New Program Prepares Foreign Nurses

Spring Conference 2007 Highlights

Alberta Perinatal Health Program

Interprofessional Simulation Project Strengthens Learning

LPN and BN students work together - page 5
CLPNA

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

Closed in recognition of statutory holidays:
Easter Weekend
April 6 and 9, 2007

Victoria Day
May 21, 2007

Canada Day
July 2, 2007

CLARIFICATION
Re: Professional Liability Insurance for LPNs
Further to the article regarding professional liability insurance in the Winter 2006 issue of the CLPNA newsletter; this liability insurance does not cover costs associated with legal assistance for LPNs involved in disciplinary hearings.
From the President’s Pen

Spring Conference 2007 is quickly approaching. I am amazed at how quickly a year passes and that in just a short time we will be gathering in Calgary for our annual Conference and General Meeting. On behalf of your provincial Council, I am honored to extend to you a warm welcome to attend the CLPNA Spring Conference on April 19 and 20 at the Coast Plaza Hotel and Conference Centre in Calgary. The program for this two-day event is an outstanding one featuring dynamic speakers, college activities and award presentations. Incorporated into the conference program is a strong focus on patient safety.

Recently, your provincial Council reviewed the LPN Standards of Practice and Code of Ethics. It was identified that revisions and enhancements needed to be made to the current Standards of Practice and Code of Ethics to include the changes that have occurred since the proclamation under the Health Professions Act, to reflect the advancements within the LPN profession and the changes within the health-care environment since 2003. At Conference, we will be seeking your suggestions and comments on the revisions to these two documents. As our profession moves forward, we must ensure that the LPN Standards of Practice accurately reflect current education and practice that is consistent with the Vision and Mission of the CLPNA and that our Code of Ethics is a true reflection of the values of our profession.

Recently, I had the opportunity to attend the Canadian Nurses Association Leadership Conference. Michael Villeneuve, Scholar-in-Residence with the CNA, opened the conference with a presentation on the study “Toward 2020: Visions for Nursing”. Michael served as the co-principal investigator of this study. We are privileged to have Michael joining us via webcast from Ottawa to present the research findings and the impact that it will have on us as Licensed Practical Nurses. You will be challenged to embrace the future and move forward. The latest advances in technology will astound you. With the purposed shortages in health care, we know that we must do things differently. But how and what is the impact for our profession? You will not want to miss Michael’s session.

This is an exciting year as we celebrate the 60th Anniversary of practical nursing in Alberta. Licensed Practical Nurses have proudly been serving the citizens of Alberta for 60 years! Many opportunities and challenges have emerged for our profession over these 60 years but one thing remains unchanged, and that is Licensed Practical Nurses continue to provide safe, competent, compassionate and ethical nursing care to the citizens of Alberta. I look forward to meeting you in Calgary!

Kind regards,
Ruth Wold
President

Greetings from the Executive Director

By the time you receive this newsletter, responses to the LPN Survey conducted in February are being tabulated by the Population Health Lab at the University of Alberta.

Survey results will be used by the College for our planning, and to inform key stakeholders and decision makers in areas of utilization, career satisfaction, retirement plans, and relations within health care teams.

Thank you to those who responded. Your input is critical in creating a picture that is representative of LPNs in Alberta and which will support the mission and mandate of the College. Our intent is to have summary information to share with you at Spring Conference.

At Conference, CLPNA will also introduce NurseONE, a leading edge web based health information resource that will soon be available to LPNs in Alberta. This tool from the Canadian Nurses Association has been developed for nurses by nurses and is designed to support your learning needs and continuing competency goals. As a member of CLPNA, you will have access anywhere, anytime, through NurseONE to the largest on-line nursing library potentially available to all nurses in Canada.

You will have access to the Cochrane Collection, e-CPS, e-Therapeutics, STAT!Ref Electronic Medical Library, MEDLINE, and Biomedical Reference Collection plus 1,400 full text journals and indexing for over 7,500 journals. The information is current, evidence-based and reliable. The site is designed to support nurses at the bedside, in the community, as educators, researchers, and leaders. There is something for everyone. In addition to the library, there is an area for developing, storing and updating your own individualized continuing competency plan. There is also a Career link which helps you manage your career including such things as resume development and interview preparation. You can even send a question to the career coach!

The CLPNA is embarking on a one year pilot of NurseONE. Details are currently being finalized and complete information will be shared at Conference. Representatives from CNA will be in attendance at Spring Conference to provide a “guided tour” of NurseONE. User information will be forwarded to each of you prior to implementation. Council is excited about the potential of this service and is proud to support our Licensed Practical Nurses with access to this leading edge information service.

Spring Conference is just a few weeks away. The program includes a wonderful blend of events that allows us to celebrate our past, be engaged in the present and focus on the future. I am excited about Conference and I look forward to connecting with membership!

Linda Stanger
Executive Director/Registrar
CLPNA Membership Statistics
2006 Registration Data - Year ending December 31, 2006

Registrations - 2006

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alberta Initial Graduates</td>
<td>441</td>
</tr>
<tr>
<td>Re-Entry LPNs</td>
<td>14</td>
</tr>
<tr>
<td>Other Canadian Registrants</td>
<td>198</td>
</tr>
<tr>
<td>Non Canadian Registrants</td>
<td>7</td>
</tr>
<tr>
<td>Renewals</td>
<td>6203</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>6863</td>
</tr>
</tbody>
</table>

Out of Province Registrations

<table>
<thead>
<tr>
<th>Year</th>
<th>1998</th>
<th>1999</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>53</td>
<td>34</td>
<td>41</td>
<td>74</td>
<td>90</td>
<td>80</td>
<td>81</td>
<td>124</td>
<td>213</td>
<td></td>
</tr>
</tbody>
</table>

LPN Registration Trends

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>8646</td>
<td>7984</td>
<td>7225</td>
<td>6956</td>
<td>6736</td>
<td>6651</td>
<td>6545</td>
<td>6378</td>
<td>6196</td>
<td>5862</td>
<td>4963</td>
<td>4723</td>
<td>4606</td>
<td>4342</td>
<td>4431</td>
<td>4848</td>
<td>5172</td>
<td>5575</td>
<td>6037</td>
<td>6533</td>
<td>6636</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Distribution of Regulated LPNs by Health Region

<table>
<thead>
<tr>
<th>Health Region</th>
<th>2005</th>
<th>2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>R1 Chinook Regional Health Authority</td>
<td>399</td>
<td>383</td>
</tr>
<tr>
<td>R2 Palliser Health Region</td>
<td>250</td>
<td>269</td>
</tr>
<tr>
<td>R3 Calgary Health Region</td>
<td>1489</td>
<td>1581</td>
</tr>
<tr>
<td>R4 David Thompson Regional Health Authority</td>
<td>805</td>
<td>830</td>
</tr>
<tr>
<td>R5 East Central Health</td>
<td>375</td>
<td>377</td>
</tr>
<tr>
<td>R6 Capital Health</td>
<td>2165</td>
<td>2340</td>
</tr>
<tr>
<td>R7 Aspen Regional Health Authority</td>
<td>397</td>
<td>401</td>
</tr>
<tr>
<td>R8 Peace Country Health</td>
<td>354</td>
<td>354</td>
</tr>
<tr>
<td>R9 Northern Lights Health Region</td>
<td>109</td>
<td>115</td>
</tr>
<tr>
<td>Other Canadian</td>
<td>190</td>
<td>213</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>6533</td>
<td>6863</td>
</tr>
</tbody>
</table>

LPN Gender Distribution

- Male: 316 (4.6%)
- Female: 6547 (95.4%)
Introduction

The shortage of clinical placements for nursing students results in an increased responsibility to ensure that students are well prepared for clinical education in real life settings. Many post-secondary institutions are looking to high-priced high-tech strategies for the preparation of nursing students, with the utilization of human patient simulators. While Bow Valley College is exploring the use of human patient simulators, we thought it prudent to examine other simulation strategies that may be more cost effective and equally useful. The use of actors to simulate patients in lab settings has been common practice in medical education, but has not been used in the education of Practical Nurses. Bow Valley College received funding from Alberta Health and Wellness to pilot a project that was intended to better prepare Practical Nurse (PN) learners to administer medication in the clinical setting. The project involved 19 learners at Bow Valley College in Calgary and seven at Red Deer College in Red Deer.

The Project

The project involved the students completing interactive web-based case scenarios based on real-life clinical situations, followed by a lab experience where they deliver medications to standardized patients, actors playing the roles of those in the case scenarios. In the lab setting, these students received supervision and feedback from 4th year BN students. Learners received feedback from both the BN student-observers and the actors. The BN students received feedback on their facilitation skills from the PN learners and the actors received feedback from the BN and PN students on their portrayal of patient problems. This quasi-reality initiative occurred in February/March 2006, just prior to the students’ first medication administration experience in the clinical area.

Project Development

Preparation of Learning Materials

Twelve case scenarios were developed by the project consultants and PN faculty with six of these developed into learner WebCT lessons, a web-based tutorial for instructors on facilitating on-line learning, and guidelines for preparing the patient actors and observers for the six medication labs. The six (6) WebCT lessons and corresponding labs were constructed to demonstrate increasing complexity.

Preparation of Participants

A) Faculty

The project involved developing a WebCT module for PN faculty to facilitate the student’s on-line learning. A one-day workshop was then provided for faculty which provided them with techniques in listening, questioning, providing feedback, encouragement, motivation and control in an on-line environment.

B) Actors

A two day workshop was provided to orientate them to the project, their role, typical patient presentations, the case scenarios, and how to provide feedback to the students.

C) BN Students

Materials for orientating observers to their role were developed and piloted with 4th year baccalaureate nursing students in Red Deer and Calgary – the materials address recruiting, preparing and supporting the observers. A two day workshop was provided to orientate them in observation and providing feedback.

D) PN Students

In the labs, the learners administered the medications they studied in the six WebCT case-based lessons to the actor playing these patients in the lab. They administered medications to two of these patients in each lab. The patient situations in the first lab were of minimal complexity, the second lab moderate complexity, and the third lab highest complexity. Complexity level was based on the number of medications and their routes, as well as patient-related factors that impact medication administration (e.g. physical impairments, labs reports, unexpected events).

Evaluation

Components of the evaluation included:

a) Assessment of student participant’s medication administration skills: Skills were measured prior to their completing the WebCT lessons and after completing the labs. These assessments were the regularly scheduled mid-term and final case scenarios carried out by program faculty.

b) Feedback from students and instructors: Students and clinical instructors also provided feedback on their perceptions of learners’ competence and confidence after administering medications for the first time in the clinical area. This feedback was gathered through a structured interview process.
Medication Admin. Project... continued from page 5

c) Feedback from BN student observers: Feedback was gathered through a structured interview process

d) Feedback from actors: Feedback was gathered through a structured interview process

Highlights Evaluation Findings

Feedback from BN observers

All ten BN student observers thought the workshop prepared them to be an assessor and to provide feedback. The observers’ feedback to their participation in the labs was very positive and would recommend this type of work to their peers indicating they found it a very rewarding experience. They all thought this approach to clinical learning (WebCT lessons followed by labs with actor patients and observers) should be available to all nursing students, RN as well as PN. The BN student observers reported that as well as enhancing their observation and feedback skills, they gained insight into their own nursing practice. They appreciated the opportunity to review their medication and clinical skills. They also saw this as an opportunity to see what teaching would be like.

Feedback to Actors’ Workshop

All 19 actors thought the workshop prepared them to play the patient roles. The actors’ feedback to their participation in the labs was very positive. The actors found the experience of helping nursing students rewarding and were pleased their skills contributed to that learning. One described it as a (pre-clinical) “dress rehearsal”, indicating that for actors, this helps ease the nerves “when it comes time for the real thing”.

PN Learner Feedback to the Lab Settings Using Actors

Learners found the feedback in this non-testing situation contributed to their confidence and to their critical thinking skills. Learners also appreciated the positive reinforcement, and as one noted, it was helpful to know her “nerves didn’t show”. The actor in this situation gave this feedback to the learner: “Your calm, direct manner of speaking to me and answering my questions put me at ease and I had utmost trust in what you were doing. You will be a very good nurse.” Another indicated the experience was “good – well awesome actually to have feedback on my bedside manner and med admin procedures”. Feedback from learners and their clinical instructors suggests that this approach to learning may have an impact on confidence in medication administration. Six of the MAP students from Bow Valley College reported on their confidence when administering medications for the first time in the clinical area. All indicated they felt very confident. One learner indicated she found her first interaction with her patient was much less stressful than she had imagined. One group of instructors commented that most learners are usually hesitant and anxious when first assigned to administering medications. Those who had participated in this project, set up the medication cart, checked the MARs (Medication Administration Record) and were ready to go.

Conclusion and Recommendations

This evaluation indicates that this approach to learning (WebCT lessons, followed by labs involving actor patients and observers) had a positive impact on learners’ confidence prior to administering medications in the clinical area. It also appears that these perceptions remain after administering medications in the clinical area. While the design of this project does not provide any definitive answer with respect to confidence and competence, this evaluation does suggest that this approach has the potential to impact learner confidence and competence in a meaningful way. Further, if confidence and competence impact the time it takes to learn a skill, this type of experience has the potential to reduce the amount of clinical time required to learn safe medication administration.

The involvement of actors and 4th year BN students contributed to the success of this project. Learners benefited greatly from the feedback they received from the actors and observers. Both groups of learners (PN and BN students) developed a greater understanding of each other’s respective role and benefited from getting to know each other. The actors enjoyed working with the students and they appreciated the opportunity to practice their improvisation skills. The BN student observers were given a taste of what it is like to teach and they benefited from reviewing their medication knowledge and skills.

The outcomes of the project lead to the following recommendations: research be carried out to ascertain if this approach has the potential to decrease the number of hours learners require in traditional workplace practicum’s, then see if it can work for other skills, other health care professionals, training program for actors using their improv skills, use this as a course experience for fourth year BN students to get them interested in teaching.
Alberta Graduates Rate High Nationally

In January, over 100 Alberta LPN candidates wrote the new Canadian Practical Nurse Registration Examination (CPNRE), achieving an impressive 97% pass rate for first-time writers. Comparatively, the national pass rate was 90% for first-time writers. These results are significant as the revised exam is based on updated national competencies for 2007.

The CLPNA is proud of the outcome. “These results are a clear reflection of the program approval process, the commitment to excellence by the Colleges, and the dedication of the students. These graduates are well-prepared.” says Linda Stanger, CLPNA Executive Director.

CPNRE Background Information

Each province and territory is responsible for ensuring that graduates of practical nursing programs in Canada, and practical nurses educated in other countries, applying for registration as a practical nurse meet an acceptable level of competence before they begin to practise. This level of competence is measured, in part, by the Canadian Practical Nurse Registration Examination (CPNRE) administered by the provincial and territorial regulatory authorities. Assessment Strategies Inc. (ASI) produces the CPNRE by working in collaboration with practical nurses as well as educators and administrators of practical nurses from across Canada who serve as content experts in developing and validating the CPNRE on behalf of the regulatory authorities.

The complexity of this process reflects that registration examinations have a well-defined purpose: to protect the public by ensuring that registered professionals possess sufficient knowledge and skills to perform important occupational activities safely and effectively. In the case of the CPNRE, the purpose of the examination is to protect the public by ensuring that the entry-level practical nurse possesses the competencies required to practise safely and effectively.[CIB1]

There are 94 competencies that make up the content for the national examination. Success on the CPNRE depends on two main factors: (1) your knowledge of practical nursing principles and content; and (2) your ability to apply this knowledge in the context of specific health care scenarios presented in the CPNRE.

In developing the competencies for entry-level practical nurses, the following assumptions were made.

1. The competencies represent the combined nursing knowledge, skills, behaviours, and clinical judgments that entry-level practical nurses require for safe, competent, and ethical practice.
2. The foundation of practical nursing is defined by Legislation, Scope of Practice, Standards of Practice, and the Code of Ethics.
3. Practical nurses are accountable for their decisions and actions.
4. Practical nurses maintain competence through lifelong learning.
5. The core of nursing practice is the nurse/client relationship, whereby the practical nurse creates and maintains a caring environment through connecting and sharing and exploring in a collaborative relationship with the client.
6. Practical nurses care for clients throughout the life span and follow a systematic approach to nursing care, through critical thinking and clinical judgment, in the application of their knowledge of assessment, planning, implementation, and evaluation.
7. Practical nurses are committed to provide, facilitate, and promote safe, competent, and ethical care.
8. Educational programs prepare practical nurses to practice in a variety of settings and contexts including, but not limited to, acute care, maternal/child, pediatrics, continuing care, long-term care, mental health, public health, and community agencies.
9. Practical nurses practice collaboratively with other members of the interdisciplinary health care team to meet the physical, psychosocial, and spiritual needs of clients.
10. Practical nurses respect the diversity of clients.
11. Practical nurses respect the shared and unique competencies of other members of the interdisciplinary health care team.
12. Practical nurses demonstrate openness to change that enhances and supports nursing practice.
13. Practical nurses recognize that the Canadian health care system is evolving to a Primary Health model and are knowledgeable of trends and issues that have an impact on clients and other members of the interdisciplinary health care team.

CLPNA extends a sincere thank you to each of the content experts in our jurisdiction, and extends congratulations to the successful candidates.

Be proud of your chosen profession.

Wear your LPN pin.
In 2004, the Provincial Ministry of Health and Wellness (AHW) provided grant funding for the development of a provincial program to support Perinatal Healthcare in Alberta. The Alberta Perinatal Health Program (APHP) was formed with a mission: “To promote maternal health, positive birth outcomes and healthy infancy by providing provincial leadership and enhanced support to health regions, health professionals, Alberta Health and Wellness, and other stakeholders.” The APHP has now settled into its role as a primary source for perinatal leadership; perinatal data collection and management; perinatal quality improvement and assurance; as well as education for perinatal care providers in the province of Alberta.

The noted service areas of the APHP enable the program staff to provide a full range of supportive services to the perinatal caregivers throughout the province. The APHP maintains a website (www.aphp.ca) and a listserv (available to practitioners) for information sharing relevant to perinatal practice in the province and beyond. The following article will focus on the education function of the APHP and provide readers with information on some of the education programs offered through the APHP.

The APHP continues some of the work that had been carried out by the Northern and Central Alberta Perinatal Outreach Program (NCAPOP) and the Southern Alberta Perinatal Outreach Program (SAPOP). Specifically, these latter two programs had been the brokers for the Neonatal Resuscitation Program (NRP), and the Fundamentals of Obstetrical Nursing program which also included Fetal Health Surveillance. It was these education programs that formed the foundation for the education function of the APHP.

The APHP continues to be very active in the provincial strategy for implementing NRP and has recently completed a province-wide update of 259 instructors. With this process came the new NRP guidelines. The APHP has taken a leadership role in bringing the Acute Care Of at-Risk Newborns (ACoRN) program to the province. Spring 2007 will see a provincial plan unfold for the implementation of this program at the site level where the content is most valuable.

Two other flagship educational endeavors for the APHP have arisen from another grant awarded by Alberta Health and Wellness in 2004 aimed at managing obstetrical risk with specific provision for a strategy to support the rural perinatal care delivery settings around the province. It was through this grant that the Managing Obstetrical Risk Efficiently Program (MOREOB) program and the Strategies for Teaching Obstetrics to Rural and urban Caregivers (STORC) program came to be available to the provincial hospital settings delivering perinatal care.

The MOREOB program is a product of the Society of Obstetricians and Gynecologists of Canada (SOGC) and is intended to enhance patient safety through implementation of a multidisciplinary approach to culture change in the Labour and Delivery area. The MOREOB program is modular and employs a multidisciplinary ‘Core Team’ at the site level to implement the elements of change and champion the process. Currently in the province of Alberta there are 62 sites participating in the MOREOB program and greater than 99% of the infants born in Alberta are born in MOREOB participating facilities.

The MOREOB program starts with a learning module that aims to “level the playing field” with regards to the knowledge level of the participants, regardless of their discipline of practice. The evidence informed content is ideally suited to intrapartum caregivers who need an understanding of the knowledge and skills required in the Labour and Delivery setting.

Although the MOREOB Program provides educational content for participants, it does not include some of the basic assessment knowledge and skills that are required by the novice practitioner. There was consensus among the health regions in Alberta that local access to this basic education was of paramount importance to the quality of local practice. The APHP accepted a leadership and facilitator role in the development of the Strategies for Teaching Obstetrics to Rural and urban Caregivers (STORC) curriculum.

Coordinators at the APHP contacted each of the Regional Health Authorities (RHA’s) in Alberta and sought endorsement for and participation in a shared process of curriculum development. With representation from all nine RHA’s in Alberta and the Northwest Territories (NWT), the STORC planning committee was formed and a schedule drafted to allow curriculum develop-
ment within one calendar year. After less than one year, the STORC committee had a curriculum to deliver to a cohort of learners that would use the product and provide evaluation for the committee. Subsequent updates and amendments would be made before the STORC curriculum was ready for widespread use by caregivers in Alberta and NWT.

The STORC curriculum was designed to meet the needs of the target audience as identified by the regional educators that came to the planning table. The content of the program focused on the mother/fetus/infant and spanned from the time of labour assessment upon admission for delivery to discharge into the community. The content of the curriculum is evidence-informed and designed for the very novice caregiver. Rather than designing a curriculum that was comprehensive and provided all necessary education for an obstetrical caregiver, the committee wanted a program that focused on the normal. They wanted a curriculum that taught about identifying at-risk situations, not necessarily managing the situation at risk. Furthermore, they wanted a curriculum that encouraged an interest in maternity care that would foster a desire for further learning in this exciting area.

STORC is a modular program that is being evaluated as a self-guided workbook. STORC has an accompanying ‘Flight Plan’, which is a tool the participant can use to seek and track learning opportunities in their work/learning setting. The learner/evaluation cohort is composed of novice LPNs and RNs, and the curriculum is being provided to the learner in a way that ‘fits’ for the specific facility or setting where the learner is employed. This is reflective of another of the STORC principles: the curriculum was not designed to change the current education structure of the site implementing the package. It was intended that the product of the work of the STORC committee would complement the existing education programs that were being delivered at the site level around the province, and in the NWT.

The STORC program will be evaluated over the winter/early spring of 2007 and it is anticipated that the product will be re-released in its final version before the fall of 2007. This represents a timeline that is just under two years long and proves the worth of collaboration and teamwork.

The APHP looks forward to the next year of working in partnership with the health regions to support the provision of quality perinatal care.

---

### The Alberta Nursing Knowledge and Education Project (KEP)

This project arose from discussions at the Nursing Advisory Council of Alberta (NACA) regarding the appropriate roles for and utilization of nursing personnel. Specifically, the discussions underscored the need to acquire a clear understanding of the educational preparation and knowledge across three nursing professions: registered nurses, licensed practical nurses and registered psychiatric nurses. Alberta Health and Wellness provided funds in 2006 to support a three-year project that would:

1. Define the core/foundational knowledge common across the professions; and
2. Describe the levels of knowledge (breadth and depth) that differentiates them.
3. Produce a replicable model that might be used in the future for other cross-profession analyses.

While the College and Association of Registered Nurses of Alberta (CARN) is the fund holder, the project is led by a Steering Committee that comprises representatives from CARN, College of Licensed Practical Nurses of Alberta, College of Registered Psychiatric Nurses of Alberta, Alberta Health and Wellness, Clinical and Nurse Practice Leaders Network, Alberta Nursing Education Administrators, Office of Nursing Policy – Health Canada, Alberta College of Pharmacists, and a research representative.

A project coordinator has been hired to shepherd the project through its various activities over the next 2 1/2 years. Two education consultants have been contracted to develop the research proposal, which was accepted in principle at the January 12, 2007 meeting of the Steering Committee.

Next steps include:
* Submitting the proposal for ethics review;
* Approaching selected nursing education programs for interest in being a research site for data collection purposes.

A sample of programs will be selected to participate; the project will need programs preparing students for the professions of RPN (1), LPN (2), and RN (2 University; 3 Community College). Heads of these programs will be approached early in 2007 to invite participation of their schools in the project.

Data collection will proceed in two rounds; the purpose of the first round will be to develop a model template that will be tested and refined by the second round of data collection and analysis.

The data collection will begin with:
* Gathering curriculum documents on the first “dyad” of professions (probably RN/LPN) in Spring/Summer 2007;
* Interviewing key informants (faculty and administration) and doing site visits in Fall 2007;
* Interviewing senior students to do case exercises (Spring 2008 – unless there is a January exit from the programs).

Data collection for the second “dyads” (LPN/RPN and RN/RPN) will follow a similar course in 2008. The unit of analysis for the project is the professions, not the programs. No comparisons will be made by educational institution.

*Updates on KEP will be published in future issues of this newsletter.*
What is PHEN?
The Provincial Health Ethics Network (PHEN) is a non-profit, non-partisan organization which provides resources to Albertans to support systematic and thoughtful analysis of ethical issues in the health system. It is funded primarily by the Ministry of Health and Wellness and the ten Regional Health Authorities and Boards of Alberta.

Since the start of operations in 1996, PHEN has maintained a Northern and a Southern Alberta office, located in Edmonton and Calgary and led by PHEN Coordinators. These offices act as ‘hubs’ in the network, linking individuals and organizations from across the Province with each other and providing access to ethics resources.

PHEN is a registered society with a membership ranging from 200-400 individuals and institutions spanning all regions of the Province as well as Canada and the U.S.

As the only organization of its kind and scope in Canada, PHEN is an ‘experiment in process’. Its offices aim to keep abreast of the ethics resource needs of users and stakeholders of the health system in Alberta and to continually adapt and respond to these as they arise. It strives to work closely with the four other bioethics organizations in the province to work towards coordinated and consistent strategies for raising awareness, providing education, and delivering services related to bioethics, to Albertans.

PHEN’s Mission
To facilitate examination, discussion and decision-making with respect to ethical issues in health and health care.

PHEN’s Goals
- Connection: To connect individuals and organizations with an interest in health ethics with each other and with health ethics resources.
- Coordination: To work towards better coordination of ethics consultation, education and awareness-raising activities
- Education: To provide support for ethical reflection and decision-making

Alberta Bioethics Week: March 5-11, 2007

Equity and Health

March 5 - 11, 2007 was Bioethics Week in Alberta. Bioethics Week is a time set aside for Alberta organizations, health institutions, and individuals to host and attend educational events that explore ethical issues related to health and well-being.

Bioethics Week has been designed with several goals in mind, including:
- Emphasizing the importance of examining values underpinning the health system
- Facilitating the health ethics education of various stakeholders in the system
- Providing greater visibility for ethics committees and health ethics issues across the province

Social Determinants of Health
Traditionally, discussions regarding equity and health have focused on access to health care. However, we know from much recent research that access to health care services is only one amongst many factors that determine whether or not people are healthy. In addressing inequities in the health status of Albertans, therefore, it may be beneficial to broaden our discussions to consider all factors that have an impact on health. These include the economic, environmental and social conditions that influence the health of individuals and communities and are often referred to as the social determinants of health. They influence, to a significant extent, whether individuals are healthy or ill and the extent to which a person has the physical, social and personal resources to realize personal aspirations, satisfy needs, and cope with the environment. Considering social determinants of health is different than - though it does not supplant - attention to biomedical and behavioural risk factors such as cholesterol, body weight, physical activity, diet, and tobacco use.

Some social determinants of health include:
- Employment and working conditions
- Housing and shelter
- Access to healthy and affordable food
- Access to health services
- Income and social status
- Education and literacy
- Gender
- Social support and inclusion
- Social and physical environments
- Social justice
- Personal health practices and coping skills
- Culture

Equity and Health
Social determinants of health take into account the quantity and quality of the resources that a society provides to its members. Considering the social determinants of health also involves examining how equitable the distribution of these resources is and how inequities in social and personal resources result in disparities in...
health status within and between populations. This year’s Bioethics Week theme asks Albertans to consider the ethical issues surrounding these inequities.

Questions to Consider

- Why are some groups of people - locally, nationally, globally - less healthy than others?
- Do we have a moral responsibility to address inequities in health and its underlying determinants?
- Who is responsible for health? To what extent are we responsible for our own health and to what extent do we have a collective responsibility for the health of others within or outside of our community?
- Who defines what the standard of health is? Is it fair to impose this standard on others who may define it differently? Is this “healthism”?
- Are traditional bioethics theories applicable to addressing equity and health? Are some more useful or relevant than others?
- Should resources that affect the social determinants of health be more equitably distributed? If so, what are some strategies for doing so?
- How can we promote choices that promote better health and equity at both the individual and social level? Can individual health choices and the health of a population conflict?
- How can we promote these choices to address health inequities without threatening the autonomy of individuals or creating instances of coercion, blame or stigma?

New Opportunity for LPNs to become Certified Diabetes Educators

Canadian Diabetes Education Certification Board
Building Certified Diabetes Educator Capacity to Meet the Challenge of Diabetes Education in Canada

Diabetes is a complex ongoing medical condition that requires a multidisciplinary approach to education, treatment and management. Multidisciplinary teams collectively provide a level of expertise and knowledge based on a broad range of competencies and bodies of knowledge. The members of the team have developed an expertise in diabetes education and management that is used within each profession’s scope of practice to provide evidence based care. Certification in diabetes education provides a healthcare professional with internal professional recognition and external verification of specialization and expertise in diabetes education.

In Canada, the current estimate of prevalence of diabetes is 2,006,000 with an anticipated increase to 3,543,000 people by 2030 as published by the World Health Organization (WHO). Worldwide there are 171 million people with diabetes and the WHO forecasts that the number will increase to 366 million by 2030. Clearly we are in the midst of a burgeoning epidemic that is occurring not only in Canada but worldwide (WHO, 2005). Canada, as in other countries, has a shortage of healthcare professionals (CIHI, 2005). Certified Diabetes Educators (CDE) are also in limited supply in comparison to the current and anticipated future demand. The Canadian Diabetes Association (CDA) has approximately 2300 Diabetes Educator Section (DES) members (J. Belding, personal communication August 8, 2006). The majority of members are Certified Diabetes Educators of which approximately 45% are nurses, 39% are dietitians, and 14% are pharmacists. There are also a number of other healthcare professionals who have achieved Certified Diabetes Educator status in smaller numbers such as social workers, psychologists and physicians. Other healthcare professionals who previously had not been eligible for certification are also involved in diabetes education on an ongoing basis. The roles of the various healthcare professionals have expanded and will continue to evolve to meet the needs and challenges of our healthcare system.

The CDECB has taken a proactive approach and expanded the eligibility criteria to write the certification examination to include all healthcare professionals who are members of a regulated healthcare profession in Canada. As well, the candidate for certification also must practice and provide diabetes education within their professional scope on a regular basis. This has been defined as 800 hours over 3 years. The CDE designation recognizes a level of expertise obtained through professional education and experience based on a broad range of competencies. However the CDE® credential is not authorization to practice outside the scope of one’s profession. The expanded eligibility criteria is an effort to build capacity in the Canadian community to meet the challenge of the diabetes epidemic and to provide and maintain high standards for all regulated healthcare professionals who work with people with diabetes on an ongoing basis. As more healthcare professionals take the initiative to develop specialized skills and knowledge and provide care and education based on current evidence based information, the more effective they will be in engaging people with diabetes in self care management. Ideally we will speak with one common voice and from a common body of evidence based knowledge and provide consistent messages.

The aim of the CDECB is to provide a process to validate expertise in diabetes education for the many healthcare professionals involved in diabetes education. The end result is increased capacity of healthcare professionals who are practising with current evidence based knowledge to better meet the needs of the Canadian diabetes population. This is a win: win situation for healthcare providers, for healthcare organizations; for employers of healthcare professionals, for individuals with diabetes and for the Canadian healthcare system.

More information is available at www.cdecb.ca

References:
Retrieved July 1, 2006, from www.cihi.ca


For more information on PHEN’s resources and programmes, please visit www.phen.ab.ca or phone 1.800.472.4086.

Article submitted by PHEN. References for this article and numerous other resources on Health Equity and the Social Determinants of Health are available on the PHEN website at www.phen.ab.ca.
Executive Summary

Compared to previous Alberta surveys on physical activity, the percentage of Albertans active enough to experience health benefits has increased.

Results by Location in the Province

The survey included results from Edmonton, Calgary and other parts of Alberta. The number of physically active Albertans has increased in Calgary and “Other Alberta,” but has gone down slightly in Edmonton.

Factors that Influence Physical Activity

Sociodemocratic Factors

Similar to previous years, several sociodemographic factors influence physical activity. Generally, the percentage of sufficiently active Albertans:
• Decreases with age (also found in 2005).
• Is higher among people with more education (also found in 2005).
• Is higher among people with the highest annual household income (also found in 2005).
• Is higher among people who have never married and people who are separated (not found in 2005).
• Is higher among people who have both a paid job and are self-employed (also found in 2005).

Age and the number of children are the only sociodemographic factors that predict physical activity status (sufficiently active vs. insufficiently active).

Psychological Factors

There are several psychological factors that can influence physical activity. The percentage of sufficiently active Albertans increases as:
• General self-efficacy increases (i.e., confidence in being able to participate in regular physical activity) (also found in 2005).
• Coping self-efficacy (i.e., confidence in being able to overcome potential barriers to physical activity such as time constraints, bad weather, feeling tired or in a bad mood) increases (also found in 2005).
• Scheduling self-efficacy (i.e., confidence in being able to arrange one’s schedule to participate in physical activity) increases (also found in 2005).
• The belief in the health benefits of physical activity increases (also found in 2005).
• Intention to participate in physical activity in the near future increases (also found in 2005).
• Perceived opportunities to participate in regular physical activity increase (also found in 2005).

Environmental Factors

There are six environmental factors that influence physical activity. The percentage of sufficiently active Albertans increases with:
• Increases in perceptions about access to places for physical activity (also found in 2005).
• Increases in perceptions of neighbourhood convenience (also found in 2005).
• Increases in perceptions of facilities for bicycling (not significant in 2005).
• Decreases in perceptions of crime in one’s neighbourhood making it unsafe to walk at night (not significant in 2005).
• Decreases in perceptions of traffic making it difficult or unpleasant to walk (not significant in 2005).
• Increases in perception of interesting things to look at (not significant in 2005).

Predictors of Physical Activity

After controlling for sociodemographic factors, the only predictors of physical activity status included the following:
• high general self-efficacy
• moderate or high coping self-efficacy
• high intention to participate in physical activity
• the perception of neighbourhood convenience
Changes to First Aid and CPR: How They Impact You
By Jillian Henderson, Canadian Red Cross

First aid and CPR are now simpler to learn, perform and are more effective. The new approach, adopted recently by Canadian Red Cross, follows the recommendations of one of the largest evidence-based medical reviews ever undertaken.

According to the reviewers, previous first aid teaching standards were based on tradition rather than science. They discovered that people who don’t practice emergency procedures on a regular basis don’t feel comfortable taking action in an emergency situation; in some cases they will simply walk away. The review argues that fewer steps and procedures would increase the probability of an individual administering CPR quickly and competently.

The majority of Canadians are lay rescuers and will require CPR A, B or C within the new training system. Individuals in professions such as firefighting, lifeguarding, and health care practitioners who are not members of designated resuscitation teams require Workplace First Aid Team-CPR level C.

There is a small fraction of Canadians who require the Health Care Provider (HCP) level in CPR. They are health care professionals – such as emergency room doctors and nurses – who are consistently involved in resuscitation events. “Using the terminology of Health Care Provider for First Aid can lead to confusion for nurses and other health care professionals, when determining which CPR level they require,” says Tannis Nostedt, Western Canada First Aid Program Advisor for the Canadian Red Cross. “It is important to remember that unless you are involved in resuscitation events on a regular basis, you will only require CPR C”.

“People are more apt to apply their first aid and CPR knowledge in a real-life situation if they feel comfortable and confident in their skills,” says Rick Caissie, National Manager of First Aid for the Canadian Red Cross, the only Canadian First Aid training agency represented on the recommendations committee. Caissie provided direct input to the revisions.

Caissie believes that employees trained in the new programs will be more likely to retain the skills they learned during the cycle between recertification courses. Training in the updated programs is ongoing and in the meantime, “Don’t stop using your current CPR and first aid skills,” Caissie urges. “Those skills are not wrong and will still save lives.”

For more information on Red Cross First Aid programs, call 1-888-356-3226.

Calgary Health Region Announces New Graduate Hiring Program

Obtaining full time employment just got easier for new graduate LPN’s. The Calgary Health Region successfully negotiated an agreement with AUPE that enables the health region to hire New Graduate Licensed Practical Nurses into full time positions that support the transitioning from student to employee.

In the LPN New Grad Supernumerary Program, full time positions are created by CHR specifically for new grads. New grads apply and successful candidates are hired into full time positions for one year with benefits, regular salary and regular union member status. During the year, they can apply for available positions as an internal candidate.

This program will assist LPN’s in obtaining regular lines (positions). If an LPN is not able to secure a regular line by the end of the year, they are transferred to a casual position. Depending on the time of year and needs of the health region, there will be different quantities and types of positions available. Currently there are opportunities in the following areas: Nephrology, GI/Metabolic, MSK/Rheum/Ortho/Burns, Cardiac Surgery, Medical Inpatient, Cardiac Sciences, Gyne/Gyne Oncology, Medicine Special Care Nursery, Urology/Surgery, Orthopedics, Neuroscience, Home Care Seniors South, Home Care Pediatrics, and Home Care Adults West.

For more program information or to apply, contact Denise Moroz at (403) 943-1355, fax (403) 943-0777 or denise.moroz@calgaryhealthregion.ca.
### THURSDAY, APRIL 19TH

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:30 AM</td>
<td>Registration</td>
</tr>
<tr>
<td>8:30 AM</td>
<td>Greetings &amp; Welcome</td>
</tr>
<tr>
<td></td>
<td>Ruth Wold</td>
</tr>
<tr>
<td>9:00 AM</td>
<td>Ignite the Magic Within</td>
</tr>
<tr>
<td></td>
<td>Wayne Lee</td>
</tr>
<tr>
<td></td>
<td>By using his MAGIC formula of Motivation, Awareness, Goals, Imagination and Choices, Wayne Lee inspires, entertains and instructs people to break through fears and to discover how to unleash the power of their inner magic to design and create their ideal life.</td>
</tr>
<tr>
<td>10:40 AM</td>
<td>Break</td>
</tr>
<tr>
<td>11:10 AM</td>
<td>Keynote Continued</td>
</tr>
<tr>
<td></td>
<td>Wayne Lee</td>
</tr>
<tr>
<td>12:10 PM</td>
<td>Lunch &amp; Displays</td>
</tr>
<tr>
<td>1:30 PM</td>
<td>NurseOne</td>
</tr>
<tr>
<td></td>
<td>Christophe Kerrévant, PhD &amp; Salma Dehs-Ivall, RN, MScN</td>
</tr>
<tr>
<td></td>
<td>NurseOne is a national, bilingual web-based health information service for the Canadian nursing community. This session provides a guided tour to explore the benefits of Nurse One and how you can utilize this excellent resource to improve your practice.</td>
</tr>
<tr>
<td>2:30 PM</td>
<td>For Goodness Sake I:</td>
</tr>
<tr>
<td></td>
<td>A Comedy Revue on Why it’s Good to be Good!</td>
</tr>
<tr>
<td></td>
<td>Popcorn Video Session</td>
</tr>
<tr>
<td>3:00 PM</td>
<td>Break</td>
</tr>
<tr>
<td>3:30 PM</td>
<td>Panel: “Creating a Culture of Safety Through Collaboration and Communication”</td>
</tr>
<tr>
<td></td>
<td>Sabina Robin, Dr. John Cowell, Dr. Ward Flemmons</td>
</tr>
<tr>
<td></td>
<td>Patient safety isn’t any one particular profession’s responsibility. In moving to enhance patient safety we cannot ignore the needs, symptoms, past experiences, values etc. of the patient and/or their family. Patient safety is everyone’s business and everyone’s responsibility.</td>
</tr>
<tr>
<td>5:00</td>
<td>Wine &amp; Cheese</td>
</tr>
</tbody>
</table>

### FRIDAY, APRIL 20TH

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>6:30 AM</td>
<td>Registration</td>
</tr>
<tr>
<td>7:00 AM</td>
<td>Fredrickson - McGregor</td>
</tr>
<tr>
<td></td>
<td>Education Foundation Awards Breakfast</td>
</tr>
<tr>
<td>8:45 AM</td>
<td>Break</td>
</tr>
<tr>
<td>9:00 AM</td>
<td>Annual General Meeting</td>
</tr>
<tr>
<td>10:45 AM</td>
<td>Break</td>
</tr>
<tr>
<td>11:00 AM</td>
<td>Vision 20/20</td>
</tr>
<tr>
<td></td>
<td>Michael Villeneuve, RN, BScN, MS</td>
</tr>
<tr>
<td></td>
<td>Hear about the leading edge study; Toward 2020: Visions for Nursing, as it is presented in a manner that is intended to be thought provoking and enlightening.</td>
</tr>
<tr>
<td>12:00 PM</td>
<td>Celebration Luncheon</td>
</tr>
<tr>
<td>1:30 PM</td>
<td>Street Drugs: What you</td>
</tr>
<tr>
<td></td>
<td>NEED to Know</td>
</tr>
<tr>
<td></td>
<td>Dr. David Cook</td>
</tr>
<tr>
<td></td>
<td>In this session, the factors that cause problems with street drugs will be discussed, together with the mechanisms by which these agents affect the brain. Registrants will have a better understanding of the health and social problems associated with addiction and abuse of street drugs.</td>
</tr>
<tr>
<td>2:30 PM</td>
<td>For Goodness Sake II:</td>
</tr>
<tr>
<td></td>
<td>A Comedy Revue of the Importance of Good Character</td>
</tr>
<tr>
<td>3:00 PM</td>
<td>Operation Athena - Afghanistan</td>
</tr>
<tr>
<td></td>
<td>Sgt. Larry Leduc, LPN</td>
</tr>
<tr>
<td></td>
<td>This presentation will give you an overview of one LPN’s journey and day-to-day life as a Medical Technician (Operating Room Specialist) while deployed to Kabul, Afghanistan in 2005. This session will enlighten you to the world that faces our military forces, with stories from the “Real Frontlines”.</td>
</tr>
<tr>
<td>4:00 PM</td>
<td>Closing</td>
</tr>
<tr>
<td></td>
<td>Ruth Wold</td>
</tr>
</tbody>
</table>
Sabina Robin
Sabina Robin, LPN works in the David Thompson Health Region, is a mother of three, and is the Patient Safety Champion for the World Health Organization. Sabina speaks from the heart and from personal experience of the power of collaboration and communication.

Dr. John Cowell
Dr. John Cowell became the Chief Executive Officer of the Health Quality Council of Alberta in January 2003. He is Royal College certified in Occupational Medicine and has certifications from the College of Family Medicine and the Canadian Board of Occupational Medicine.

Dr. Ward Flemons
Dr. Ward Flemons is a respirologist at the Foothills Medical Centre and the Tom Baker Cancer Centre, and a Clinical Professor of Medicine at the University of Calgary. Faculty of Medicine. Dr. Flemons was appointed Vice President, Quality, Safety and Health Information for the Calgary Health Region in 2004.

Dr. David Cook
David Cook was educated in England and then joined the University Of Alberta Department Of Pharmacology where he was Chair between 1980 and 1991. He is currently the Director of the Division of Studies in Medical Education at the University of Alberta.

Sgt. Larry Leduc
In 1983, Sgt. Larry Leduc joined the Canadian Forces as a Medical Assistant and has subsequently received a number of courses including specialty training in several fields. In 1999, he received his LPN designation which allowed him to practice within the civilian community to maintain his competency in the Operating Room.

Michael Villeneuve
Mike Villeneuve has been Senior Nurse Consultant with the Canadian Nurses Association since July 2004, and presently serves as CNAs Scholar-in-Residence. In addition Mike has recently been appointed to the position of Executive Director, Academy of Canadian Executive Nurses of Canada.

Salma Debs-Ivall
Salma is the Senior Nurse Consultant for Content & Marketing of the NurseONE Portal. She has over 20 years of experience in nursing across the clinical, education, research and leadership domains. She has been involved in several regional, provincial & national projects and has presented at numerous regional, provincial, national and international conferences.

Christophe Kervégant
Christophe Kervégant is the Chief Operating Officer of the NurseONE / INF-Fusion Initiative. He joined the Canadian Nurses Association in 2005. He has extensive international experience consulting in both the private and public sectors, as well as in project management, especially in the field of information technology.

Earlybird Draw Prize
Register by March 21st to be entered into a draw for a 2Gb iPod Nano

TO REGISTER
Visit our website or call the CLPNA office.
www.clpnaconference.com
1.800.661.5877
CONFERENCE REGISTRATION DEADLINE: APRIL 13, 2007
Pre-Registration is required.
Even before I had thoughts of being a nurse, my first job was as a hospital housekeeper in an extended care unit of our local hospital in Whitefish, Montana. It definitely wasn’t my dream job, but I found something out about myself: I loved talking to the patients when I was doing my work. I could tell that it meant so much to them. So the following summer when I looked for a summer job, I applied to work as a nurse’s aide which I learned through on the job training. I loved working more closely with the patients. My work was meaningful and I felt like I was making a difference in people’s lives as so many of them rarely had a visitor from the outside world.

I watched the LPNs on the units as they assumed a charge role, providing many nursing treatments and interacting with families and the health care team. This was the inspiration I needed to decide I wanted to become a nurse.

Some years later after moving to Alberta, I heard about the Practical Nurse program offered at Alberta Vocational College, now known as Bow Valley College. I knew that I still wanted to become a nurse and, after working a variety of jobs, I discovered Practical Nursing would be a perfect fit. I was most interested in nursing competencies and the contact that I would have with the patients. The program was exciting and informative. It was great to expand my knowledge and learn with others who had the same passion as I did for nursing.

After graduating from the program, I started working in the Renal/Medical Unit in one of the larger tertiary care facilities in Alberta, but I was disappointed with the limited scope of practice. We used very limited nursing skills and primarily focused on patient care at a health care aide level. I was discouraged although I still appreciated the contact I had with my patients. I worked casual on that unit as well as several others over the next few years.

Through a friend, I heard about an opening for an LPN at an established medical clinic. I was the first LPN to be hired in the office and I worked there for five years. It was a very valuable experience working closely with three female physicians and it helped me to become more confident communicating with other disciplines. It was a rewarding time and I enjoyed the contact with the clients.

After leaving the clinic, I worked with a private homecare agency and a senior’s lodge. Some of my new duties included medication delivery and being the nurse in charge. This situation was very challenging at first as there were no other health professionals nearby for guidance, I did enjoy the responsibility. During this time, I had the privilege of working with an infant with Down Syndrome. I was responsible for tube feedings and his daily care. I sang to him, did exercises and a lot of cuddling. His family was so welcoming and gracious to me. It was very enlightening to see how a family copes with a child who has a disability in a home setting.

I am Cindy Raugust, and I have been an LPN for 11 years. I have seen many changes and have experienced the excitement of seeing the LPN scope of practice grow and expand. This is my story.

continued next page
setting. They were amazingly patient and deserve so much respect for creating a wonderful loving home for their children.

After a lot of contemplation and encouragement from a friend, I applied for a job in homecare. For the past four years, I have been working at the Parkdale Office for Senior’s North for the Calgary Health Region. This job is so different than I expected. There is so much opportunity for autonomous practice and I am a full member of the multidisciplinary team.

I have now found a role that is challenging and interesting. When I am out on my own in the community, the health care team relies on my ability to perform thorough health assessments and manage and report any abnormalities. In fact, on the first day I worked independently in a client’s home, I managed an emergency which resulted in sending my client to the hospital by ambulance. Needless to say that was pretty challenging, but I gained the respect of the nursing team for making a sound judgement and confidently handling that emergency situation. My relationships with management and colleagues reinforces that my opinions and suggestions are valued.

My scope of practice has increased greatly since starting with homecare. LPNs are performing assessments that were not done in the past, parts of the admission process, mini mental tests, and a host of other assessments which gives more variety to my job. I have recently moved positions to work with the Chronic Disease Management (CDM) nursing team. My job is much the same, includes comprehensive assessments of clients and the resources available to them, and I am learning more each day. I was fortunate to participate in a focus group to discuss the competencies for the Chronic Disease Management Certificate Course that is being developed for LPNs. I hope to take this course once it is available to increase my knowledge base and further expand my opportunities in practice.

I also have opportunity to demonstrate leadership through involvement as a union representative on the Community Occupational Health and Safety Committee. This committee discusses issues that arise on job sites that are of a concern to employees. We then work with management to find a solution to improve the safety in the workplace. I have a strong passion for workplace safety and am proud to be on a committee that is so devoted to bringing about changes that really make a difference for all of us working in the community.

A second committee that I was recently involved with was called the “For Group” whose purpose is to evaluate communication between staff, clients, and vendor agencies within the homecare setting. This group consisted of representatives from management, education, nursing, social workers and various other disciplines. Communication between all levels and work life satisfaction are some of the issues we wanted to address.

We spent many hours creating surveys to send out to Calgary Health Region community employees, homecare clients and vendor agencies to gather baseline information about effective communication. Our purpose was to assess and enhance the communication between the various groups. We then developed formal learning opportunities in collaboration with Mount Royal College. A course called “Building Effective Working Relationships” was created. The two-level course was first offered to various disciplines including management, social workers, senior clinicians, the “For” working group and vendor agencies.

We were fortunate to receive money from the Broda Fund to help make this a reality. There was recently a second set of sessions with plans to give many more people the opportunity to take part in this excellent course.

After completing our objectives, a new group was formed to continue on with our vision. This group is called the “For Resource Group”. Each home care office will have a person designated to be a resource person for informal consultations regarding conflict management. The resource groups will have opportunities for more education to enhance our expertise in this area so that we can support our colleagues during times of conflict. This is a ground-breaking endeavour and has the potential to significantly impact the culture of homecare.

At this point in my life, I am proud to be an LPN. Our teams are working towards full scope of practice. Our legal title is “Nurse” and we need to claim this title proudly. I am grateful for all of the support I have received over the past years from my family, friends and colleagues. The future looks exciting for all of us and I look forward to what comes next!
Effective April 1, 2007 The Pharmacists Profession Regulation authorizes pharmacists to engage in three distinct types of prescribing:
• adapting a prescription,
• prescribing in an emergency, and
• initial access prescribing or managing ongoing therapy by prescribing based on:
  - the pharmacist’s own assessment of the patient,
  - a recommendation from a regulated health professional who is authorized to prescribe, or
  - consultation with another regulated health professional.

Pharmacists make a difference.
The Canadian Society of Hospital Pharmacists states:
Literally hundreds of papers have shown that a pharmacist can make a significant difference in patient care. When pharmacists are directly involved in patient care:
• the patient’s knowledge of their disease is improved
• the patient’s knowledge and understanding of their drug therapy is improved
• compliance with medication therapies is improved
• drug related problems are more readily identified and resolved, reducing patient risk
• the patient’s overall management of their disease is improved, resulting in lower incidence of hospital admissions, and shorter lengths of stay
• the patient’s quality of life and overall satisfaction with their drug therapy is improved.

In today’s complex health care system it is important to ensure continuity of care as clients move from one setting to another, e.g., ambulatory care to inpatient care to home care. Pharmacists are becoming increasingly involved with the entire health care team in ensuring seamless care, including initiatives such as medication reconciliation.

continued next page
Mandy’s Boat

Once in a while you meet someone who changes the way you think. Perhaps in a lifetime there will be only a handful but they become cast iron rudders.

She was six years old. Her tiny body had not grown much in the past two years. The ravages of cancer had disrupted the frame in which she lived. A light colored pink floppy Aussie hat slid at precarious angles on her head. She really didn’t care much where it was placed. Stubby blond hair was only exposed where the hat failed to cover. Although windows covered the entire south-west wall of the hospital cafeteria, the brightest light was the one in the room. Even on cloudy days her smile would brighten her surroundings. Her girlish laugh resonated above the hushed conversations of the huddled adults at the tables. She squealed with delight at the fish tanks, at the bronze statues of eagles, coyote pups and bears.

I sat spellbound by her. Heads turned to watch in amazement at her actions. She would halt her wheelchair and launch herself off the armrests of the chair landing on her knees on the curvy bench. There she would trace the paths of the fish as they glided through the water. She repeated the vault method to gain access to her wheels.

One day she stopped at the wishing well, dug out a coin from her pink purse, and closed her eyes. She bowed her tiny head in concentration then, with the arm of a major league pitcher she tossed the coin into the air, watched it flip in the air and splash down into the circle at the center of the globe in the pond. Her hands were raised in the air, her eyes focused, and her heart set firm on her wish.

“I wished that I could have Chicken McNuggets…What did you wish for?” came a small voice from across the pond. The pint-sized wheelchair driver did not answer but spun her chair around and raced away. Turning was always done on the rear wheels, which left black marks on the linoleum like burnout stations for drag racers.

“Mandy… please slow down,” called the tired voice of a stately-dressed woman. She sat at a table with her purse tucked under her arm. The purse doubled as a cushion for the weary mother as she observed the wheelchair zip its way around the tables and chairs.

“Mom, I haven’t scared nobody… today,” laughed the driver.

continued next page
Mr. Chicken McNugget was running after the wheelchair. Unable to keep up, he would take short cuts, tripping over chair legs and bumping the elbows of coffee sippers. He, too, was laughing and enjoying the game of tag. He finally cornered her at the cashier counter and the water dispenser.

“What did you wish for?” he asked.

“If I say… it might not come true,” she said.

“Will so… it will happen… really, what’d you wish for?” he asked again.

“Promise not to tell, OK?”

He stood as straight as a soldier with his right hand raised to half mast “Ok… I pinky swear!” he stated. Tiny fingers joined to make a covenant that was unbreakable.

“I wished that my Mom could be happy… all the time, some days she is tired and sad,” she whispered.

Usually Mandy’s laughter would waft down the halls long before she came into sight. When she appeared, it was at warp speed in the newly named wheelchair, Mandy’s Boat. Over time she recognized me and would come for a visit. When our visit was nearing the end, I provided a coin and she would wheel over to the “globe pond” and make a wish. Sometimes I had specific wishes and sometimes she was to make a wish by herself. It was a partnership support group of wishers, of which she was the chairperson.

We kept our dreams alive. It became a cure for my common life just to see her. Her smile and love of life attitude refreshed my soul. I retreated to the cafeteria as often as I could for my dose of happy medicine, given by a child. She was too young to understand that the joy she gave was a cure for commonality.

Looking out the window of the cafeteria, the snow began falling and a crisp bite was in the air. There is something about a winter day and fresh snow that finds its way into a building. Perhaps it’s the spirit of a season that creates a closeness that slowly surrounds and envelopes us. The bells tolled endlessly on the elevator doors. Announcements came on the overhead system for families to return to day surgery or to return to the cast clinic. Amid the noises of a busy hospital came a Code Blue, but was quickly cancelled.

Three adults were approaching, each one with their hand on a wheelchair. The chair was piled high with clothing, books, cards and flowers, not an unusual sight in the Children’s Hospital. Their faces held a rather mystical appearance. Traces of mascara left a stain, a tense brow, a firm chin, and yet a sense of peace radiated from each one. Heads were held high. I stepped aside to allow passage and in so doing, I met the look of a teary glance. Behind them the automatic doors of the Oncology unit slowly closed. It was then that I recognized the light pink Aussie hat draped over one of the handles of the wheelchair, partly obscuring the name, Mandy’s Boat.

Once in a while we meet people who change the way we think. Thanks Mandy for providing a cure for my common life and refreshing my soul, I “pinky swear” that I shall never forget you.

Based on actual events. Names and incidentals have been changed for privacy.

January 20, 2007
Hugh Pedersen

Updated Canadian Pandemic Plan

Working together, the federal, provincial and territorial governments produced the Canadian Pandemic Influenza Plan for the Health Sector with input from more than 200 officials and experts. The Plan, first published in 2004, is kept up to date and provides guidance to the health sector on preparedness activities and response to an influenza pandemic. The most recent update incorporates new terminology and includes new guidelines to help public health professionals manage local outbreaks of pandemic influenza.

The Plan provides guidelines for a wide range of health-related activities, from monitoring the spread of a virus, even before it reaches Canada, to using the most effective vaccines and medicines to decrease illness. It offers a national public health approach to preparing for an influenza pandemic in Canada.

A wide range of people in the health sector will have to respond to an influenza pandemic and the Plan will be especially helpful for the provincial and territorial ministries of Health responsible for health care delivery. The goal of pandemic planning is to minimize serious illness and deaths resulting from an influenza pandemic, and to minimize societal disruption (that is, allow as many people as possible to carry on their normal activities) during a pandemic. One of the aims of the Plan is to assist the provinces and territories so that the response to pandemic influenza is similar across Canada, resulting in the delivery of the best health care possible during a time of potentially high demand for services.

Estimated Health Impacts of a Pandemic in Canada

• The next pandemic is expected to emerge outside of Canada and to arrive in Canada within a period of three months. It could arrive at any time of year.
• The first peak of illness could occur within two to four months after the virus arrives in Canada; the first peak in deaths can be expected approximately one month later.
• The pandemic will likely last 12 to 18 months, and more than one wave of illness may occur within a 12-month period.
• Each wave of illness is expected to last between six and eight weeks.

continued next page
Professional Practice Corner

This new feature is intended to guide LPN practice by focusing on topics of interest regarding LPN scope of practice.

- Restricted Activity Authorizations

The LPN Regulation under the Health Professions Act (HPA) came into effect in 2003. With the HPA, the concept of Restricted Activities (RA) has replaced previous legislation’s focus on exclusive scopes of practice. RAs are regulated health services that pose a risk to the public and can only be performed by professionals who are authorized to do so. Professions do not own exclusive rights to RAs, therefore you may see several professions authorized to perform one specific RA. Even though a profession is authorized to perform a RA, individuals within the profession are constrained by their own level of competence.

The HPA Restriction in the LPN Regulation states:

“Despite any of the authorizations to provide restricted activities, regulated members must restrict themselves in performing restricted activities to those activities that the member is competent to perform and to those that are appropriate to the member’s area of practice and the procedures being performed.”

HPA LPN Alberta Regulation 2003 (Section 20)

LPNs achieve authorizations in restricted activities in the following ways:

- **BASIC** - Restricted activities taught in the basic practical nurse program;
- **ADDITIONAL** - Restricted activities acquired through experience, on the job education, or post-basic education;
- **SPECIALIZED** - Restricted activities requiring advanced education recognized by the CLPNA.

Specialized Practice consists of four practice areas; Renal Dialysis, Advanced Orthopedics, Operating Room, and Immunization. LPNs must be granted authority by the College of Licensed Practical Nurses of Alberta to engage in Specialized Practice.

To achieve authorization the LPN must:

- Hold an Active Practice Permit
- Provide proof of completion of advanced training approved by the Council.

The RA authorizations address the complexity of LPN practice, while ensuring that any skills beyond those acquired in the basic education program are identified and authorized in an appropriate way. The Competency Profile for LPNs provides clarity to RAs and defines the competencies within LPN scope of practice and is available to guide practice. To order a Competency Profile, contact CLPNA.

Reference:


Professional practice consultation is available from CLPNA by contacting: Teresa Bateman, Director of Professional Practice 780-484-8886 or 1-800-661-5877 or teresa@clpna.com

What's your question? Email topics you would like addressed to newsletter@clpna.com
When Oksana Rusnak moved to Canada in November of 2005 with her husband and two children, in addition to her personal belongings, she packed along her hopes, dreams, and desires for a better quality of life.

A hospital nurse for 18 years in the Ukraine, Rusnak was eager to restart her profession in a new country. Without proper English, however, she knew that was not going to be easy.

“A friend at the Edmonton Mennonite Centre for Newcomers told me about NorQuest College program,” says Rusnak. “It was the perfect program because it taught me English and about nursing in Canada.”

Rusnak is one of 16 graduates of the PN for Internationally Educated Nurses program at NorQuest College. The unique, 10-month pilot program provides practical nurses from other countries with the knowledge, clinical judgment, and communication skills required for nursing in Canada.

Language training instructors, in partnership with practical nurse instructors, offer individualized instruction to improve communication and cross-cultural skills. Interactive classes, labs, and workshops target specific student needs to assist with communication challenges, and prepare nurses for the practicum and the national PN exam.

Rusnak admits nursing in Canada is different in many ways.

“The knowledge is the same but I found some approaches to be different, especially mental health area,” explains Rusnak. “In the Ukraine, I can tell a patient everything will be fine but in Canada it is called “false reassurance” which I was totally surprised to learn.”

Another graduate of the PN for Internationally Educated Nurses program is Min Xi who practiced nursing for 12 years in China before moving her family to Canada in 2000. The mother of three children started language instruction at NorQuest in 2002 before enrolling in academic upgrading and, eventually, the international nursing program.

“I have background in nursing but different health system in Canada,” admits Xi. “The fast-track program was perfect because I have nursing knowledge but I just need to learn the language and how the health system works in Canada.”

Xi admits she was a little scared at the prospect of nursing in a new country but says NorQuest prepared her well.

“Different country and different health system but I now have the education in Canada to do the job,” exclaims Xi. “I am very happy and excited to practice nursing again.”

For Xi, that chance came immediately following graduation from NorQuest when she landed a job at the University of Alberta Hospital.

As for Oksana Rusnak, she says her desire for learning is far from over. “I plan to study for many years. I want to make my Masters in nursing here,” says Rusnak. “It’s my job and I love it. Believe it or not, I miss the smell of a hospital.”

For more information on the PN for Internationally Educated Nurses program, please contact Margo Saunders at 644-6357 or Julie Mjelve at 297-6076, or visit www.norquest.ca
Experienced preceptor inspires tomorrow’s nurses

Glenrose nurse receives NorQuest College Clinical Preceptor Excellence Award

Preceptor Suzanne Alexander says there is one reason above all others to account for her ten years as a preceptor at NorQuest College.

“I really enjoy working with the students,” says Alexander.

“They are the future and one day I’m going to be in one of those beds and I need to know the LPN looking after me has been properly trained,” admits Alexander, who works at the Glenrose Rehabilitation Hospital.

Alexander is the latest recipient of the Clinical Preceptor Excellence Award at NorQuest College, recognizing a preceptor for outstanding clinical nursing, organizing, and communication skills.

“Suzanne brings a high level of enthusiasm, professionalism, and extensive clinical expertise to the preceptor role and treats each of her students as unique individuals with specific learning needs,” says NorQuest PN instructor Sylvia Ganga.

With more than 20 years nursing experience, Alexander says the reward from being a preceptor comes from passing along her knowledge and experience to future nurses.

“The NorQuest program is excellent in that it continues to get more detailed, keeping pace with the times,” says Alexander. “What nursing students are learning is really going to help them keep up with changes in the health care system.”

That is vital when you consider NorQuest LPN graduates account for more than 50 per cent of all licensed practical nurses working in Alberta.

Alexander, a nominee for the 2006 Laura Crawford Award of Excellence, says she is extremely honoured and humbled to receive the Clinical Preceptor Excellence Award.

Her colleagues at NorQuest College wish to extend a heartfelt thank you to Alexander for her long-standing support of student practical nurses.

AORTA News
Submitted by Shirley Galliford, President

This coming year promises to be another interesting and exciting year for us.

Tammy Monteyne is organizing a workshop in the Simulator Lab at the Royal Alexandra Hospital, probably in April—date yet to be confirmed. An e-mail will be sent to all AORTA members as soon as this is confirmed. If you are not contacted or if you want to become an AORTA member, please contact Shirley Galliford at shirleygalliford@hotmail.com.

Our Annual Conference will be held September 28 & 29, 2007 at the West Harvest Inn in Edmonton. On Friday evening, September 28, will be a get-together with wine and cheese. On Saturday, September 29, will be our meeting and guest speakers. Please make plans to attend. We’re looking forward to seeing everyone. Watch for the agenda and registration forms in the mail in May.

For more information regarding workshops, conferences, or our AORTA association, please contact Shirley Galliford at shirleygalliford@hotmail.com.

www.cpep-net.ca
VON FOOTCARE WORKSHOPS
FOR RNs AND LPNs

Good footcare is essential in the general population, and in the elderly and disabled may make the difference between activity and inactivity.

This course covers anatomy and physiology, deformities of the foot, degenerative foot changes assessment and client education. There is a supervised practical component on both afternoons during which participants will learn to care for “problems” such as ingrown nails, fungal nails, thickened nails, ram’s horn nails, hammer toes, etc.

For further information about upcoming workshops, please call 780-466-0293 or on the internet at www.von.ca/edmonton.

Class size is limited.

NB: Participants in the Footcare Workshops will practice on each other on the first afternoon. Please leave toenails, corns and calluses unattended in order to provide good practical experience.

VON ADVANCED ONE-DAY
FOOTCARE COURSE

This one-day workshop is planned for RNs and LPNs who have already taken the two-day basic VON footcare course or the equivalent. It will cover padding techniques for various foot problems and the use of the Dremel. Topics will include the appropriate use of elastinet, fleecy web, moleskin, semi-compressed felt and swanfoam. There will be a segment on use of the Dremel tool as well there will be a review of some ready-made padding products currently on the market. A large segment of this course consists of hands-on experience.

For further information about upcoming workshops, please call 780-466-0293 or on the internet at www.von.ca/edmonton.

Class size is limited.

NB: Participants in the Advanced Footcare Workshop will practice on each other. Please dress in a comfortable manner.

COURSE REGISTRATION: Register in person or by mail with a cheque or money order, Visa or MasterCard to the address below three weeks prior to the course.

VICTORIAN ORDER OF NURSES
#100, 4936 – 87 Street
Edmonton, AB T6E 5W3

PHONE: 1-780-466-0293  FAX: 1-780-463-5629
WEBSITE: www.von.ca/edmonton

Education Grants Available
Apply Today!

Qualified applicants may be eligible for an Education Grant to help with the cost of tuition for education intended to enhance knowledge and skills of the LPN within the profession.

2007 Application Deadline Dates

<table>
<thead>
<tr>
<th>Application Deadline</th>
<th>The Date of Course Completion must be between:</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 30, 2007</td>
<td>November 1, 2006 and October 31, 2007</td>
</tr>
<tr>
<td>July 30, 2007</td>
<td>February 1, 2007 and January 31, 2008</td>
</tr>
<tr>
<td>October 30, 2007</td>
<td>May 1, 2007 and April 31, 2008</td>
</tr>
</tbody>
</table>

Grant Guidelines, Frequently Asked Questions and Application Forms are available from www.clpna.com under the Fredrickson-McGregor Education Foundation for LPNs, or by calling 1-800-661-5877 or (780) 484-8886.
Check out the new opportunities available at NorQuest College to enhance your role as a Licensed Practical Nurse!

**Essential Leadership Skills for LPNs**
Take your Leadership to the Next Level. Courses develop and enhance the leadership skills that are vital in the health care industry. To register call 1-866-652-3456. Each course is $299.00 or $279.00 when registering two or more from your organization.

- Leadership (February 27 & 28, 2007)
- Effective Supervision (March 28 & 29, 2007)
- Communication (April 17 & 18, 2007)
- Working Together (May 10 & 11, 2007)
- Performance Management (June 12 & 13, 2007)
- Intervention (October 15 & 16, 2007)
- Resolving Conflict (November 20 & 21, 2007)
- Staying Positive (December 11 & 12, 2007)

“Kris Robbins is an excellent facilitator. She provided a fun, relaxed learning environment and was flexible to spend extra time on areas that were of great interest to the participants. At the end of each module the participant could implement the tools that were discussed where applicable the next day. I continue to reference the course materials and apply this knowledge on a daily basis.” - Barb P

**Hope Studies**
NorQuest’s Hope Studies Certificate Program is offered in collaboration with the Hope Studies Foundation of Alberta. The Hope Studies Certificate is constructed around the philosophy that a greater understanding of hope’s influence in our lives and the lives of others is a beneficial part of the healing process. To register call NorQuest College at 644-6000. Courses are $116.00 each.

**Safe Medical Assistance Response Tactics (SMART)**
This unique course will provide basic personal safety training for LPNs working in any area of health care where there is a personal safety concern. Examples: institutions, mental health or home care. To register call NorQuest College at 644-6000.

**Advanced Education in Orthopaedics for LPNs Program**
Expand your scope of practice by learning special orthopaedic procedures. This program prepares you to work in a cast room, emergency department or orthopaedic unit. You will learn vital assessment skills and client care practices. To register call NorQuest College at 644-6000. Advanced Orthopaedic A&P $193.00 plus supplies. Advanced Education in Orthopaedics including pathology, workshop, practicum $771.00 plus supplies.

**Preceptorship Workshops**
NorQuest College Practical Nurse program is offering Preceptor Workshops for LPNs. Upcoming workshops are on April 25, 2007 and May 31, 2007. Please call NorQuest’s Practical Nurse Program at 644-6000 to register.

For more information call (780) 644-6000 or Toll Free at 1-888-534-7218
Upgrade at BVC - Education Funding Available*

Bow Valley College's Practical Nurse Diploma is recognized as one of western Canada's best. We offer full- and part-time programs in-class and online, as well as specialized programs for internationally-educated nurses and those re-entering the profession. We're also active in applied research—advancing nursing practice and keeping our programs relevant and up-to-date.

**Upgrade today** - Your Bow Valley College tuition may be covered by the Fredrickson-McGregor Education Foundation for LPNs. Access a grant and keep up to date with the latest nursing practices and advancing research to continue providing the highest quality care in nursing.

**Build on your nursing skills and expertise with these courses just for LPNs:**

- Leadership for Practical Nurses - Online
- Infusion Therapy – Blood, Fluid, and Medication
- Immunization Certificate
- Intravenous Medication Administration
- Intramuscular and Intradermal Injections
- Pharmacology Refresher
- Documentation Refresher
- Injectable Medications
- Applied Pharmacology with Medication Therapy
- Adult Health Assessment

**Post-Graduate LPN courses:**

- Leadership for Licensed Practical Nurses – Online
- Immunization Certificate – Online

Bow Valley College is also partnering with Mount Royal College to provide new Certificates of Achievement in Gerontology and Adult Mental Health, delivered online for your convenience. Call (403) 410-1499 for more information or visit [www.bowvalleycollege.ca/pnconted](http://www.bowvalleycollege.ca/pnconted)

**APPLY TODAY!**
Go to [www.bowvalleycollege.ca](http://www.bowvalleycollege.ca)
or call us toll-free in Alberta (866) 428-2669
or (403) 410-1400

* Qualified applicants may be eligible for tuition reimbursement. For grant information, contact the Fredrickson-McGregor Education Foundation for LPNs at [www.clpn.ca](http://www.clpn.ca), or (780) 484-8886.
think Health

Initiation of IV Therapy - Lab
Gain the confidence and technique required to start an intravenous. Participate in a
Saturday lab at City Centre Campus. Students must have completed the self-study
theory component prior to registering in this lab. Labs are held monthly throughout
the year. For more information, lab dates and costs call (780) 497-5111 or email
traceys@macEwan.ca.

Perioperative Nursing for LPNs
LPNR 100 & LPNR 101
These courses prepare Licensed Practical Nurses (LPNs) with the hands-on skills
required to work alongside surgeons, Registered Nurses, and other health
professionals in a challenging, fast-paced, team-oriented environment -
the operating room. This program is offered by instructor supported distance
delivery which is enhanced by online discussions, online sites, and clinical
experience in operating room settings.
Note: LPNR 100 is a pre-requisite of LPNR 101
For more information call (780) 497-5117 or email taylorc@macEwan.ca

Obtaining Blood Samples - 0CCH 324
Two procedures for obtaining blood samples, venipuncture and capillary puncture
are examined. Students will be required to practice venipuncture under
supervision. Successful completion of a practicum is required. To register call
(780) 497-5727 or email ronniek@macEwan.ca for more information.

Life Support Training
Life Support Training offers a full range of Heart and Stroke Foundation recognized
courses in Basic and Advanced Life Support. We also offer various levels of First Aid
and International Trauma Life Support courses. Check our website at
www.macEwan.ca/lst or call (780) 497-4010 for course descriptions and availability.

Wound Management
MacEwan has developed a series of courses in the area of Wound Management and
as a leader in continuing, skill-based education for healthcare professionals, has
made these courses focus on the assessment and management of chronic and
problem acute wounds. For more information please contact (780) 497-5717 or
e-mail layout@macEwan.ca.

1-888-497-9390  www.MacEwan.ca\health

www.MacEwan.ca

COMBINING OUR STRENGTHS
TO HELP YOU SUCCEED

Certificates of Achievement for Licensed Practical Nurses

Stay current and confident in your skills with
new certificates offered jointly by Mount
Royal College and Bow Valley College:

Gerontology — Winter & Fall 2007
Adult Mental Health — Spring & Fall 2007

Earn your certificate by taking three
designated courses in gerontology or adult
mental health through Mount Royal College
plus the Leadership for Practical Nurses
course through Bow Valley College. Each
course is delivered online so you can learn
any time, anywhere.

Find out more today!
Contact either:

Mount Royal College
toll free: 1-800-240-6891
403-440-6075

Bow Valley College
toll free: 1-866-4-BVC-NOW
403-410-1499

Register for Leadership for Practical Nurses online at www.bowvalleycollege.ca
Celebrating a PROUD HISTORY & BRIGHT FUTURE
College of Licensed Practical Nurses of Alberta