clinical settings. The evaluation of the series showed significant learning effects. The results of the project were presented at the Sigma Theta Tau International Honor Society of Nursing’s 27th International Nursing Research Congress in Cape Town, South Africa.

Along with these external projects, the department conducted a review of CLPNA’s Continuing Competency Program rollout; authored a manuscript, Advancing Policy to Optimize the Role of Licensed Practical Nurses, and presented it at the 2016 Canadian Health Workforce Conference in Ottawa; and in conjunction with the Canadian Council for Practical Nurse Regulators (CCPNR) lead a review of Canadian practical nurse program standards and provided recommendations to the CCPNR board. In this next year, the team will focus on establishing a Research Advisory Committee (RAC), to be comprised of CLPNA members and researchers. The RAC will set research goals and priorities for the coming year.

With the focus on increasing capacity and strengthening research collaborations, the department hopes to facilitate new and important projects to advance the profession in 2017.

For more information or to get involved in research at the CLPNA, please contact Dr. Leah Phillips at lphillips@clpna.com, 780-484-8886 or 1-800-661-5877 (toll free in Alberta).

Current CLPNA Research Projects

- The epidemiology of non-reported work-related injuries among Licensed Practical Nurses in Alberta, in partnership with the Alberta Prevention Centre
- Information Behaviour: Skills and Competencies in the Healthcare Workplace, in partnership with Bow Valley College
- The influence of healthy work environments on intent to stay among nurses: a perspective form Canada and the United Kingdom, in partnership with the Faculty of Nursing, University of Calgary
- Optimizing LPN Practice in Alberta Health Services, in partnership with Workforce Research and Evaluation, Alberta Health Services
The landscape for end-of-life care is changing in Canada, bringing a new awareness for the need and importance of palliative care. Palliative care is not specific to the geriatric population; it is present in any area of practice where a patient is seeking quality end-of-life care, including pediatrics, medicine and surgery. The College of Licensed Practical Nurses of Alberta recognizes the need for LPNs to receive education in hospice and palliative care, and to become competent in integrating a palliative approach.

When the latest Competency Profile for LPNs, 3rd Edition (2015) was being updated, over a thousand palliative stakeholders provided comprehensive feedback. The feedback showed that the palliative landscape for LPNs had evolved, and therefore the competencies also needed to reflect these changes in practice. As a result, palliative care is now threaded throughout the pediatric, gerontology, community and oncology competency bands for LPNs, further supporting its integration throughout the lifespan. These enhanced competencies encompass palliative principles and values, physical and psychosocial care as well as post-mortem care.

To further support palliative care competency development, CLPNA partnered with a key stakeholder. Kath Murray, MA, Certified Hospice Palliative Care Nurse (Canada), has a Masters in Thanatology (study of death, dying and bereavement), and is founder of ‘Life and Death Matters’. Kath is an educator focused on the development of palliative care educational resources.

This collaboration did not end with competency development. CLPNA provided support to Kath Murray in her development of a new textbook, “Essentials in Hospice and Palliative Care: A Practical Resource for Every Nurse”. This book is aimed at preparing every nurse to integrate a palliative approach into care, across all care settings, starting early in the disease process and continuing through to the time of death and into the post-mortem period. The book is in direct alignment with the new palliative competencies for LPNs. Released this fall, the text is being introduced to the academic world and is available for workplace and continuing education from www.lifeanddeathmatters.ca or 1-888-788-6781 (toll free).

Questions? Contact CLPNA’s Practice Consultants at practice@clpna.com, 780-484-8886 or 1-800-661-5877 (toll free in Alberta).
Medical Malpractice Insurance for LPNs Explained

By Magdalena Cammidge, CiP, CCIB, CRM, Principal, Lloyd Saad Insurance Brokers

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

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

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

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

As a member of the College of Licensed Practical Nurses of Alberta, you are automatically provided with Medical Malpractice Liability coverage. Included in your annual membership, your LPN regulatory body provides a Medical Malpractice Liability policy with a $2,000,000 per claim limit and an annual program aggregate of $50,000,000. The program covers the LPN for faults, errors, omissions and negligence for services rendered while acting within their scope and duties. The basis of the policy is to provide protection for:

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

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

The policy includes coverage for those on the general registry of the CLPNA. Since the policy is intended to only cover errors and omissions resulting from your professional practice, it is important to note there are exclusions. Some of the notable exclusions include:

- Deliberate, Dishonest and Fraudulent Acts
- Fines and Penalties
- Libel and Slander
- Abuse and Sexual Misconduct
- Issues outside of your scope of practice
- Disciplinary allegations

In a hospital or other care facility, your employer will likely maintain a Medical Malpractice Liability policy on behalf of the facility and its employees. In this circumstance, the program provides excess coverage in the event the facility coverage is insufficient. If the LPN does not work in a facility which provides Medical Malpractice Liability coverage, this program becomes primary to protect the individual. For LPNs who are self-employed or who do contract work, this liability insurance is critical protection. Providing your work in these roles falls within your scope of practice, you are covered.

This program has been developed with the CLPNA for the benefit of the members and the public. It is important to understand your coverage and know you have protection against accidental errors in your day-to-day work.

For more information, CLPNA members can contact Lloyd Saad Insurance Brokers at www.lloydsadd.com, 780-483-4544, or 1-800-665-5243 (toll free).
Guideline for LPNs in Independent Practice

The College of Licensed Practical Nurses of Alberta applauds the growing number of entrepreneurial LPNs in our membership. As a regulated health professional, the LPN must take care to support their business with the nursing and legal policies and procedures necessary to protect the public. To support these entrepreneurs, the CLPNA created a new Practice Guideline, “Independent Practice for the Licensed Practical Nurse”.

Questions addressed in the guideline include:

• What is independent LPN practice?
• What are the additional professional, legal and ethical accountabilities and responsibilities of LPNs in independent practice?

The guideline also highlights important questions the LPN should ask themselves as they set up their independent practice, such as whether the LPN:

• Has the competency to start and operate a nursing practice business;
• Has the expertise and skill to provide services safely and competently as an LPN in independent practice; including the appropriate credentials/specialty certifications as applicable and a sufficient knowledge base of the specific nursing practice;
• Is able to recognize when a referral is required for a client when their care needs exceed their scope of practice;
• Has established appropriate legal, nursing, and business policies and procedures to support their independent practice;
• Can carry out the legal obligations related to protecting health information;
• Has developed a marketing strategy and advertises within legal and ethical parameters;
• Can ensure the business will be adequately financed;
• Has obtained independent business and legal advice; and
• Has purchased commercial and professional liability insurance.

CLPNA’s Practice Guideline on “Independent Practice for the Licensed Practical Nurse” is available from www.clpna.com under “Legislation, Practice & Policy”.

Cannabis for Medical Purposes: FACT Sheet

On August 24, 2016, the federal government released the Access to Cannabis for Medical Purposes Regulations (ACMPR). The regulations outline how Canadians can access and possess cannabis and its derivatives to help manage the symptoms associated with a variety of disorders and conditions. The CLPNA has developed a FACT Sheet to let LPNs know how the ACMPR may impact their practice: “Cannabis for Medical Purposes - The Role of The Licensed Practical Nurse in Alberta”.

The FACT Sheet provides a snapshot of information on how to determine if a client is authorized to possess cannabis, an overview of common routes of cannabis consumption, dosing information, side effects, and the direction to review any organizational policies on cannabis for medical purposes that exist in their practice setting.

This area of practice requires the LPN to undertake a significant amount of caution and care. Unauthorized possession of cannabis and its derivatives is forbidden by federal law, with an offence resulting in a fine and/or jail. Therefore, before providing assistance, the LPN must confirm the client has valid authorization to possess cannabis for medical purposes and must handle cannabis and any derivatives only for the sole purpose of providing assistance to the client.

In Alberta, a client must seek permission to access and possess cannabis from an authorized physician. Clients may obtain cannabis or derivatives from licensed producers, or register with Health Canada to 1) produce their own, or 2) name someone to produce it for them. Once a client is authorized and has obtained cannabis in one of the above three ways, an LPN may be asked to help that client administer cannabis for medical purposes. Cannabis derivatives may include fresh and dried marihuana*, cannabis oil, and various licensed products such as edible and topical goods.

*Marihuana is spelled as such to align with Health Canada reference to medical use marihuana.

The FACT Sheet “Cannabis for Medical Purposes - The Role of The Licensed Practical Nurse in Alberta” is available on www.clpna.com under “Legislation, Practice & Policy”.
Seeking Donations to Assist LPN Grant Program

Since 2006, the Fredrickson-McGregor Education Foundation has been proudly assisting Licensed Practical Nurses with their continuing educational goals through the Education Grant Program. Now LPNs who have benefitted from the program are encouraged to consider donating to the Foundation.

All gifts go a long way in assisting LPNs like Tracy Stephens, “I would like to express my sincere gratitude to the Foundation for the educational grant that was awarded to me. This grant made it possible for me to achieve Level I and Level II Cancer Coach Certification.”

To donate, visit http://foundation.clpna.com/donations, or contact Donna at foundation@clpna.com, 780-484-8886 or 1-800-661-5877 (toll free in Alberta).

Donors receive a tax-deductible receipt.

David King Bursary for Education/Adult Education Students

Up to $2500 available

The David King Bursary assists Licensed Practical Nurses taking an Education or Adult Education degree or certificate.

APPLY NOW!

Eligibility and Online Application at http://foundation.clpna.com/bursary

Closes February 15, 2017

Questions? Contact Donna at foundation@clpna.com, 780-484-8886 or 1-800-661-5877 (toll free in Alberta)
CARING ABOUT OTHERS, RUNNING THE RISK OF FEELING, AND LEAVING AN IMPACT ON PEOPLE, BRINGS HAPPINESS.

- Harold Kushner -

@CLPNA
Drug Use in Pregnancy
Identification, Treatment, & Outcomes for Mom & Babe

CALGARY, May 29, 2017  •  EDMONTON, May 30, 2017
0830 to 1600 hrs.

MAUREEN SHOGAN, MN, RNC

It is estimated that up to twenty percent of all newborns are exposed prenatally to alcohol, illicit drugs, and prescription opiates. Identifying the mother and her newborn are the first steps required for individualized treatment for the specific drugs. Neonates are extremely sensitive to the environment which must be altered by creative nursing interventions. Nurses can potentially have greatest impact, since women are most likely to be receptive to treatment while pregnant or immediately postpartum. Participants will leave equipped to assess mothers and their newborns and intervene with individualized care.

WHO SHOULD ATTEND?

• Obstetric Nurses; L&D, Midwives, Ante and Postpartum; Fetal Assessment Nurses, Lactation Consultants
• Neonatal Nurses: Level 1, 2, & 3 Nursery Staff; Neonatal Nurse Practitioners
• Childbirth, Obstetrical and Neonatal Educators; Managers
• Women’s Health Practitioners; Intimate Partner Violence Counsellors; Selected Gyn & Public Health Nurses
• Social Workers, Drug Addiction Counsellors, Sexual Health Counsellors

Maureen Shogan is a Neonatal Clinical Nurse Specialist in an NICU and Mother-Baby Unit at Deaconess Hospital in Spokane, Washington, and Neonatal Nurse Consultant to 25 community hospitals. A graduate of Sacred Heart Nursing School, Gonzaga and Washington State Universities, she has experience as an NICU manager, transport nurse, clinical educator and parenting educator. Maureen has served on the editorial boards of Neonatal Network, Mother Baby Journal, and JONNN, and has taught at national and regional workshops for NANN, AWHONN and others. Maureen has worked with chemically addicted pregnant and parenting teens for over 20 years and is a consultant to the Washington and Idaho Departments of Child Welfare and Social Services.

Conference Fees:
$159** + $7.95 GST = $166.95  Super Early Rate (on or before February 6th)
$169** + $8.45 GST = $177.45  Early Rate (on or before April 17, 2017)
$179** + $8.95 GST = $187.95  Middle Rate (on or before May 15, 2017)
$189** + $9.45 GST = $198.45  Regular Rate (after May 15, 2017)

Stroke Update!

EDMONTON, June 5, 2017  •  CALGARY, June 6, 2017
0830 to 1600 hrs.

BARB BANCRFT, RN, MSN, PNP

This one day seminar discusses the latest information on stroke diagnosis and treatment. The lecture will commence with a review of neuroanatomy and the blood supply to the brain and spinal cord. Barb will then discuss a comprehensive overview of modifiable and non-modifiable risk factors for ischemic and hemorrhagic strokes as well as the treatment and prevention of the identified risk factors. Barb will differentiate between hemorrhagic and ischemic strokes as well as the differences between thrombotic and embolic phenomenon. Barb will focus on the classic clinical presentations for both hemorrhagic and ischemic strokes based on specific arteries involved. Barb will also discuss the acute neuro exam for the patient presenting to an emergency room with possible stroke symptoms using the NIH Stroke Scale and she will also discuss the neuro exam for the patient with chronic stroke signs and symptoms. Acute emergency treatment for hemorrhagic and ischemic strokes will be discussed as well as chronic treatment protocols.

WHO SHOULD ATTEND?

• Medical, Surgical, ICU, and ER Nurses
• Acute & Long Term Care Nurses in Urban & Rural Settings
• Rehabilitation and Special Care Unit Nurses
• Rehabilitation Therapists with an Interest in Stroke

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:
$159** + $7.95 GST = $166.95  Super Early Rate (on or before February 13th)
$169** + $8.45 GST = $177.45  Early Rate (on or before April 24, 2017)
$179** + $8.95 GST = $187.95  Middle Rate (on or before May 23, 2017)
$189** + $9.45 GST = $198.45  Regular Rate (after May 23, 2017)
www.clpnaconference.com

REGISTER TODAY
This event is expected to sell out!

April 26-28
Grey Eagle Resort & Casino, Calgary

Apply for $100 Off Your Registration Fee

more info online