

INFO NURSING

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Themes of leadership and professionalism can be found throughout this issue of *Info Nursing* from; NANB's Invitational Forum, recent Virtual Forum summary article to NANB 2013 Election, NANB Awards Banquet, to this year's National Nursing Week Poster Competition and so on. We encourage members as well as nursing students to join our AGM, Forum and Awards Banquet on May 29 and 30. See page 45 to complete a registration form.



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Nurses Association of New Brunswick

Nurses shaping nursing for healthy New Brunswickers. In pursuit of this vision, the Nurses Association of New Brunswick is a professional regulatory organization that exists to protect the public and to support nurses by promoting and maintaining standards for nursing education and practice and by promoting healthy public policy.

..... The NANB Board of Directors



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Wayne Trail
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Submissions

Articles submitted for publication should be sent electronically to jwhitehead@nanb.nb.ca approximately two months prior to publication (March, September, December) and not exceed 1,000 words. The author's name, credentials, contact information and a photo for the contributors' page should accompany submissions. Logos, visuals and photos of adequate resolution for print are appreciated. The Editor will review and approve articles, and is not committed to publish all submissions.

Change of address

Notice should be given six weeks in advance stating old and new addresses as well as registration number.

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Leadership: Every Registered Nurse's Responsibility

The Nurses Association of New Brunswick is a professional regulatory organization that exists to protect the public and to support nurses by promoting and maintaining standards for nursing education and practice, and by promoting healthy public policy.

Much is written concerning leadership in nursing. As self-regulating professionals, nurses have identified leadership as the responsibility of each and every registered nurse and nurse practitioner.

Clearly, leadership is realized in many dimensions within nursing; from nurses involved in the delivery of nursing services to those ultimately responsible and accountable for the delivery of nursing services. Leadership responsibilities are not unique to those in our health care institutions and organizations. Leadership and accountability are present and required in all domains of nursing; direct care delivery, administration, education, research and policy; and are included in our standards of nursing practice; standards developed by registered nurses that apply to all registered nurses. Leadership and accountability are embedded in each of the standard statements*:

- Standard 1: Responsibility and Accountability
- Standard 2: Knowledge-Based Practice
- Standard 3: Client-Centered Practice
- Standard 4: Public Trust

This spring, I encourage you to continue your commitment to excellence and to participate in activities taking place in your community as part of National Nursing Week, which occurs between May 6 to 12, under the theme *Nursing: A Leading Force for Change*. For this year's competition, members and students are invited to submit a digital photo and a few words to illustrate what is a leader in nursing in New Brunswick.

Additionally, NANB's 97th Annual General Meeting will take place on May 29, 2013, and will be followed the next day by an invitational forum on *The Changing Face of Professionalism*. Take this opportunity to participate in the development of your profession and your Association.

Finally, I want to recognize each of the individuals who have taken up this leadership challenge and are presenting themselves as candidates for election to the NANB's Board of Director positions in 2013. Your willingness to support and lead the important work of your Association and professional regulatory body are essential to the quality of the work accomplished by the Board of Directors and the NANB staff. The recognition by your peers in supporting your nomination demonstrates the leadership abilities you bring to your role every day. Congratulations and thank you for agreeing to let your name stand. The number of nominations received this year is an exciting and encouraging reflection of the interest and value registered nurses hold for the NANB's role.

Once again, the election for these positions will be by mail-in ballot. This allows each registered nurse and nurse practitioner in New Brunswick to participate in the selection of our NANB Board of Directors. At the end of March, you will receive a ballot to select NANB's next President-Elect 2013–2015. Those of you residing in regions 2, 4 and 6 will also receive a ballot to select your regional director. To ensure that only NANB members with the authority to participate in the election process are voting, your ballot must be validated, which requires your name and current mailing address. **Read the voting procedures carefully.** Following each step is essential to ensuring your vote counts! Once validated, the ballot is placed in a sealed box to be opened and counted on election day by the Chief Scrutineer and volunteer team. Official results will be announced at our Annual General Meeting in Fredericton.

Thank you once again to all election candidates. ■

France L. Marquis
FRANCE MARQUIS, President

*Standards of Practice for Registered Nurses (Revised November 2012)

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EDITOR'S NOTE: An error was published in December's issue of *Info Nursing* Volume 43, Number 3, in regards to contributor's whom submitted articles on behalf of the Department of Health series. Please see the following corrections.



Debbie Peters (RN, Performance Measurement and Evaluation Consultant, Accountability and Health Information Management) on the right and Margie Eastwood (RN, Provincial MIS Coordinator, Accountability and Health Information Management) on the left.



Bev Green (RN, MN, Acting Manager CDPM Unit, Primary Health Care Branch) on the right and Lynn Kelly De Groot (RN, Primary Health Care Consultant, Addiction, Mental Health, Primary Health Care and Extra-Mural Program) on the left.



Facts are Stubborn Things

"Facts are stubborn things; and whatever may be our wishes, our inclinations, or the dictates of our passions, they cannot alter the state of facts and evidence."

—John Adams (1735–1826), 1st US Vice-President 1789–1797

John Adams was a pivotal political figure during the American Revolution. One of his most recent biographers, David McCullough, labels him enthralling and one of the most important and fascinating Americans who ever lived and identifies him as "learned beyond all but a few" of his peers of the time.

In determining the focus of this column, the ongoing "Revolution" in health care in New Brunswick could not be ignored. My observations and reflections will be limited; and are meant to create a context for your critical reflections and a challenge to better inform yourself concerning the reality or "state of affairs" in our province, country and our health system as the provincial government and health system leaders struggle with the "stubborn facts" and our "wishes, inclinations and passions" for health services in New Brunswick.

The Atlantic Provinces Economic Council has noted that New Brunswick "had the largest deterioration in fiscal performance of the three Maritime Provinces." New Brunswick's deficit more than doubled from the March 2012 budget estimates. The increase in the deficit was attributed to a drop in personal income tax revenue and increased government spending, hardly a sustainable mix, and is estimated at just over \$400 million. Spending levels for health services are approaching fifty percent of government revenue, and certainly reach that figure if expenditures related to long-term care are included.

The New Brunswick Health Council has published a number of reviews highlighting the utilization of and access to health services in our province. Overall there are challenges in accessing health services and an over-use/dependence on emergency

room services. This is despite the apparent robustness of our health human resources. We rank above the Canadian average in numbers of family physicians and nurses (including registered nurses, nurse practitioners and licensed practical nurses). Health infrastructure adds an additional level of expenditures. New Brunswick maintains a significantly "distributed/dispersed" health infrastructure when compared to other Canadian jurisdictions. This creates significant financial pressure related to investments, maintenance and replacement costs. The experience of our population as it relates to health service access and utilization has also created expectations. This is the system we have experienced and one it appears many expect to continue and expand.

New Brunswick is also an officially bilingual province, the only one of its kind in Canada. We must make this reality a strength, not a challenge. This strength as well must be supported by the "stubborn facts and evidence available" and must balance our wishes, inclinations and passions. Ultimately, safe and sustainable services are what each of us wants.

Finally, the outcomes of this system are far from optimal. Despite the "facts" concerning our health system and services, New Brunswick health indicators and health status are far from leading the country. While the complexity of factors impacting health status is also a fact, jurisdictions and countries are improving the health outcomes of their respective populations through strategically focused service delivery and investments. This is something New Brunswick must do as well.

We must do better and the imperative to act is being driven by our current fiscal reality. The reality of provincial finances is a challenge, but a challenge that will hopefully finally force us to face and act on those "stubborn facts". As health care experts and citizens, whatever your role, I call on each of you to be part of finding and advancing the required solutions to the "stubborn facts" of our health care reality. ■

A stylized, handwritten signature in black ink, appearing to read 'R. Tarjan'.

ROXANNE TARJAN
Executive Director

THE BOARD OF DIRECTORS MET ON FEBRUARY 20 & 21, 2013, AT NANB HEADQUARTERS IN FREDERICTON.

Policy Review

The Board reviewed policies related to:

- *Ends*
- *Governance Process*
- *Executive Limitations*
- *Board-Executive Director Relationship*

New and Amended Policies and Rules

The Board approved amendments relating to: GP-8, Code of Conduct; EL-10, Public Image; BE-5, Monitoring Executive Performance; as well as Rules related to Criminal Record Check.

Proposed By-law Amendment Resolutions

The Board approved three resolutions to amend the By-laws that will be presented at the Annual General Meeting including: electronic voting; registration year end; and alternate complaint resolution process.

Organizational Performance: Monitoring

The Board approved monitoring reports for the Executive Limitations, Governance Process policies, and Ends.

NANB/NBNU Executive Meeting

A collaborative and very informative meeting occurred February 19 at NANB headquarters to provide an update on issues such as: existing contract negotiations; the pension plan review; skill mix; a job analysis questionnaire; CNA's position on flu vaccine; as well as to share information on NANB's online renewal; virtual forum; e-learning modules; webinars; upcoming invitational forum; and the NCLEX exam developments.

The Board accepted the report: **Health Disciplines Legislation in Canada: Implications for the Nurses Act** as presented following a comprehensive review and comparison of legislation related to the nursing regulation across Canada and the *Nurses Act* (current NB legislation authorizing the regulation of nursing practice by the NANB in New Brunswick).

Following an overview of the Report and findings by Anne-Marie Atkinson, President, the Atkinson Group, and Fred McElman, NANB's Legal Advisor, the Board accepted the Report and its recommendations.

Board Elections

The Nominating Committee reported on the slate of candidates for election to the positions of President-Elect and Directors for regions 2, 4 and 6. Candidate information will be published in *Info Nursing* and available on the NANB website.

Election results will be announced at the 97th Annual General Meeting, May 29, 2013.

Board of Directors & Committee Appointments

Public Director Vacancies

The NANB Board requires nominations to replace public directors once terms have been completed. The Nominating Committee assists the Board in fulfilling its responsibility to obtain nominations for the Association's Board of Directors.

NANB Nominating Committee

- Martha Vickers, NP
Chair (past-president)
- Chantal Saumure, RN
Director Region 1

- Dawn Torpe, RN
Director Region 3

Three nominees must be submitted to the Minister of Health by March 31, 2013. The Minister who will then select and appoint a public director.

*For further information and to submit nominations for consideration, members can refer to the NANB website or call toll free 1-800-442-4417.

NANB Committee Vacancies

The NANB Nursing Education Advisory Committee, Complaints Committee, and the Discipline/Review Committee all require nominations to fill vacancies for a two-year term effective September 2013. Nominations are requested to be received at the NANB office by March 31, 2013. Criteria required, details are available in *Info Nursing*.

*For further information and to submit nominations for consideration, members can refer to the NANB website or call toll free 1-800-442-4417.

The Board appointed the following directors to the **NANB Awards Selection Committee**:

- Darline Cogswell, RN,
President-elect
- Chantal Saumure, RN,
Director Region 1

- Dawn Torpe, RN,
Director Region 3

- Linda LePage-LeClair, RN,
Director Region 5

- Rhonda Shaddick, RN,
Director Region 7

Nursing Education Advisory Committee (NEAC)

The Board accepted NEAC's recommendations that the Université de Moncton Nurse Practitioner Program and the University of New Brunswick Nurse Practitioner Program be granted an approval status for three (3) years. The programs will provide two progress reports at specified dates indicating their actions related to the Review.

Continuing Competence Program (CCP) Audit

Results from the CCP Audit concluded that all members met the necessary requirements for 2011. This Audit will continue annually. The next CCP Audit will be conducted in the fall of 2013 on the 2012 practice year. A random sample of 2% of RNs and 10% of NPs will be audited.

National Nursing Week

May 6-12, 2013
Nursing: A Leading Force for Change

On March 1, 2013 NANB will launch a

province-wide competition to celebrate National Nursing Week. All members and nursing students will be invited to submit a digital photo and word or statement depicting a NB nursing leader. Competition ends April 8, 2013. Details and restrictions are available on NANB's website.

For a fifth consecutive year, NANB will coordinate a declaration signing with the Premier to be published province-wide in the daily newspapers during National Nursing Week.

Finally, the Association will profile National Nursing Week events coordinated by Chapters using NANB's website and the *Virtual Flame* (May 2013).

NANB Documents

The Board approved the following documents:

NANB Document(s)

- *Standards for Nursing Education in New Brunswick* (2013, revised)
- *Examining Request for Post Entry-Level Procedures* (revised)

NANB Position Statement

- *Influenza Immunization for Registered Nurses* (new)

*All documents and position statements are available on the NANB website, or call toll free 1- 800-442-4417.

Presentation

Dr. Denis Allard, Deputy Chief Medical Officer of Health and Todd Arsenault, PhD, Senior Scientific Advisor, presented to the Board the Chief Medical Officer of Health's Recommendations Concerning Shale Gas Development in New Brunswick detailing the guiding principles and recommendations for protection of public health as indicated in the official report presented to the provincial government in September 2012.

Finances

The Board reviewed the 2012 Auditor's Report, which reflected a \$263,244 operating surplus. The Board approved transfers from the operating surplus of \$100,000 to the CNA Biennium and NANB Centennial Fund earmarked for activities in 2016 and \$150,000 to the





UNBSJ Nursing Student Receives Mae Gallant Award

Venessa Morris, a 3rd year nursing student at UNBSJ, recently received the Mae Gallant Student Award. The Award was presented by Jocelyn Reimer-Kent, National President of the Canadian Council of Cardiovascular Nurses. Ms. Morris was recognized for her dedication and health promotion of global projects, including a campaign to purchase a mobile medical clinic for an African village.

Congratulations Venessa! ■

NANB Wants Your Feedback: Why Self-Regulation?

In the coming weeks, NANB as identified in the Strategic Plan 2012–2013, will be emailing a survey to members concerning self-regulation. This quick and easy survey will further inform and identify priorities related to the privilege we are afforded through self-regulation, as well as, support NANB's efforts to enhance registered nurses' understanding of our regulatory role and your responsibilities as regulated health professionals.

To receive the survey and provide us with valuable feedback, please ensure that NANB has your most up-to-date email address by contacting nanb@nanb.nb.ca. Hard copies of the survey are available upon request.

Those who complete the survey will be entered into a random draw to win an iPod Touch. Your feedback will directly affect the Association's work over the coming years. ■

The Workplace Communications Network

The Workplace Communications Network (WCN) is made up of over 200 volunteer nurses from around the province. The network is designed to be a communications channel to distribute information on professional issues, developments and NANB news to all NB nurses.

The Network's goal is to have a WCN representative in every workplace in NB to ensure that all nurses are kept informed and up to date on all NANB news and events.

NANB sends a yearly reminder to all Workplace Representatives to ensure that their information is current. However, if your information is not correct, if you would like to volunteer for a vacant position or if your workplace is not on our list of WCN, please contact the Communications Department at stobias@nanb.nb.ca or 506-459-2834 / 1-800-442-4417.

NANB would like to thank and acknowledge all our Workplace Representatives for keeping our members informed. For a complete list of all NANB's Workplace Representatives visit www.nanb.nb.ca under *Member's Corner*. ■

UNB Nursing Research Day: April 26, 2013

Nursing Research Day at UNB Fredericton's Faculty of Nursing is an opportunity for sharing and learning about health research and applied research projects relevant to health care practitioners, educators, and policy makers. A wide range of submissions are expected from all health disciplines and all sectors including:

- Original research completed or in progress;
- Innovations in education;
- Evidence reviews for initiating practice change; and
- Student research

The keynote address will be given by Kathleen White-Williams, RN, PhD, Professor, Humber Institute of Technology & Advanced Learning; Toronto.

Dr. White-Williams will speak on her research on Student–Patient Connections in Clinical Experiences.

For more information, please visit www.unb.ca/fredericton/nursing/18researchday.html or e-mail fperry@unb.ca. ■

Volunteers Needed!

Elementary Literacy Friends (ELF) is a volunteer-based tutoring program that helps elementary students who are struggling with literacy. ELF provides training, materials, feedback and all of the support necessary for the tutor to make a positive, lifelong impact not just on an individual child, but on how that child will contribute to society throughout his or her life. Volunteers do not need previous teaching experience, only a willingness to help and commit to the requirements of the program.

Commitment

Following an initial 3-hour training session, the volunteer is matched with a student and works with him or her



for 1 hour at the end of the school day, 2 times a week for 10 weeks.

To learn more about ELF or to apply to become a volunteer, visit us online at elementaryliteracynb.com. ■

NANB's 97th Annual General Meeting



Wednesday, May 29, 2013

From: 09:00–16:00

Delta Hotel, Grand Ballroom

225 Woodstock Road,

Fredericton, NB

07:30	<ul style="list-style-type: none"> • Registration
09:00–10:30	<ul style="list-style-type: none"> • Call to Order • Introductions & Greetings: Minister Flemming, DoH Canadian Nurses Association • Approval of Agenda, Rules & Privileges • Appointment of Scrutineers • President's Address • 2012 Annual Report • 2012 Auditor's Report
10:30–11:00	<ul style="list-style-type: none"> • Nutrition Break • Resolutions Submission Deadline
11:00–12:00	<ul style="list-style-type: none"> • Canadian Nurses Association
12:00–13:00	<ul style="list-style-type: none"> • Lunch Break (provided)
13:00–14:00	<ul style="list-style-type: none"> • Resolutions Committee Report • Voting on Resolutions • New Business • Open Discussion
14:00–15:00	<ul style="list-style-type: none"> • Canadian Nurses Protective Society: Chantal Léonard, CEO
15:00–15:30	<ul style="list-style-type: none"> • Nutrition Break
15:30–16:00	<ul style="list-style-type: none"> • Election Results • Installation of New President • Invitation to the 2014 Annual Meeting • Adjournment

Register Now!

All members and nursing students welcome. Registration is free but required as space is limited.

A registration form can be found on **page 45**, or you can visit NANB's website www.nanb.nb.ca for more information.

We look forward to seeing you!

Some participants may be sensitive to perfume or aftershave, so members are asked to refrain from wearing scents. A photographer will be circulating taking pictures at our Annual Meeting. Photos may be used in future NANB communication materials.



Resolutions to
be Presented at
the AGM

Resolution 1

Submitted by the NANB Board of Directors

WHEREAS the *Nurses Act* provides in paragraph 30(8)(j) that the Discipline or Review Committee may attempt to resolve informally any complaint if the Committee deems it appropriate;

AND WHEREAS it is desirable to encourage alternate complaint resolution methods in the interests of the public and the profession;

THEREFORE BE IT RESOLVED THAT the by-laws of the Association be amended by adding by-laws 11.18, 11.19, 11.20, 11.21, 11.22, 11.23 immediately following by-law 11.17, as follows:

Alternate Complaint
Resolution Process

11.18—A proposal to resolve a complaint and the issues arising from a complaint may be considered by the Discipline or Review Committee (hereinafter in sections 11.18 to 11.23 referred to as the “Committee”) pro-

vided it is tendered in writing to the other party, includes an admission or admissions by the member to one or more of the allegations set out in the complaint and arising from the documents submitted in respect of the complaint, and contains the member’s consent to a specified order, conditional upon the acceptance of the proposal by the Committee.

11.19—If the member, the complainant and the Association’s Registrar are in agreement with a resolution proposal tendered, the proposal shall be forwarded to the applicable Committee for consideration.

11.20—In preparing a resolution proposal, the parties, if agreeable, may use a mediator, and the costs of the mediator shall be divided as agreed by the member and the complainant.

11.21—The Committee may, in its discretion, accept a resolution proposal if satisfied that:

- A. the public is protected;
- B. the conduct or its causes can be, or have been, successfully remedied or treated, and if appropriate, the member is likely to successfully pursue remediation or treatment; and
- C. the resolution proposal is in the best

interests of the public and the profession.

11.22—If the Committee accepts a resolution proposal,

A. the proposal shall form part of the decision and order of the Committee made in accordance with the provisions of the *Nurses Act*, disposing of the complaint; and

B. there shall be no hearing before the Committee.

11.23—If the Committee does not accept a resolution proposal, it may suggest amendments to the proposal and return it to the parties for review and

A. if both parties do not agree with the amendments to the proposal, the proposal shall be deemed to be rejected and the matter shall be referred to another panel of the Committee for a hearing, or

B. if both parties agree with the amendments to the proposal, the proposal shall be sent back to the Committee, which may

- (i) accept the amended proposal, or
- (ii) reject the amended proposal and refer the matter to another

ON MAY 29, 2013

Celebrate Excellence

Join NANB in recognizing nurse's contributions to health care and the nursing profession for the Awards Banquet on May 29th at the Delta Hotel, Fredericton. Reception begins at 18:00 (cash bar), banquet and dinner to follow at 19:00.

Purchase tickets by completing the registration form on page 45, contact nanb@nanb.nb.ca or call toll free 1-800-442-4417.

Cost per ticket: \$55. Space is limited.



The Changing Face of Professionalism

NANB will host an invitational forum on May 30th at the Delta Hotel, Fredericton.

The forum welcome reception, registration/material pick-up and coffee, begins at 8:30 am with the first presentation to start at 9:30 am. Time has been allotted for table-top discussions, Q&A period, and lunch for registered guests.



FORUM SPEAKERS

You Must Register for this Free Event!

Space is limited, please complete the registration form found on page 45.



Chantal Léonard
CEO, Canadian Nurses Protective Society



Ros Moore
Chief Nursing Officer, the Scottish Government



Susanne Priest
Nursing Practice Consultant at NANB

panel of the Committee for a hearing.

- C.** Where a proposal is rejected by the Committee, the hearing before another panel of the Committee shall proceed without reference to the proposal or any admissions contained in the proposal.

Resolution 2

Submitted by the NANB Board of Directors

WHEREAS members voted at the Annual General Meeting (AGM) in 2005 to introduce a vote-by-mail process for the election of members to the Board of

Directors which replaced the previous method of election by proxy voting at the AGM and permitted the President to cause votes to be taken by mail ballot on other matters;

WHEREAS there are other methods to conduct voting at elections and on other matters such as by electronic voting;

THEREFORE BE IT RESOLVED that by-laws 12.01, 12.02, 12.06 and 13.07 of the Association be amended to enable the Board to approve the use of other valid and reliable methods of voting to elect members to the Board and conduct votes on other matters as follows:

Article XII—Nominations and Voting

12.01—The president-elect shall be elected by practising nurse members in odd numbered years commencing in 2007, and

- A.** in such elections the candidate receiving the greatest number of votes shall be declared elected, and

- B.** such elections shall be held, conducted and governed in accordance with the methods of voting, requirements and procedures set out in the rules.

12.02—Region directors shall be elected

Parish Nursing
Course

A Parish Nursing Course will be offered commencing September 2013. It will be held during three weekends from September until late November. The required 100-hour practicum will occur between January and August 2014 for four hours per week. The remaining three units will take place from September 2014, again over three weekends until late November. The course will consist of between 31–36 hours of theory.

Six students are needed in order to offer the course, with a tuition fee of \$600.00 per year. If you are interested, please contact Sister Ernestine Laplante, Director of Parish Nursing in New Brunswick, at 1-506-548-8505 or ernlapla@hotmail.ca.

Hours & Dates

The NANB Office is open Monday to Friday, from 08:30 to 16:30

NANB WILL BE CLOSED		DATES TO REMEMBER	
MAR 29	Good Friday	MAY 6–12	National Nursing Week
APR 1	Easter Monday	MAY 27 & 28	NANB Board Meeting
MAY 20	Victoria Day	MAY 29	NANB's 97 th AGM and Awards Banquet
JUL 1	Canada Day	MAY 30	NANB Invitational Forum
AUG 5	New Brunswick Day		
SEP 2	Labour Day		



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Canadian Nurses Protective Society

What You Need to Know About Your Proxy Vote

What You Need to Know

Anyone who does not plan to attend the 2013 Annual General Meeting can make their views known through a process called proxy voting. Simply put, it is a way of voting at annual meetings by means of a proxy or person that you have entrusted to vote on your behalf. Please read the following information carefully to make sure that your opinions are counted.

What is a proxy?

A proxy is a written statement authorizing a person to vote on behalf of another person at a meeting. NANB will use proxy voting at the upcoming annual meeting, May 29, 2013, in Fredericton.

By signing the proxy form on page 35, practising members authorize a person to vote in their place. Nurses attending the annual meeting may carry up to four proxy votes as well as their own vote.

What the Association ByLaw Says About Proxy Voting

NANB bylaw 12.07 states:

- A. Each practising member may vote at the annual meeting either in person or by proxy;
- B. The appointed proxy must be a practising member;
- C. No person shall hold more than four (4) proxies; and
- D. The member appointing a proxy shall notify the Association in writing on a form similar to the following or any other form which the board shall approve. Proxy

forms shall be mailed to members approximately one (1) month prior to the date of the annual meeting. This completed form shall be received at the Association office by the Friday immediately preceding the annual meeting.

Information for Nurses Who Give Their Vote Away

Nurses holding NANB practising memberships may give their vote to another practising member. They should, however, keep the following in mind: (a) know the person to whom they are giving their vote, (b) share their opinion on how they wish that person to vote for them, (c) realize that the person holding their proxy may hear discussions at the meeting that could shed a different light on an issue (so discuss the flexibility of your vote), (d) fill out the form on page 35 accurately (the blank form may be reproduced if necessary), and (e) send the form to the NANB office. All forms must be received at the office by **May 24, 2013, at 13:00 hours**.

When proxy forms are received at the Association office, staff members check that both nurses named on the form hold practising membership and that the information on the form is accurate. Occasionally a form has to be considered void because the name does not coincide with the registration number on record. A form is also void if it is not signed, if it is not completely filled out or if there are more than four forms received for one proxy holder. Since one nurse may hold only four proxies, a fifth form received for that nurse is void. Also, no forms are accepted if received after **May 24, 2013, 13:00 hrs**. Forms sent by fax will be declared void.

Information for Nurses Who Carry Proxies at the Meeting

Keep the following facts about proxy voting at the tip of your fingers:

- Practising members of NANB may carry proxies.
- The maximum number of proxies that can be held is four. There is no minimum.
- Know the persons whose votes you carry and discuss with them how they want to vote on issues.
- At the time of the meeting, pick up your proxy votes at Registration.
- Sign your name on the proxy card.
- Proxy votes are non-transferable. They cannot be given to someone else in attendance at the meeting.
- During the meeting, participate in discussions. If information is presented that could change the opinion of nurses whose vote you carry, you may either get in touch with them, vote according to your own opinion or withhold your proxy vote.
- Always carry your proxies with you. If they are lost, you may not be able to retrieve them to vote.

Clarification

Anyone wishing clarification on proxy voting is welcome to call the Association at 506-458-8731 or toll free at 1-800-442-4417.



It's All About the Nurse-Client Relationship available at www.nanb.nb.ca

The Therapeutic Relationship is the foundation on which nursing care is provided. RNs are committed to the development and implementation of best practice through the ongoing acquisition, critical application and evaluation of relevant knowledge, skills and judgment. This e-learning module will benefit both registered nurses and nursing students in their nursing practice and will familiarize them with all aspects of the nurse-client relationship, including how to:

- establish a therapeutic nurse-client relationship;
- set and define the limits of the relationship;
- recognize and deal with situations when boundaries that separate professional behaviour from non-professional behaviour are blurred;
- terminate the relationship in a professional manner; and
- maintain a professional relationship with the client and his significant others after the termination of the therapeutic nurse-client relationship.

As a member or nursing student in New Brunswick, you can access free e-learning modules via NANB's website (www.nanb.nb.ca) at your convenience, 24/7, with the ability to leave and return when the time is right for you.



ALSO AVAILABLE
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NCLEX Exam Information Online Now!

NANB has created a webpage dedicated to updating members, as the information is provided, on the entry-level exam that will be introduced in 2015. We encourage you to visit www.nanb.nb.ca/index.php/news/post/nclex_exam for regular updates such as: the upcoming Canadian NCLEX Conference, FAQs, recorded webinars, as well as...

Volunteer for the NCLEX Item Development Program!

Canadian registered nurses can now volunteer for the NCLEX Item Development Program. The National Council of State Boards of Nursing (NCSBN) develops the NCLEX-RN used to measure the competencies needed to perform safely and effectively as an entry-level nurse. An important step in the process is the NCLEX Item Development program, a key component in creating and maintaining high quality examination items. The development of the NCLEX examination depends on qualified registered nurse volunteers from all jurisdictions that use the NCLEX for entry to practice. Canadian nurses now have the opportunity to contribute to the NCLEX-RN exam bank prior to the exam being offered in Canada in January 2015.

By volunteering, you may be selected to participate as an item writer (RN with Master's degree) or item reviewer (practicing RNs). Some of the benefits of volunteering are:

- Opportunity to contribute to continued excellence in the nursing profession
- International networking
- Gaining experience and skill in test development

JUDGING THE BOOK AND THE COVER



PROFESSIONAL PRESENCE AS LIVED AND PERCEIVED BY NURSES IN NEW BRUNSWICK: PAST, PRESENT AND FUTURE

By CATHERINE AQUINO-RUSSELL

This article will focus on *professional presence* as perceived by registered nurses (RNs) who participated in a virtual forum available on the Nurses' Association of New Brunswick (NANB) website (www.nanb.nb.ca/index.php/members/

professional_presence). Members were asked to ponder/consider *professional presence* and how it is lived in their nursing practice. They described past experiences when being able to fully live *professional presence*; current challenges that inhibit living





If we begin to make an effort to really value nursing and our roles as RNs to project a positive presence, we will see a shift not only in ourselves but within our work places.



Nurses must embrace what makes them different from other healthcare providers and strive to enact those differences every day in our work environments.

professional presence; and future possibilities for enlivening professional presence in nursing practice.

Being *professional* has been described as being based on learned values, i.e., integrity and honesty [18]. As well, it requires abilities gained from professional education, i.e., “knowledge and skills of the profession, commitment to self-improvement, service orientation, pride in the profession, [developing committed] relationship[s] with client[s], creativity and innovation, conscience and trustworthiness, accountability, ethically sound decision making, and leadership” [18](p.11). While *presence* “is not unique to nursing” [2](p.10); it is “widely accepted as a core relational skill within the nursing profession” [11](p.71). Authors described *privileged presence* and “the ingredients of good health care: respect; compassion; collaboration; open and honest communication; family support and involvement; and

flexibility and responsiveness to individuals and their needs” [3](p.6). Professional presence is now a component of our nursing standards.

In our latest version of the *Standards of Practice for Registered Nurses*, the term *professional presence* is defined in this way:

As a reflective practitioner, the registered nurse demonstrates confidence, integrity, optimism, passion, and empathy, in accordance with professional standards, guidelines, and codes of ethics. This includes the registered nurses’ verbal and nonverbal communications and the ability to articulate a positive role and professional image, including the use of name and title. [15](p.15)

Further, it has been written that “what we say and do are noticed and can make a positive difference for our

patients and their families in ways that we may not realize and may never know” [11](p. 5). NANB set up a virtual forum in which nurses could participate and that would illuminate what *professional presence* means to the nurses of New Brunswick.

NANB’s Virtual Forum, Participants’ Descriptions and Analytical Process

Eighteen RNs contributed to the virtual forum on *professional presence*. Common concepts were grouped under the theme headings: What professional presence means; what professional presence looks like; and what it feels like to live professional presence. As well, I have created a compilation of the participants’ described present day challenges that influence nurses living professional presence and have included their suggestions for future consideration to enliven professional presence in nursing practice.

What Professional Presence Means

For RNs who participated in this virtual forum, *professional presence* means being *trusted professionals in the public's eyes, having responsibility to uphold that trust with pride and putting self in patients'/families' shoes*. (Note: italics have been added to indicate exact words from participants.) It means having a *blend of education, competence, technical and communication skills* such as *listening and respecting self and others, and providing knowledgeable care through having and sharing knowledge via teaching and counselling*. Professional presence provides a *sense of security to patients and families and means living professional behaviours and working in collaboration with colleagues and managers*. It means *doing one's best and learning from one's mistakes*. Participants also described professional presence as lived in practice.

What Professional Presence Looks Like in Practice

For RN participants, professional presence in practice takes *many forms*. It involves showing *pride in our profession and starts inside each of us with integrity, honesty, compassion, empathy and respect*. As well, professional presence is exhibited *outside with our appearance or image, and through our actions, such as having a positive attitude, open body language, confidence, and grace*. Professional presence involves *critical thinking and taking time to compassionately and ethically care for the whole person/family*. This type of care is also known as *patient-focused care*. It is during patient focused-care that nurses spend time *developing meaningful relationships, and communicate by listening or with words or reassuring touch, while helping others to find meaning in their situations*. Professional presence is lived through nurses' *continuing education; self-care; and role modeling including: leading by example, embracing, supporting, and empowering novice nurses and others*. As well, professional presence involves taking *responsibility or ownership of our workplace environments with a culture of respect,*

and being committed to our professional nursing association while at the same time *voicing our perspectives and problem-solving* in considering possibilities for change. Registered nurses described feelings that were associated with their opportunities to truly live professional presence in practice.

What it Feels Like to Live Professional Presence

Registered nurse participants *value* nursing, and they *feel confident* and feel *valued* themselves when living professional presence in practice both in the past and present. Still, RNs described experiencing feelings of being *sad* in the present yet *hopeful* for the future when thinking about professional presence; paradoxically some nurses perceive that our Association is not representing them while others feel that our Association is representing them. There are conflicting opinions and challenges associated with trying to live professional presence in practice.

Challenges to Living Professional Presence in Practice

Some RNs posted that currently professional presence is *strong and doing well with a focus on the most important person, the patient, even when workload is elevated*, while others described *gaps and challenges which inhibit professional presence* from being lived in practice to its fullest potential. In our current milieu the challenges or barriers described include: *having lost our professional voice as a distinct and respected profession because of the lack of differentiation between the roles and appearances or image of the Registered Nurse and Licensed Practical Nurse (LPN)*. As well, RNs described functioning with heavy workloads involving *staff shortages, overtime, unhealthy work environments, and fragmented care due to the economic climate*. Registered nurses expressed feelings of distress at *unprofessional behaviours* such as RNs being *task driven*, or demonstrating *uncaring attitudes*, and using *inappropriate communication* towards patients and colleagues. When the above challenges are experienced in

practice, feelings of *shame* and *hurting* for our profession were described. Yet, others described and envisioned possibilities that could change this, if we choose to embrace them.

Suggestions for Promoting Professional Presence in Nursing

Registered nurse participants envisioned suggestions for future change in order to enhance professional presence in nursing practice. These included:

- *Nurses must embrace what makes them different from other healthcare providers and strive to enact those differences every day in our work environments. We need to find ways to work with the resources we have (both financial and human resources) in the best way—a way that allows the RN to be at the bedside doing the things that only the RN can do...Discussions like these need to take place with the people we work with every day. I have had success with an evening journal club for important discussions like this and have seen how nurses can effect change when given the chance to talk together and consider possibilities for positive change*
- *Communication has to come back into our profession*
- *Maybe we need to go back to our basics of CARING for our clients, patients, families and showing them that we care*
- *One possible solution is a regional training program on leadership and mentorship. It consists of several modules, including "Culture of respect and professional behavior". It is divided into four lessons, one of which is to identify examples of professional behavior that fosters a culture of respect. There is no miracle solution. The important thing is to talk about it at the right time with the right people in order to promote professional presence so as to give compassionate, ethical care*
- *We must rise up to those challenges. This is the true nature of a professional*
- *Perhaps it's time to look at Nurse-Patient*





I don't have a miracle solution but I know I'm part of the solution.



We need to stand out as professionals! We are in desperate need of registered nursing leaders—people who will stand up for our profession and help it to become the respected and distinct profession that it should be.



Perhaps it's time for RNs to buy into a distinct uniform that states, "I am an RN."

Ratios.... Perhaps it's time for RNs to buy into a distinct uniform that states, "I am an RN." We had caps and black bands and yes I am aging myself but my patients knew who the RN was and so did everyone else

- *I think by bringing professional presence to the forefront, we may encourage some of the discouraged to find the strength to take each day at a time, striving to be what we all want to be: professionally present. We need to bring back our role models*
- *If we want to give the opportunity to nurses to develop their professionalism and to "live" professional presence—then we need to provide nurses with a professional environment in which to thrive. But we need distinction. We need to stand out as professionals! We are in desperate need of registered nursing leaders—people who will stand up for our profession and help it to become the respected and distinct profession that it should be. We need to stop "eating our young"*

- *We need to think about our values and beliefs so that we don't lose sight of our commitment as healthcare professionals.*
- *Let's all be more supportive of each other. It will make the team stronger, thus the care to patients will benefit from it. Thank you, NANB, for continuing the discussion on this phenomenon*
- *We need to be celebrating achievements of one another... but we need to step back and stand out not react to unprofessional people in unprofessional ways...if we begin to make an effort to really value nursing, our roles as RNs to project a positive presence we will see a shift not only in ourselves but within our work places....We need to find ways to empower one another to take the higher road*
- *I don't have a miracle solution but I know I'm part of the solution*

Discussion

It is interesting that, when reviewing

the perspectives of New Brunswick RNs, I noted similarities with the perspectives of a selection of writings from the literature. For example, RNs wrote of knowledge and skills as qualifications for living professional presence, as did others [19, 10] when describing nurse characteristics which influence clinical judgments during relational work. Registered nurses also perceived the features of professional presence to be congruent with one author [9] who described six characteristics of professional presence: "confidence, comfort in uncertainty, integrity, optimism, passion, and empathy" (p. 41). Yet, RNs described experiencing sadness when thinking about how professional presence has been lost in our present economic health care climate. The recognition of the influence of the health care climate is currently happening around the world, for example, a Scottish Government report [21] identified

...environmental and organizational factors that impact on the ... demonstration of professional behaviours, highlighting the importance of ... organizational culture as a major influence in promoting professionalism and recognizing the role of ... effective leadership and the impact of positive role-modelling.(p.8)

Registered nurse participants depicted the impact that existing economic constraints and health care culture had on RNs being able to live professional presence. They also described that in order to live professional presence within the existent economic restraints that we need to embrace a caring approach to patient care, and remember to look after ourselves. This is consistent with the writings of nurse theorist Margaret Newman [13], who pointed to being fully present with “unconditional love, manifesting itself in sensitivity to self, attention to others and creativity” (p. 8) as “a basic way of knowing” (p. 30) that involves “interacting with the environment” (p. 30).

Registered nurse participants wrote of the inability to distinguish RNs from LPNs and other health care professionals because of similar apparel. This concurs with authors [12] who wrote, “identity of the nurse has been a contentious issue since Florence Nightingale sought to change the practice and image of nurses in England in the 1800s” (p. 11). Others have also written on image of the nurse [5, 6, 7, 8, 17, 22]. Registered nurse participants expressed inappropriate behaviours that RNs exhibit to patients, family members, and colleagues. Image and behaviours are important issues that must be considered when contemplating professional presence. One author [11] pontificated,

Patients and families notice what we say, what we do and even what we are wearing. Conversations around patients between staff about social events attended or how late you have been out ...[and].... Burdening the

patient with conversations about staffing shortages do not belong near the patient. ...How you dress for work...introduce yourself...and... speak to families all form impressions that speak volumes about who you are as a professional RN. ...What impression do you want to leave? (p. 6)

The authors of an interesting book [3] proposed that “health care experiences are moments of ‘privileged presence’ ... defining moments in people’s lives, full of poignancy and power, and are remembered often in vivid detail” (p. 3). They also skillfully describe two perspectives: a) “Health care professionals are privileged to be present with patients and families, [and b)] *when personal connections are made* (italics added) then patients and families are also privileged to be in the presence of health care professions with their training, caring, and compassion” (p. 3). While other literature [20] considered justification for unprofessional behaviours continuing, for example “preceptors tend to be silent about professional expectations and rationalize, or bemoan, lapses in professionalism. It is possible that teachers and learners hesitate to report such lapses because of the potential for conflict-laded discussions or possible damage to working relationships” (p.1). It is sometimes easier to avoid conflict than to address it head-on; however, one author [17] envisioned a new solution,

Let’s look to a future where appearance or obsession with professional development and educational attainments take a back seat to what you actually do: “I knew she was a nurse because she treated me skilfully, respectfully, and in a caring manner. (p. 13)

The RNs who participated in the forum wrote of enhancing mentoring and support of novice nurses. An innovative nurse leader [6] explained “We know the interest of novice nurses to live a

professional practice begins when they are students. Initial motivation for entry to the profession often arises from a wish to make a contribution at those meaningful moments in people’s lives” (p. 394). The RN participants envisioned ways to enhance professional presence, to improve things, and to introduce change for the betterment of patient care and our profession in the future. This is important because “It’s not what happens to us, it is how we handle it that will set us apart” [1] (p. 10). Parse suggested, “The choice is yours... How do you wish to be remembered?” (Personal communication, November, 2012.)

Change is not easy, yet the power of possibilities for nursing in New Brunswick is exciting. Parse, a nurse theorist, views transition as,

Shaping the new is enhanced by attending to what is said and not said to gain understanding of the hidden and disclosed meanings present in all leading-following situations. ...there are welcome and unwelcome changes that move an innovation to the unimagined. [16] (p.375)

Ferguson-Paré recommended we “engage the courage within us to move beyond being an observer through the window to become the change that is needed in practice, in healthcare, and in working with patients and communities we serve” [6](p. 395). The voice is within you.

I want to honour and thank each participant for posting on the forum, for using your written voice to express yourself about this important topic: pondering/considering professional presence in New Brunswick nursing practice. Namaste (which means: I honour you).

REFERENCES

References available at:
www.nanb.nb.ca/downloads/References_English.pdf



NANB JOINS CNA ON *Parliament Hill*



MPs and Senators pictured above include: Senator Joe Day, NB; Nicole Turmel, MP, Que.; Yvon Godin, MP, NB; Senator John Wallace, NB.

An action packed day of RNs meeting parliamentarians occurred last fall, promoting advocacy efforts for equity-based health-impact assessments for all cabinet and federal government department policy and program decisions while also championing the achievement of the top five, in five global ranking for the nation's five priority health and health system performance outcomes by 2017. RN representatives were divided strategically in groups in order to meet the 45 members of Parliament (MPs) and Senators.

Nursing's Contribution to Public Health Policy and Programs Through the Office of the Chief Medical Officer of Health

By GLORIA MERRITHEW

Public health is defined as the organized efforts of society to keep people healthy and to prevent injury, illness and premature death. It is a combination of sciences, skills and values aimed at protecting and improving the health of populations¹. The health care system is frequently portrayed as a place to diagnose and treat individuals when they are sick or injured, but beyond that is a public health system working to keep people from becoming sick or injured in the first place. The real targets for public health programs and interventions are groups, communities and entire populations—not individuals. To illustrate, an individual child may receive an immunization, but the real goal of that immunization is to protect everyone within that child's circle of relationships from communicable disease as well as to raise the overall level of immunity within the entire community.

The goals of public health are addressed through the core functions of the public health system, namely, health protection, health promotion, population health assessment, health surveillance, disease and injury prevention, and public health emergency preparedness and response. Each function is described briefly in Table 1.

In what ways does the nursing profession influence and contribute to public health practice and policy in New Brunswick? Here are some examples:

- Providing input into drafting the *Public Health Act (1998)* and *The*



Left to right: Kimberley Blinco, Cheryl Yates, Lisa Stafford, Shelley Landsburg, Noortje Kunnen, Sarah Aldous and Gloria Merrithew. Absent from the photo are: Brenda Bastarache, Celine Couturier and Patricia Samms.

Reporting and Diseases Regulation (2009-136). These are significant documents that provide the regulatory direction and framework for many public health actions such as the reporting and follow up of notifiable and communicable diseases and immunization;

- Responding to communicable disease outbreaks and contributing both nursing knowledge and public health science whenever a provincial-scale public health response is required. Recent outbreaks of provincial magnitude include the H1N1 pandemic, the syphilis outbreak, and a pertussis outbreak;
- Contributing to the design and development of provincial public health programs such as the Early Childhood Initiatives (ECI) Program,

Communicable Disease Control Program, Sexual Health Program and Healthy Learners in School Program. The recently updated ECI program, which includes intensive home visiting for eligible first-time mothers, is rooted in evidence-based best practices for public health nursing. Sexual Health and Healthy Learners in School programs draw on population health promotion principles and community engagement practices to support specific target populations in addressing their own needs and priorities;

- Regularly reviewing and recommending revisions to the province's routine immunization schedule and briefing the Minister of Health on the rationale and implications associated with any recommended



TABLE 1 Core Functions of the Public Health System²

Health Protection —Actions to ensure water, air and food are safe, a regulatory framework to control infectious diseases, and protection from environmental threats.	Health Surveillance —The ongoing, systematic use of routinely collected health data for the purpose of tracking and forecasting health events or health determinants.
Health Promotion —Preventing disease by enabling people to increase control over and improve their health and advocating for improvements to the environmental and socio-economic determinants of health. Health promotion is typically geared toward the needs of whole populations rather than the needs of individuals. Public policy can be a powerful health promotion tool.	Public Health Emergency Preparedness and Response —Planning for both natural (e.g., floods, earthquakes, fires, dangerous infectious diseases) and man-made disasters (e.g., those involving explosives, chemicals, radioactive substances or biological threats) to minimize serious illness, overall deaths and social disruption.
Population Health Assessment —Understanding the health of communities and/or specific populations, as well as the factors that underlie good health or pose potential risks with the goal of producing better policies and services.	Disease and Injury Prevention —Investigation, contact tracing, and preventive measures to reduce the risk of infectious diseases, and activities to promote safe, healthy lifestyles that will reduce preventable illness and injuries.

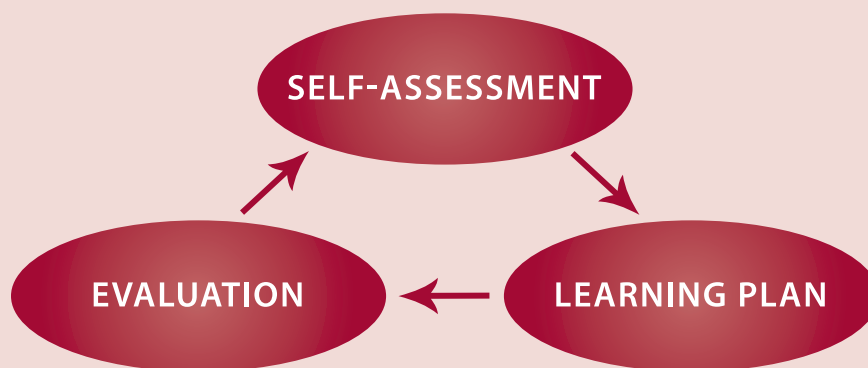
- changes. The addition of a school-based Human Papilloma Virus (HPV) immunization program to protect teen girls against HPV infection and its sequelae and introduction of an adult vaccine to protect children and their adult caregivers from pertussis are recent examples. Nursing knowledge is also integral to the processes required to procure, protect and distribute publicly funded vaccines valued at over \$7.5 million annually in New Brunswick;

 - Researching and drafting policies, practice guidelines, standards and other supporting documents required to uniformly operationalize public health programs such as communicable disease control, immunization and sexual health across the province. These documents provide direction and interpretation of provincial public health policies and programs for staff working in both the public health offices of the Regional Health Authorities and in Health Protection Branch offices where the policies and programs come to life in practice;
 - Raising the visibility of New Brunswick Public Health and improving public health communica-
- tions within the province by contributing articles and key messages to publications such as *New Brunswick Disease Watch Bulletin* and *New Brunswick Health Indicators* as well as the Office of the Chief Medical Officer of Health (OCMOH) website;

 - Working towards social justice and reduced inequities in relation to the health of New Brunswick's First Nations communities and other vulnerable populations;
 - Responding to new and emerging public health topics such as children's environmental health. The movement toward protecting the environmental health of children is growing in recognition that children are particularly susceptible to hazards found in their environments, broadly interpreted to encompass chemical, biological, physical, and social environments. Nursing plays a role in developing public health policy and programs aimed at protecting the developing child from environmental health hazards and thus promoting a healthier environment for all; and
 - Adding a nursing lens to public health programs, population health
- initiatives and studies being led by other public health professionals within OCMOH. The nursing perspective adds value to the work being carried out in a number of areas including:

 - the Baby Friendly Initiative (BFI) to support, promote and protect breastfeeding within the province;
 - the Public Health Nutrition Framework that provides direction for public health action to address the root causes of poor nutrition in New Brunswick;
 - the Framework for the Prevention of Unintentional Injuries in New Brunswick that targets the growing burden of unintentional injury across the lifespan;
 - the development of strategies to reduce the amount of tobacco used by New Brunswickers.

There is a long history of association between the nursing profession and the health of whole populations. Nurses have been responsible for mobilizing communities to promote health and to prevent disease and injury in many



CCP Audit Results

By ODETTE COMEAU LAVOIE

170

 Members Audited

TABLE 1 *Language*

	RN	NP
English	109	5
French	53	3

TABLE 2 *Areas of practice*

	RN	NP
Direct care	128	8
Administration	18	—
Education	14	—
Research	1	—
Other	1	—

TABLE 3 *Employment setting*

	RN	NP
Hospital	112	—
Community	31	7
Nursing Home	9	1
Other	10	—

In accordance with the NANB Bylaws, an annual CCP Audit is to be conducted to assess members' compliance with CCP requirements. The CCP requires all members to reflect on their practice through self-assessment, to complete a learning plan, and to evaluate the impact of their learning activities. Registered Nurses (RNs) and Nurse Practitioners (NPs) must comply with CCP requirements to maintain their registration and confirm if they have or not by answering a compulsory question as part of the annual registration renewal process.

This past fall, 170 members (162

registered nurses and eight registered nurse practitioners) were required to complete a CCP Audit Questionnaire prior to renewing their registration. Members were asked to complete an online questionnaire related to their CCP activities for the 2011 practice year. Seventy-six percent of audited members completed the questionnaire online; the other twenty-four percent requested and completed a paper copy of the questionnaire. The completed questionnaires were examined and assessed for compliance with the program. NANB was looking for evidence of the following three steps of the CCP:

1. Completion of a self-assessment based on standards of practice;
2. Development and implementation of a learning plan including at least one learning objective and learning activities; and
3. Evaluation of the impact of the learning on nursing or nurse practitioner practice.

What did members tell us?

SELF-ASSESSMENT: This year, the top three indicators chosen by RNs were:



Queen Elizabeth II Diamond Jubilee Medal Recipients



Lisa Guidry
RN, BN, MN-NP



Natalie Haché Losier
RN, BN

In collaboration with its jurisdictional members, CNA was invited to award 30 Queen Elizabeth II Diamond Jubilee Medals to exemplary RNs across the country. After the Governor General of Canada had provided these one-time commemorative medals to CNA then asked each of the provincial and territorial jurisdictions to nominate deserving RNs.

Honouring Dedication to Canada

Created to mark the 60th anniversary of Queen Elizabeth's reign, the medals honour Canadians who have dedicated themselves to the service of their fellow citizens, their community and their country.

NANB proudly acknowledges two New Brunswick recipients. ■

indicator 2.1 (demonstrates competencies relevant to own area of nursing practice), indicator 3.2 (continually assess practice to identify learning needs and opportunities for improvement) and indicator 3.4 (meet the requirements for continuing competence including the investment of time, effort or other resources to contribute towards meeting identified learning needs). NPs chose a variety of indicators from the *Standards of Practice for Primary Health Care Nurse Practitioners*.

LEARNING PLAN: RNs and NPs included their main learning objective on the audit questionnaire. RNs included learning objectives such as: "to improve my teaching and mentoring skills with new employees and current colleagues", "to increase my knowledge and develop competent nursing skills for caring for acutely ill cardiac patients" and "to learn more about postpartum depression and to identify best practice in early detection, support and treatment". One NP included the following learning objective: "to continuously improve my knowledge and skill base in my NP practice using the most up to date evidence to support my decision making".

Members also indicated which learning activity they had completed in order to meet their main learning objective. Reading articles / books, attending workshops and networking or consulting experts were the most popular learning activities for RNs this year. NPs reported reading articles / books, attending workshops and accessing the Internet as their most popular learning activities. For a third consecutive year, the majority of RNs and NPs confirmed that they recorded their CCP activities using the NANB CCP Self-Assessment and Learning Plan Worksheets. They also rated

these two tools as the most helpful from a list of six possible tools. RNs and NPs also identified the *Examples of Completed Worksheets* (available on the NANB website) as helpful tools. These results mirror those from the last two years.

EVALUATION: Members commented on the impact of their learning on their nursing practice. RNs included statements such as: "I completed the CNA certification in geriatrics and it gave me a greater understanding of the health needs of the aging population and how to provide better care to my elderly patients", "It helps me to feel confident I am providing the safest and best care I can to my patients and their families... By having the right knowledge base it helps me to be a good teacher, advocate, etc... to and for my patients" and "...it has made me a better instructor as I have more tools at my ready...". One NP stated: "I feel more confident in my diagnosis and options for treatment for my patients. It also taught me how to facilitate self-care for my patients in the community".

What's next?

The next CCP Audit will be conducted in the fall of 2013. At that time, a random sample of approximately 180 RNs and 10 NPs will be audited on their CCP activities for the 2012 practice year. These members will be required to complete the online CCP Audit Questionnaire prior to the fall registration renewal.

Members who have questions related to the CCP or who experience difficulty in meeting CCP requirements, should visit the NANB web site Continuing Competence Program section under the Professional Practice heading or contact a Nursing Practice Consultant at 1-800-442-4417. ■

Nursing's Contribution

Continued from page 24

different contexts over the past 100 years in New Brunswick. Nurses have contributed to the design and delivery of a wide range of public health programs aimed at such diverse topics as immunization, communicable disease control, maternal and child health and school health all within the

context of the social determinants of health and the spirit of social justice and equity. The dedicated team of nursing professionals within the Office of the Chief Medical Officer of Health, continue to work towards creating a better and healthier future for all.

REFERENCES

1. Last, John M. (2007) *A Dictionary of Public Health*. New York: Oxford University Press.
2. Government of Canada, *Public Health Agency of Canada Act*, s.c. 2006, c.5 Assented to 2006-12-12. ■

Get Involved! Play an Active Role in Your Association

Committee Members Needed

Do you promote your profession? Will you share your expertise? The Nurses Association of New Brunswick (NANB) is presently looking for members interested in becoming involved in various committees. Factors considered when selecting committee members are:

- geographic area;
- language;
- gender;
- years of nursing experience (at least five years); and
- area of nursing experience.

Public Members Needed

NANB is currently seeking interested members of the public to serve as public directors on the Board of Directors and as public members on the Complaints Committee and the Discipline and Review Committee on a voluntary basis. Public members are individuals who are not now, and have never been, registered nurses. Public members should have:

- An interest in health and welfare matters;
- Previous committee or board experience;
- Time to devote to the role and some knowledge about the nursing profession;
- Volunteer or work experience that demonstrates acting in the interest of the public.

The Nurses Act mandates your professional association to maintain a number of standing committees, which includes the Complaints Committee; the Discipline/ Review Committee; and the Nursing Education Advisory Committee. These committees allow members to be a part of a process that ensures the public is protected and that New Brunswickers receive safe, competent and ethical nursing care.

If you would be able to contribute to NANB's Board of Directors or the standing committees, please forward your curriculum vitae to Jennifer Whitehead at jwhitehead@nanb.nb.ca or by fax 506-459-2838. For additional information, you may contact the Association at 1-800-442-4417.

Committee Members

Name

Address

Registration No.

Current Area of Practice

Telephone No.

Email

Language ☐ English ☐ French

Areas of interest (please check):

- ☐ Nursing Education Advisory Committee (currently recruiting two university nurse educators and one nurse in a continuing education practice setting)

- ☐ Complaints Committee (This committee conducts the first step in the Professional Conduct Review (PCR) process and determines if further action is required. Meetings occur by teleconference.)

- ☐ Discipline / Review Committee (This committee conducts the second step in the PCR two-step process. Committee members examine evidence, hold hearings and make decisions.)

- ☐ Other

Please return this form to NANB at 165 Regent St., Fredericton, NB E3B 7B4 or fax to 506-459-2838.

The Institute for Safe Medication Practices Canada (ISMP Canada) is an independent national not-for-profit agency established for the collection and analysis of medication error reports and the development of recommendations for the enhancement of patient safety.



The Healthcare Insurance Reciprocal of Canada (HIROC) is a member owned expert provider of professional and general liability coverage and risk management support.

Volume 12, Number 10

ISMP Canada Safety Bulletin

October 30, 2012

ALERT: Errors with Prefilled Saline Syringes When Used to Reconstitute or Dilute Medications

This alert shares concerns about the use of prefilled saline (0.9% sodium chloride) syringes for reconstitution or dilution of injectable medications. The purpose of this bulletin is to heighten awareness among Canadian practitioners about the medication errors that can occur with this practice and to provide recommendations to prevent such errors.

Background

Prefilled saline syringes are indicated for flushing vascular access devices, a purpose for which syringes may have advantages over vials. For example, they are ready to use, which may reduce the risk of contamination during manipulation, and they are available in several volumes.

In 2006, ISMP (US) reported that prefilled saline syringes were being used for reconstitution or dilution of medications, with the medication being withdrawn from the vial back into the syringe.¹ ISMP alerted practitioners to the increased risk of medication error if syringes used in this way were not appropriately relabelled. This problem can be of particular concern if a high-alert medication is involved. One example provided in the ISMP report was dilution of an opioid in a prefilled saline syringe. Without relabelling, the syringe containing diluted opioid could be mistaken for a syringe containing saline (as labelled), an error that could have potentially fatal consequences if the contents are erroneously administered to a patient.¹

ISMP Canada recently received an incident report describing a newly identified risk for error if prefilled saline syringes are used to reconstitute medications: potential inaccuracy of the resulting dilution and therefore inaccuracy of the intended dose.

Incident Example

Stannous gluceptate, an agent used in diagnostic imaging, is supplied in powdered form. Reconstitution of a single vial of this agent for certain tests requires 3 mL of preservative free saline. The specific dose to be administered is based on the patient's body weight, and after reconstitution, the final volume to be administered is measured to the nearest tenth of a millilitre.² When the diagnostic imaging department of the reporting hospital switched its supply of saline from

vials to prefilled syringes and staff started using the syringes for reconstitution of stannous gluceptate, they noticed a decline in the quality of images produced, with re-imaging required for some patients.

Contributing Factors

When the hospital undertook a review to identify possible reasons for changes in image quality, it noted the following findings:

- The prefilled saline syringes that the hospital was using (BD PosiFlush³) are specifically indicated and intended only for flushing in-situ vascular devices and maintaining catheter patency, consistent with other prefilled saline syringes currently on the market.
- Volumes provided in prefilled saline syringes may be "approximate" and are inappropriate for reconstitution of medications requiring precise dosing, such as stannous gluceptate.
- Staff believed that the volume was accurate for reconstitution.
- The observed changes in image quality coincided with the change to exclusive use of prefilled saline syringes for reconstitution of stannous gluceptate.

The facility implemented several changes to address the situation, including restricting the use of prefilled saline syringes to the flushing of vascular access devices and reinstituting the use of saline vials in the diagnostic imaging department. Education was also provided on best practices for reconstituting the diagnostic agent. As a result of these interventions, the number of poor radiographic images was substantially reduced.

ISMP Canada's Recommendations

When contacted by ISMP Canada, several manufacturers of prefilled saline syringes confirmed that their products are indicated specifically for flushing venous access catheters or lines. Although the syringes may be convenient, their use for reconstitution of medications introduces the risk of errors into the medication administration process, particularly when a precise volume is required. ISMP Canada has compiled suggestions shared by the facility that reported this incident, findings provided by other

organizations that have undertaken reviews of the use of prefilled saline syringes, and information from ISMP (US)¹ and presents the following recommendations to enhance the safe use of prefilled saline syringes.

Healthcare Organizations and Practitioners

- Do NOT use prefilled saline syringes for reconstitution or dilution of medications or other injectable agents. Implementing this recommendation may necessitate re-evaluation of various products, to ensure that practitioners have appropriate options for required reconstitution or dilution of medications.
- Keep prefilled saline syringes in their outer packaging until immediately before use, and discard any prefilled saline syringes found open or outside of the manufacturer's outer packaging.
- Alert all practitioners to the potential risks associated with using prefilled saline syringes for reconstitution or dilution of medications (e.g., by sharing this bulletin widely).

Manufacturers

Prefilled saline syringes with gradations may be visually

similar to other parenteral syringes. To promote the safe and appropriate use of prefilled saline syringes, manufacturers are encouraged to consider the following:

- Ensure that the indication for use of prefilled saline syringes is prominently displayed on all labels (including outer package and syringe label).
- Clearly indicate on the label if the volume may not be precisely measured.

Conclusion

Prefilled saline syringes are indicated for flushing lines and should NOT be used for reconstitution or dilution of medications, for the following 2 reasons: (i) such use may lead the practitioner to withdraw the medication into a syringe that is labelled sodium chloride 0.9%, resulting in an incorrectly labelled container once the medication has been added; and (ii) the volume may not be precise.

It is hoped that this bulletin will alert practitioners and organizations about the potential for error when prefilled saline syringes are used for reconstituting or diluting medications.

Acknowledgements

ISMP Canada gratefully acknowledges the expert review of this bulletin by (in alphabetical order):

Linda Dueck RN, Surgical Educator, Alberta Health Services, Lethbridge, AB; Barbara Duncan RN BScN, Clinical Educator, B5ICU/CCNRT, Trauma, Emergency and Critical Care Program, Sunnybrook Health Sciences Centre, Toronto, ON; Sandra Knowles BScPhm, Drug Safety Pharmacist, Sunnybrook Health Sciences Centre, Toronto, ON; Melissa Lo BSc(Pharm) ACPR, Regional Medication Safety Systems Coordinator, Lower Mainland Pharmacy Services, Fraser Health, Providence Health Care, Provincial Health Services Authority, and Vancouver Coastal Health, British Columbia; Kim Streitenberger RN, Quality Manager, Paediatric Intensive Care and Cardiac Critical Care Units, The Hospital for Sick Children, Toronto, ON.

References

1. Safety Brief: Is it really saline? ISMP Med Saf Alert 2006 [cited 2012 Sep 7];11(23):1. Available from: http://www.ismp.org/newsletters/acutecare/articles/20061116_2.asp
2. DraxImage® gluceptate kit for the preparation of technetium Tc 99m gluceptate injection (brain and kidney imaging agent) or stannous gluceptate injection (cardiac blood pool imaging agent) [product monograph]. Mississauga (ON): DraxImage; 2010 Oct [cited 2012 Oct 23]. Available from: http://www.draximage.com/Portals/0/Canadian%20catalogue/216112_Gluceptate%20feuillelet_2011AL19%20CLEAN.pdf
3. BD PosiFlush SP syringe [product insert]. Mississauga (ON): BD Medical; [no date].

Education Announcement: Multi-incident (Aggregate) Analysis

ISMP Canada is pleased to offer a 1-day interactive workshop, designed specifically for risk managers, patient safety officers, medication safety officers, and healthcare professionals seeking to enhance their ability to conduct multi-incident (aggregate) analysis and identify potential contributing factors and trends.

During this interactive session, you will learn the stepwise process of conducting a multi-incident analysis and the situations where it is most beneficial. You will also gain hands-on experience under the guidance of ISMP Canada analysts. Take-home materials and tools to facilitate analysis of medication incidents will be provided.

The first workshop will be held on January 16, 2013, at ISMP Canada's Medication Safety Learning Centre in Toronto. Enrolment is limited to 8 attendees. Please send an email message to education@ismp-canada.org if you are interested.

Canadian Incident Analysis Framework (revised version of the Canadian Root Cause Analysis Framework)

ISMP Canada is pleased to announce the release of the Canadian Incident Analysis Framework (previously called the Canadian Root Cause Analysis Framework). This updated framework was collaboratively developed by ISMP Canada, the Canadian Patient Safety Institute (CPSI), Saskatchewan Health, and Patients for Patient Safety Canada (a patient-led program of CPSI), with the assistance of Paula Beard, Carolyn Hoffman, and Micheline Ste-Marie. The framework is a resource to support those responsible for, or involved in, managing, analyzing, and/or learning from patient safety incidents in any healthcare setting, with the goal of increasing the effectiveness of analysis in enhancing the safety and quality of patient care. The framework provides methods and tools to assist in answering the following questions:

- What happened?
- How and why did it happen?
- What can be done to reduce the likelihood of recurrence and thus to make care safer?
- What has been learned?

The current revisions to the framework, which was originally developed in 2006, address the practical realities and the comprehensive needs of Canadian healthcare organizations. The framework includes the following key enhancements, among others:

- Inclusion of the patient and family perspective
- Multiple methods to analyze incidents
- Positioning of analysis in the incident management continuum
- Innovative diagramming to support analysis
- Expanded section on developing and managing recommended actions

ISMP Canada provides customized educational workshops on incident analysis using the Canadian Incident Analysis Framework. For more information about holding or attending a workshop, contact ISMP Canada by email at education@ismp-canada.org, by phone at 416-733-3131, or toll-free at 1-866-544-7672.

ISMP Canada can also provide direct assistance with analysis of critical incidents. For more information about this service, send an e-mail to consults@ismp-canada.org, call 416-733-3131, or call toll-free 1-866-544-7672.

A copy of the Canadian Incident Analysis Framework is available for download: www.ismp-canada.org/rca

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ISMP Canada is a national voluntary medication incident and 'near miss' reporting program founded for the purpose of sharing the learning experiences from medication errors. Implementation of preventative strategies and system safeguards to decrease the risk for error-induced injury and thereby promote medication safety in healthcare is our collaborative goal.

Medication Incidents (including near misses) can be reported to ISMP Canada:

(i) through the website: http://www.ismp-canada.org/err_report.htm or (ii) by phone: 416-733-3131 or toll free: 1-866-544-7672.

ISMP Canada can also be contacted by e-mail: cmirps@ismp-canada.org. ISMP Canada guarantees confidentiality and security of information received, and respects the wishes of the reporter as to the level of detail to be included in publications.

A Key Partner in the Canadian Medication Incident Reporting and Prevention System

Meet the Candidates

NANB ELECTION 2013

PRESIDENT-ELECT



Suzie Durocher-Hendriks
Nominee for President-Elect

Education: Nursing degree, École des sciences infirmières, 1982

Additional Education: Master of Education, University of Ottawa, 1997; Bachelor of Nursing, 1991; Certificate in Coronary Care, Algonquin College, 1984; Bachelor of Arts (Psychology), 1983.

Present Position: Assistant Professor, Université de Moncton, Edmundston Campus Complex and Critical Care Course.

Professional Activities: Member, Canadian Association of Critical Care Nurses (CACCN) 2008–present; Member,

Board of Directors of the New Brunswick Heart & Stroke Foundation, 2011–present; Academic Consultant, Teaching and Learning, member of the steering committee and the committee responsible for teaching the NB Critical Care Nursing Program, 2002–present; Author of the report *Comparative Analysis of the RN Professional Development Centre (RN-PDC) Program* and the Consortium national de formation en santé (CNFS) La Cité collégiale submitted to NANB, October 2010); Author of *Le programme de soins infirmiers critiques du Nouveau-Brunswick* (PSICNB); President, National Competencies Review Committee of the CRNE, 2008–2009; Team leader and corrector for the CRNE, 2005–2006.

Nominated by: Noëlline LeBel and Nicole Dumont

Reason for Accepting Nomination: I humbly submit my candidacy to the position of President-Elect. My 31 years as a nurse, whether in clinical or in management positions, and mostly the last 15 years as an educator, gave me the opportunity to work with nurses and student nurses who have enriched my professional life and helped me to better understand the issues facing our profession. We are at an important turning point of the nursing profession, a period marked by change in the

development and the delivery of health services to New Brunswickers. I ask for your support so we can work together to advance NANB's mission, which has been the same for the last 100 years.



Brenda Kinney
Nominee for President-Elect

Education: Basic Nursing Education, Saint John School of Nursing, 1981

Additional Education: Masters of Nursing, Athabasca University, 2006; Bachelor of Nursing, UNB, 1998

Present Position: Director of Nursing Professional Practice, Saint John Area, Horizon Health Network



Professional Activities: Nursing Resource Advisory Committee (NRAC), Member representing NANB, Advisory committee to the NB Minister of Health, 200–2013; Nominating Committee Chair NANB, 2002; Chapter President, Charlotte County Chapter of NANB, 2000–2004; Board of Directors, Member NANB 2000–2004.

Nominated by: Carolyn Steeves and Thresa Dunn

Reason for Accepting Nomination: It is an honour to accept the nomination for President-Elect of NANB. Nurses, the single largest group of health providers, need to have a strong voice and leadership to positively influence the future direction of our evolving health care system. These are exciting times and I would welcome the opportunity to put my knowledge and experience to work representing the nurses of New Brunswick as we continue to advocate for a healthy public.



Annette LeBouthillier
Nominee for President-Elect

Education: Nursing degree, École d'enseignement infirmier Providence, 1981

Additional Education: Master of Nursing, University of Ottawa, 2006; Nursing & Health Care Leadership/Management Program, MacMaster University, 2002; Certificate in personnel administration, Université de Moncton, 1998; Certified Diabetes Educator, The Canadian Diabetes Educators Certification Board, 1993; Bachelor of Nursing, Université de Moncton, 1992.

Present Position: Vice-President, Planning, Patient Safety and Nursing Affairs, Vitalité Health Network, Bathurst, NB.

Professional Activities: Active member, Nurses Association of New Brunswick (1981–present); Member, NB Advisory Committee on Nursing Resources, 2009–2012; Member, ACEN, 2010–2012; Member, Advisory Committee on Sustainable Governance Standards and Organisational Efficiency, Accreditation Canada, 2008–present; President, Complaints Committee, Nurses Association of New Brunswick, 2007–2009; Treasurer, Miramichi Chapter, Nurses Association of New Brunswick, 1996–1998; President, NB Nurses Union Local for the Extra-Mural Hospital, Miramichi Unit, NB, 1993–1996.

Nominated by: Suzanne Robichaud and Beth McGinnis

Reason for Accepting Nomination: I accept being a candidate for the position of President-Elect. The health care system is constantly changing in New Brunswick, and all professions will need to redefine their role and their contribution in order to improve patient results and ensure the sustainability of the system. The nursing profession has been able in the past to adapt to change and to the needs of the population: introduction of nurse practitioners, expanded role of registered nurses, collaboration with licensed practical nurses, improved educational programs, etc. Therefore, I would like to be involved and participate actively with my nursing colleagues in the advancement of our great profession because I want to give back some of what it has offered me all throughout my career.

DIRECTOR, REGION 2



Jillian Lawson
Nominee for Director, Region 2

Education: Bachelor of Nursing, Advanced Standing Program, University of New Brunswick, Fredericton, 2007

Additional Education: Master of Nursing, Primary Care Nurse Practitioner Stream, Dalhousie University, Halifax, Current; Honours Research program in Psychology, University of New Brunswick, Saint John, 2005; Bachelor of Science, Biology/Psychology, University of New Brunswick, Saint John, 1999.

Present Position: Registered Nurse, Medical/Surgical Intensive Care Units, Saint John Regional Hospital, Horizon Health Network

Professional Activities: Nurses Association of New Brunswick, Saint John Chapter, President, 2011–present; Canadian Association of Critical Care Nurses, member, 2009–present; New Brunswick Nurses Union, member, 2007–present; UNB Grad Class 2007 Executive, Nursing Representative; UNB Nursing Grad Class 2007 Committee Chairperson; Fusion Saint John Community Engagement Committee member, 2006–2007; AIDS Saint John Education Committee, 2005; UNB Student Nursing Society Secretary, 2005–2006; UNB Nursing Peer Mentor, 2005–2006; United Way of Edmonton (Xerox Campaign Coordinator), 2002; Co-facilitator of Bereavement Group for Children, 2000–2002.

Nominated by: Kaitlin Black and Vanessa Barrio

Reason for Accepting Nomination: I look forward to the opportunity to represent Registered Nurses and Nurse Practitioners from Region 2, while advocating for professional practice and policies conducive to the health and vitality of the citizens of New Brunswick. I am confident that my education, professional experience, both in nursing and the private sector, and involvement with NANB Saint John Chapter will foster my success in this role.



Bridget Stack
Nominee for Director, Region 2

Education: Bachelor of Nursing, University of New Brunswick, Saint John, 2007

Additional Education: Masters of Nursing, Dalhousie University, Spring 2013; Certified Rehabilitation Nurse, CNA, 2009–2014; Bachelor of Arts, University of New Brunswick, Fredericton, 2004.

Present Position: Rheumatology Case Manager, Saint John Regional Hospital, Horizon Health Network

Professional Activities: Horizon Health Network Clinical Leadership, 2012; CNA Nurse Mentor for Rehabilitation Nursing, 2009–present; Nurse Mentor, 2007–present; Accreditation Team Member for Ambulatory Clinics, 2009–2010; Accreditation Team Member for Neurosciences, 2008–2009; 13 Team Trainer, 2008–2009.

Nominated by: Frances McConnachie and Brenda Kinney

Reason for Accepting Nomination: I have accepted the nomination for NANB Director Zone 2 because I welcome the opportunity to represent the professional interests of our nurses. Nurses are an instrumental part of healthcare and to have the opportunity to work on health policy, promote leadership, and to be a part of informing current practices would be an ideal experience. Accepting the nomination represents my willingness to be active in contributing to our profession and its future.

DIRECTOR, REGION 4



Josée Soucy
Nominee for Director, Region 4

Education: Diploma in Nursing, Rivière-du-Loup Cégep, 1985

Additional Education: Bachelor in Adult Education, Université de Moncton, Edmundston Campus, 2013

Present Position: Bedside nurse in surgery, médecine, intensive care, renal dialysis, psychiatry and gynecology/obstetrics, Edmundston Regional Hospital

Professional Activities: Policy and Procedure Working Group; local Policy and Procedure Council; Atlantic Academic Affairs; Regional leadership/mentorship program planning; recruitment and retention; Member, executive committee of the NANB Edmundston Chapter.

Nominated by: Noëlline LeBel and Mariette Damboise

Reason for Accepting Nomination: I want to expand my horizons in my professional association in order to make a difference in advancing the nursing profession. I would like to make a contribution in health care policies. I am confident I have the qualifications needed to understand the issues relating directly to nursing care and health care. I would like to take on a leadership role in the organization. I want to affirm myself in a leadership role for decision making. I would like to work with your team and collaborate to the advancement of our exciting profession.



Mario St-Pierre
Nominee for Director, Region 4

Education: Diploma in Nursing, Lévis-Lauzon Cégep, 1988

Additional Education: Education in Leadership and Management; Master in Health Services Management, Université de Moncton, April 2013; Bachelor of Arts, UMCE, 2011; Certificate in Management, UMCE, 2006;

Present Position: Nurse Manager, Operating Suite, Edmundston Hospital

Professional Activities: Member of the Board of Directors, Edmundston Hospital Foundation; President, NB Central Services Association, 2010; Head of the Harmonisation Group for Surgery and Operating Suites for the Vitalité Health Network; Member, Provincial Committee on Utilization Management; Member, Provincial Committee of Operating Suites Managers.



Nominated by: Liette Gallien-Lang and Linda Nadeau

Reason for Accepting Nomination: I am pleased to accept the nomination for Region 4 Director at NANB. I think I am able to meet this challenge because I care deeply about the development and the influence of our profession. Furthermore, I want to contribute through my experience by supporting excellence in our work and by maintaining the leadership established by our association. This opportunity would allow me to contribute as a member by representing your expectations and your vision for issues, decisions and health policies.

DIRECTOR, REGION 6



Linda Austin
Nominee for Director, Region 6

Education: École d'enseignement infirmier Providence, 1982

Additional Education: Bachelor in Nursing, Université de Moncton, Shippagan Campus, 1992

Present Position: Director, Nursing Care, Résidence Lucien Saindon, Lamèque

Professional Activities: NANB Chapter President, Acadian Peninsula (2008–present); actively involved in developing primary health care and enhancing community care development; was involved in setting up community committees in her region to review health needs.

Nominated by: Chantal Collin and Line Chiasson

Reason for Accepting Nomination: I would like to become administrator for Region 6 in order to promote the development of strategies and innovative solutions for various issues: recruitment and member retention, quality of life in the workplace, quality care, public protection, promotion of the nursing role in a collaborative work context and promotion of best professional practices. This opportunity would also allow me to inform health-care policies and expand the horizons of the nursing profession.



Annie Boudreau
Nominee for Director, Region 6

Education: Bachelor of Nursing, Université de Moncton, 1990

Additional Education: MBA, Université de Moncton, 2007

Present Position: Clinical Coordinator for the Nursing Sector, Université de Moncton, Shippagan Campus, Bathurst Site.

Professional Activities: Active member on the NANB Bathurst Chapter Executive Committee, 2004–present; participated in exam item writing for the CRNE, 2010–2012; President, Clinical Experience Network Committee, Université de Moncton.

Nominated by: Susan LeBlanc and Nancy Arseneau

Reason for Accepting Nomination: I am available and ready to meet this

challenge, as I am keen to contribute to the nursing profession. In my work, I had the opportunity to work closely with nurses in the Chaleur Region and the Acadian Peninsula. I listen to people and I am aware of the various aspects and issues concerning nurses in NB. I am confident that my role in the last few years in my local chapter helped me to contribute greatly to the advancement of our profession.



Claudette Boudreau
Nominee for Director, Region 6

Education: Nursing Degree, Bathurst School of Nursing, 1981

Additional Education: Bachelor of Commerce (part time), Université de Moncton, 2008–present

Present Position: Coordinator, Clinical Resource Utilization, Chaleur Regional Hospital

Professional Activities: Member, Provincial Committee of Utilization Management Coordinators; Member, Regional Committee of Utilization Management Coordinators; Member, Local Utilization Committee; Member, Leaders of Service Committee.

Nominated by: Nancy Sirois Walsh and Pauline Blackett

Reason for Accepting Nomination: I am a dynamic person who likes team work. My work experience demonstrates my leadership abilities. My current position allows me to have an expanded knowledge of the health care setting provincially and nationally, and I would like to continue being a positive

presence and expanding my views. I would like to work with the Board of Directors in order to achieve expected results through managing policies and wanting to see improvements in nursing and in the health care setting.



Barbara Frigault-Bezeau
Nominee for Director, Region 6

Education: Bachelor of Nursing,
Université de Moncton, 1986

Additional Education: Pursuing a Master's Degree in Health Services Management, Université de Moncton, present; Health Services Management Degree, Université de Moncton, 2012; Certificate in Health Services Management, Université de Moncton, 2011.

Present Position: Manager, Clinical Services

Professional Activities: President, local 73 of the New Brunswick Nurses Union, 1991–2003; Active member of the Complementary Practice Protocols Committee, 1997–2003; Local representative, Executive Committee, NBNU, provincial office in Fredericton, 1997–2003; Organizer of activities for the National Nursing Week, 1995–2003.

Nominated by: Aurore Chiasson and Estelle Chiasson

Reason for Accepting Nomination:

To be a member of NANB's Board of Directors would be a great way to keep updated on a whole range of issues and perspectives. My experience and my transparency, combined with my participative leadership and my desire to take up challenges, allow me to be a candidate while respecting NANB's mandate, vision and values. I am proud to be a nurse, and I would like to inform healthcare policies and to help advance issues in the nursing profession. I feel that those qualifications make me the candidate you need.



NANB Proxy Voting Form 2013 (Please Print)

I, _____ a practising nurse member of the Nurses Association of New Brunswick, hereby appoint _____ registration no. _____, as my proxy to act and vote on my behalf, at the annual meeting of the Nurses Association of New Brunswick to be held May 29, 2013, and any adjournment thereof.

Signed this the _____ day of _____, 2013.

Signature

Registration No.

To be received at NANB offices before May 24, 2013, at 13:00 hrs.
Proxies sent by fax will be declared null and void.

Mail to:

Nurses Association of New Brunswick
165 Regent Street
Fredericton, NB E3B 7B4

Return Your Ballot Today!

Ballots must be received at the NANB office by April 30, 2013.

Seize this opportunity to influence major issues and initiatives affecting your profession.

Results will be announced at the Annual General Meeting on May 29 and posted on the NANB website at www.nanb.nb.ca as well as appear in *Info Nursing*.





Patient Safety in New Brunswick

By MARIETTE DUKE

Those of us who have been around in the nursing profession know that the words “patient safety” are two buzz words used to describe the ideals, goals and beliefs that our patients are entitled to safe, effective and timely care. For nurses, these are our most important priorities.

As a nurse, with more than 36 years of experience working in clinical and educational settings, I am now in a position with the New Brunswick Department of Health where I am tasked with the responsibility of overseeing quality and patient safety initiatives for the Province of New Brunswick.

In my role as a consultant at the New Brunswick Department of Health, I facilitate and coordinate the promotion

of patient safety in a variety of ways:

- The Province of New Brunswick has established a provincial advisory group comprised of health care professionals from the regional health authorities, the New Brunswick Health Council, Ambulance New Brunswick, Long-Term Care Services and the Department of Health. This advisory group is committed to:
 - leading the advancement of patient safety in the New Brunswick healthcare system;
 - identifying and understanding system trends and challenges in patient safety in the New Brunswick healthcare system;
 - promoting knowledge transfer, providing education opportunities and encouraging collaboration among healthcare providers in the field of patient safety; and
 - endorsing the use of research-based evidence in making patient safety recommendations to healthcare providers, decision makers and policy makers.
- The Department is part of the Atlantic Health Quality and Patient Safety Collaborative, a working group comprised of representatives from the regional health authorities, the New Brunswick Health Council and the Department of Health. This collaborative uses an inter-provincial pro-active approach to facilitate capacity building and knowledge exchange and uses current national strategies and agendas to provide education and advice on current issues and trends in quality and patient safety.
- The Department continues to work with our partners to develop new methods of using our current education programs, professional publications and public media to enhance the promotion of patient safety with health care professionals and clients.
- The Department supports Patient Safety Week which is held annually during the first week of November. This week aims to showcase the priorities and initiatives designed to promote patient safety. Activities include:
 - information sessions;
 - information booths at hospitals and other clinics;
 - newspaper ads;
 - proclamation of Patient Safety Week by the Provincial Government; and
 - distribution of promotional items supplied by the Canadian Patient Safety Institute.
- In order to effectively address patient safety issues, it's important to have a patient safety reporting system in place. The Department is working with partners to develop a plan for recommending an appropriate and feasible incident reporting system that would be instrumental in promoting an effective patient safety program for all New Brunswickers.

A challenge that continues to exist, both nationally and provincially, is to ensure that there are effective cultural changes in the understanding, promotion and



The Department's Role: Internationally Educated Health Professionals

By BETH MCGINNIS

Many Canadian jurisdictions are facing a shortage of health care professionals. As experienced doctors, nurses, pharmacists, physiotherapists, occupational therapists, medical laboratory technologists and medical radiation technologists retire, it is becoming increasingly difficult to find replacements.

This situation means there may be employment opportunities for internationally-educated health care professionals across the country. Unfortunately, many internationally-educated health professionals living in Canada are unable to practice due to a variety of barriers to licensure, language and employment opportunities.

Each health department in Atlantic Canada oversees health human resources. In New Brunswick, health human resources planning falls under the responsibility of the Office of the Associate Deputy Minister of Health.

I am a registered nurse who works collaboratively with other provincial and federal government colleagues and health regulators to ensure that foreign qualification recognition and labor mobility issues are addressed fairly and in a timely fashion in our province.

I work closely with colleagues in the Population Growth Division of New Brunswick's Department of Post-Secondary Education, Training and Labour pertaining to foreign qualifica-

tion recognition and labor mobility issues in the regulated health professions.

In New Brunswick, we are seeing an increase in the frequencies of inquiries from internationally-educated nurses looking to move and/or to acquire nursing employment in our province. Internationally-educated nurses seeking licensure to practice in our province must be assessed for their educational equivalency, language proficiency and competency levels to be considered a candidate to write the Canadian Registered Nurse Exam. All internationally educated nurse (IEN) applications requires close examination on a "case-by-case" basis, requiring an



undetermined amount of NANB staff time to assess whether or not each applicant meets the registration criteria as set forth in the *Nurses Act*.

Since 2005, the Atlantic Connection Steering Committee has overseen the awarding of Health Canada's Internationally Educated Health Professional Initiative (IEHPI) project funding to health regulators and stakeholders to address their needs regarding internationally-educated health professionals seeking licensure and employment in NB.

Fortunately, NANB was one of the successful recipients of Health Canada's IEHPI project funding for 2011-16. This funding will enhance NANB's capacity to provide a comprehensive and sustainable process for the assessment of IENs. NANB is working with the Registered Nurses Professional Development Centre (RN-PDC) a division of Capital District Health Authority in Halifax, to expand their program to meet assessment of IEN needs in New Brunswick. Through this project, NANB is able to access the skills, resources and expertise already developed by RN-PDC. The NB project extends the capacity for English and French language assessment, on-line education and bridging of IENs for New Brunswick, Nova Scotia and PEI. This project enhances NANB's capacity to provide a comprehensive and sustainable process for the assessment and successful integration of Anglophone and Francophone IENs into the New Brunswick workforce. A Self-Assessment Readiness Tool (SART®) for RNs and providing IENs with access to Canadian Registered Nurse Examination (CRNE) preparatory

workshops within New Brunswick are incorporated into this project.

Our province is also working with the other Atlantic Provinces on issues related to internationally educated health professionals. Since 2005, the Atlantic Connection Steering Committee has supported and facilitated initiatives that attract, integrate and retain internationally educated health professionals to Atlantic Canada. This includes the building of a stakeholder network for those involved with internationally-educated healthcare professionals looking to settle in our region. We have learned by collaborating and sharing our knowledge and programs that we are richer and more capable of providing more inclusive, current, relevant and welcoming services to those looking to move to our region. For more information about Atlantic Connection, visit <http://atlanticcanadahealthcare.com>.

Federal government departments have also recognized the need to address the human resource challenges in a way that is fair, timely, transparent and collaborative, to ensure that Canadians receive the care and services as regulated by legislation. I participate on several federal/provincial/territorial committees pertaining to foreign qualification recognition with colleagues from other government departments as well as Health Canada. These discussions help the NB Department of Health better understand the challenges and opportunities at the national level and at the same time enables the Department to "make the connections" with others across the country to benefit the work being done "back home". A number of government

strategies and initiatives have been put into place providing jurisdictions with opportunities to identifying gaps and priorities for addressing these gaps from pre-arrival to integration of internationally-educated workers into the workplace.

The nursing workforce landscape fluctuates. This shift in nurses available to work and employment opportunities will therefore be important when looking at the need for internationally-educated nurses for our New Brunswick workforce.

Regardless of whether or not these internationally-educated healthcare professionals are recruited, they do come to New Brunswick looking for licensure. As a regulator and as a government department, we must honor the internationally-educated nurse's request to be assessed for licensure in our province, as well as protect the public's safety and ensure all processes are in place to carry out these responsibilities.

Even though the processes are complex and resource intense, we have experienced that by collaborating and working together, the regulator as well as the internationally-educated health care professional applicants are better served and supported.

Patient Safety in NB

Continued from page 36

application of patient safety throughout the health care system. I am proud to say that nurses have always played an active role in promoting patient safety not only at the clinical level, but throughout the health care system. The Nurses Association of New Brunswick has always supported the idea and development of patient safety by

adopting and endorsing position statements from the Canadian Nurses Association.

Patient safety is an evolving concept. It will need to be continuously developed and promoted in order to be integrated within a dynamic and ever-changing environment. This concept, which has now evolved as a discipline that applies safety science methods that aim to achieve a trustworthy system of health care delivery, must continue to be focused on ensuring that proper education is supported by

effective tools and commitment from all levels within our health community.

Patient safety is everyone's responsibility. It creates a culture that ensures that everyone within the provincial health care system will benefit from the most effective, efficient and safe experience and contributes to promoting and maintaining proper health.

The nursing profession will continue to play a critical role in providing appropriate health care to our clients and ensuring that patient safety remains a priority.



Canadian Nurses
Protective Society

infoLAW[®]

Emergency Room Closures

Vol. 20, No. 3,
July 2012

In the face of scarce health human resources, amalgamation of health services and changing demographics, some hospitals have been forced to close their emergency departments temporarily or permanently. Communications to this effect must be made widely to the public by the hospital or health region. Consequently, a nurse encountering an emergent patient during a closure would be by chance rather than by design.

Emergency room and outpatient department nurses may worry about their legal obligations during a closure. Given that a health institution can generally set the parameters for the administration of nursing care on its premises, nurses may feel divided between their professional inclination to assist patients who present despite the closure, a belief that they are prohibited from doing so by the decision to close the emergency room, and the challenge of providing emergency assistance without the resources available when the department is open.

At present, Canadian courts have yet to address this specific situation. However, at least one decision suggests that in a true emergency, where the life of a patient may be at risk, a court may not consider itself bound by internal organizational rules to determine if a duty of care existed. In that case,¹ a patient presented in the emergency department with suspected myocardial infarction. The emergency physician on duty was otherwise occupied in the surgical suite. The court found that another physician who was working in the hospital, but not on duty or on call in the emergency department, had a legal duty to provide assistance to the patient when asked to do so by nursing staff. Similarly, a court may find that a nurse who encounters an emergent patient during a closure has a duty to assist by acting within the scope of nursing legislation and regulation,² by acting within her knowledge and skills, and by calling for help, if intervening in the above noted ways would be of greater benefit to the patient than being redirected to the closest emergency service.

Risk Management Considerations in Planning for a Closure

A contingency plan formulated in advance of a closure would address any uncertainty and likely lead to better patient outcomes. The plan should include a public component to notify the population of the closure, and an internal plan to adequately inform staff of the closure and how to attend to the emergency patients that may present despite the notification.

Communication to the public

The hospital must take steps to communicate to the public and external emergency services (ambulance services, after care clinics, etc.) if it cannot offer emergency medical care temporarily or permanently.³ Various methods of media could be used, including public broadcast and signage at strategic locations advising would-be patients of the recommended course of action, such as going to the closest hospital with emergency services.

**Does a nurse
have a duty to
a patient who
presents at a
closed
emergency
room?**



**More than
liability
protection**

Communication between management and nursing staff

Good communication with frontline staff will be key. Nurses affected by the closure should be given information about the timing of the closure, any diversions to other hospitals that have been arranged, what is expected of nurses by their employer, and contact details for the most responsible administrator. This is particularly important if an outpatient department entrance remains open for persons to access the building for reasons other than emergent care. That fact alone may mean patients, or those accompanying them, arrive in the hope and expectation of emergency care despite posted information about the closure.

Patient Management

It is common and usual practice for doctors and nurses to work as a team in emergency care. Medical directives, verbal orders, regulations and policies empower nurses to act very quickly. As a result, nurses can act prior to a physician assessment and written orders. In normal circumstances, medical assessments and orders will be made soon after, during the same episode of care. In the altered circumstances of a closure, this will not occur since the unit will generally not be staffed with doctors and nurses.

A plan regarding patient management might identify approved practices to assist patients who seek urgent care despite the closure. The plan may consist of nursing assessments, any legally authorized nursing practices (including First Aid, BCLS or ACLS for nurses with this extra certification), and assisting the patient or companion to obtain other emergency medical services. It would be based on the scope of nursing practice and would be in compliance with the hospital's efforts to redirect such patients to a facility where their needs could be met. Such intervention cannot and will not encompass all of what emergency and outpatient nurses are accustomed to providing their patients in usual circumstances. It may also identify practices which are outside the scope of nursing practice and should not be implemented in these altered circumstances, such as ordering tests or administering unprescribed medications,⁴ which are usually implemented pursuant to an order, directive or protocol. If there are directives for nurses in place, by a physician or nurse practitioner orders, the health facility should decide if they are suspended during a closure since there will not be a doctor or nurse practitioner to oversee the course of patient care.

Please contact CNPS at 1-800-267-3390 if you have questions regarding the professional implications of emergency room closures and visit our website at www.cnps.ca.

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1. *Egedebo v Windermere District Hospital Assn*, 1991 CanLII 1921 (BCSC) (online: <http://canlii.ca/t/1crqw>).
 2. For example, Ontario Regulation 275/94 (General) made pursuant to the *Nursing Act, 1991*, s15(4)2 and s15(5) authorizes Ontario RNs and NPs to start an i.v. of normal saline if they have the knowledge, skill and judgment to perform the appropriate assessment and procedure, when delaying its establishment would harm the patient. Section 15(4)2 reads as follows:
Venipuncture to establish peripheral intravenous access and maintain patency, using a solution of normal saline (0.9 per cent), in circumstances in which,
 - i. the individual requires medical attention, and
 - ii. delaying venipuncture is likely to be harmful to the individual.
 3. *Baynham v Robertson* (1993), 18 CCLT (2d) 15 (Ont Gen Div).
 4. An example of a medication a nurse might assist a person in taking is their own prescription nitroglycerin.

Related infoLAWS of interest: Emergency Room Nursing, Negligence. Available at www.cnps.ca.

N.B. In this document, the feminine pronoun includes the masculine and vice versa except where referring to a participant in a legal proceeding.

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www.cnps.ca 1.800.267.3390 info@cnps.ca

New Brunswick Cancer Network

By SHIRLEY KOCH AND ROBERTE VAUTIER

An Overview

The New Brunswick Cancer Network (NBCN) was established in 2006 to ensure a provincially coordinated approach to cancer programs and services. NBCN is responsible for the development and implementation of evidence-based provincial strategies for all elements of cancer, including prevention, screening, treatment, follow-up care, palliative care, education and research. Through the work of a team of health care professionals, NBCN's goal is to decrease the incidence, morbidity and mortality of cancer among New Brunswick residents through cost-effective planning. NBCN works in conjunction with other divisions of the Department of Health and the regional health authorities.

One on One

Roberte Vautier and Shirley Koch are nurses working at the NBCN. They work to inform government through NBCN when it comes to cancer care. Whether it is research, policy development, program implementation or providing advice and policy interpretation, these nurses are making a difference.

Roberte has extensive experience in community health care. She has a decade of experience in hospital practice and she has worked in a variety of roles within the community, including the New Brunswick Extra Mural Hospital. She has been a nursing practice consultant with the Nurses Association of N.B. and later served as chair of the NANB's discipline and review committees. Roberte believes that consultation and collaboration are key elements to supporting the delivery

of services in an ongoing changing environment and looks forward to the development of palliative, supportive and primary care services.

Shirley is an oncology certified nurse with over 15 years of experience within the health care systems of both Canada and the United States. Before returning to New Brunswick three years ago and accepting the coordinator-systemic and radiation therapy position with the NBCN, Shirley's career path included many oncology focused positions such as outpatient oncology clinic nurse, multidisciplinary thoracic oncology nurse coordinator, photodynamic therapy nurse coordinator and clinical research assistant in oncology clinical trials. Shirley is currently the coordinator-provincial cancer screening at NBCN.

Why did you decide to work for government?

ROBERTE: I always knew that I wanted to be on the front lines for a certain period of time to integrate my nursing knowledge before doing something else. It was a natural career progression for me to move from the front line to working in management and policy roles.

SHIRLEY: When NBCN posted the coordinator - systemic and radiation

therapy position, I was living in Ontario and working in a cancer center. My family and I always wanted to return to New Brunswick, however, finding work in the field of oncology presented challenges. This position seemed like a good fit. Therefore, I accepted it and I recently moved to the coordinator-provincial cancer screening position. A great thing about nursing is that there are always lots of new and exciting career options.

How is the work you do now different from nursing in other environments?

ROBERTE: Direct practice is so rewarding that you can't forget that. It's hands on, it's nursing. But management, consultation and policy work are nursing too! It has always been an interest of mine and I really enjoy my current role. Shirley and I aren't doing direct patient care every day but we are still working in the nursing field. When developing programs, strategies,



initiatives or related education, I use the knowledge gained from previous experience, whether it was in hospital, home care or long-term care.

SHIRLEY: Of course we are going to the office every day instead of to the clinical setting, so that's a big difference. But for me, at the end of the day, I am still a nurse working to help patients through different means. To guide my work and gain perspective, I often ask myself, "What would I want and need in that situation?" Roberte and I are developing programs and policies that will benefit cancer care services for patients, families and health care providers in New Brunswick.

As NBCN Coordinators, who are you working with?

ROBERTE: My work on palliative care is mainly with other divisions, the

regional health authorities and key community stakeholders. NBCN works actively with many components of the healthcare system, including other divisions of the Department of Health, the regional health authorities, FacilicorpNB, the New Brunswick Health Council and the New Brunswick Health Research and Innovation Council.

SHIRLEY: My involvement is similar to Roberte's at this time, however NBCN also works with community agencies such as the Canadian Cancer Society and the Canadian Partnership Against Cancer (CPAC)—an independent national organization funded by the federal government. CPAC's goals are to reduce the incidence of cancer, lessen the likelihood of Canadians dying from cancer and enhance the quality of life of those affected by cancer. Through

involvement and participation on CPAC's national committees, we are able to stay aware and collaborate with colleagues working on similar cancer initiatives.

While working for government, are you still able to keep your registered nurse status?

SHIRLEY: Yes. Nurses who keep their membership up to date with the association and have the appropriate number of hours of practice each year are able to keep their license. NANB recognizes nursing policy as an area of nursing practice. It's very important for us, as nurses, to continue to educate ourselves. Personally, I attend conferences and try to complete as many online courses and seminars as possible to maintain current in oncology.

NBCN Progress

NBCN has made significant advances during its first six years in moving the cancer agenda forward in the province, including:

- Enhancements to radiation therapy in the province with the addition of new linear accelerators at the two provincial cancer centers (Dr. Georges-L.-Dumont University Hospital Center and the Saint John Regional Hospital) and the establishment of the provincial Radiation Therapy Wait Time Guarantee;
- Offering chemotherapy closer to home through the establishment of five satellite cancer clinics in northern New Brunswick (Campbellton, Bathurst, Caraquet, Miramichi and Edmundston);
- Enhancements to oncology drug funding using evidence-based recommendations provided by the pan-Canadian Oncology Drug Review (pCODR);
- The establishment of the Provincial Stem Cell Transplantation Program, located at the Saint John Regional Hospital;
- The addition of two pediatric

oncology patient navigators, one in each regional health authority, to help NB pediatric patients and their families navigate through the health care system as smoothly as possible;

- Providing increased educational opportunities to health care providers on cancer-related topics;
- Establishing a provincial wait time performance indicator for radiation therapy and publicly reporting this radiation therapy wait time, as well as participation rates for NB Breast Cancer Screening Services. NBCN provides NB cancer system information to national organizations such as the Canadian Institute for Health Information (CIHI) and CPAC;
- Improved cancer pathology and stage reporting as a result of the Synoptic Reporting Project in collaboration with CPAC; and
- Publishing the Cancer in New Brunswick Report 2002-2006.

Currently, NBCN is working on the following key initiatives:

- Improving participation rates in breast cancer screening to 70% from the current 55% (NB has one of the

highest participation rates in Canada) in order to further reduce mortality from breast cancer;

- Continuing work on the development of the NB Cervical Cancer Prevention and Screening Program (CCPSP), following the release of the clinical practice guidelines in September, 2011. Full program implementation, including letters to eligible women, is targeted for 2013-14;
- Continuing work on the development of the NB Colon Cancer Screening Program (CCSP) with a phased-in approach beginning in 2013-14. Full program implementation, including letters to eligible New Brunswickers, is targeted for 2015-16;
- Developing a provincial palliative care strategy in collaboration with the Addiction, Mental Health, Primary Health Care and Extra Mural Services Division and the New Brunswick Palliative Care Advisory Committee; and
- Producing the first ever Provincial Cancer System Performance report and the first New Brunswick Breast Cancer Screening Services report.

Environmental Health and Nursing Practice in New Brunswick

By BONNIE HAMILTON BOGGART

The Issue

Every day, in many health care settings, nurses are attending to environmental health issues in their practice. An emergency room nurse notes the weather report—hot and humid, with a high Air Quality Health Index—and prepares for more than the usual number of children being admitted for asthma attacks, and adults with cardiac problems. Public health nurses partner with the community to offer educational sessions for parents and early child care workers about the impacts of environmental factors on children's health. A day care director working in a First Nations community asks the Community Health Nurse about the presence of harmful toxins in traditional food sources such as fiddleheads, berries and wild meat. The director would like to add traditional foods to the menu, but worries that they may be harmful to the children. The nurse must address this concern by gathering the appropriate evidence, and respectfully offering her advice and support.

There is growing scientific evidence linking environment with health and disease, including an association between early exposures to adverse environmental chemicals/pollution and later chronic disease, including impacts on the brain, cardiovascular and respiratory disease, type 2 diabetes and cancer. Landrigan and Etzel (2012) state that there is sufficient scientific evidence to show that children have a heightened susceptibility to pesticides and other toxic chemicals, and that even extremely low level

exposures to toxic chemicals during pregnancy can cause fetal injury. This injury becomes evident during childhood or adulthood as diminished cognition (loss of IQ), shortened attention span, disordered behaviour or decreased reproductive capacity.

Most high-production volume chemicals (of which there are about 3,000) have not been adequately tested for toxicity, and yet, they are now found in adult blood, breast milk and infant cord blood. A 2005 study of the umbilical cord blood of newborn infants revealed the presence of an average of 200 industrial chemicals per sample, including flame retardants, plasticizers, and heavy metals.

On a national and international basis, steps have been taken toward understanding the environmental burden of disease, that is, how much disease can be attributed to environmental factors. The World Health Organization (2009) reported that 36,800 deaths in Canada could have been avoided through healthier environments. Canadian researchers Boyd and Genuis (2008) estimated that every year in Canada, there are: 10,000–25,000 deaths; 78,000–194,000 hospitalizations; up to 1.8 million restricted activity days due to asthma; 500–2500 low birth weight babies; and 8,000–24,000 new cases of cancer that are attributable to environmental factors.

Some health issues of concern for New Brunswick include the rising rates of non-communicable chronic diseases such as diabetes, cardiovascular disease and certain types of cancer, as well as high rates of

obesity in children, youth and adults. In their Scoping Review, Cooper et al (2011) document the extensive research evidence linking these diseases to multiple factors, including a broad range of environmental exposures.

This research may paint a dire picture, but the reality is that many environmentally-related diseases are preventable through stronger public policy, technological change and behavioural change.

If we accept that these health effects are costly and, in large measure, avoidable, we must identify the roles that nurses can play in promoting environmental health.

What supportive policies are currently in place?

Top-level policy support is a key factor in implementing effective organizational change, and has contributed to many positive changes in healthy public policy. The Canadian Nurses Association has articulated a clear policy position for integrating environmental health approaches within nursing practice. Their position paper on Nurses and Environmental Health states, "the role of nurses in environmental health includes:

- assessing and communicating risks of environmental hazards to individuals, families and communities;
- advocating for policies that protect health by preventing exposure to those hazards and promoting sustainability; and



- producing nursing science, including interdisciplinary research, related to environmental health issues”.

The Canadian Nurses for Health and the Environment (CNHE), an emerging group of the Canadian Nurses Association, is a new resource for registered nurses who are dedicated to the improvement of environmental health across all domains of nursing practice, policy, research and education.

In spite of these high-level supports, New Brunswick nurses report anecdotally that they find it difficult to incorporate environmental health principles into the mainstream of their practice, regardless of their work settings. Nurses are encouraged to address the determinants of health (including environments), and apply upstream prevention strategies to protect population health. Yet, barriers get in the way of implementing prevention as a key strategic direction. The two main challenges voiced by nurses are the lack of resources available to support environmental health approaches, and a lack of interest in, or knowledge of, environmental health by both their peers and their patients.

Demonstrating leadership in the area, New Brunswick introduced Canada’s first “Healthy Environments Unit”, where policy and programs converge around environmental health. Created in 2010 within the Health Protection Branch of the Department of Health, the unit functions within the Office of the Chief Medical Officer of Health. The mission of the Office is, in part, “. . . to protect the public from adverse health consequences of exposure to chemical, physical and biological agents.”

What supports and tools already exist to help nurses integrate environmental health approaches into their daily professional practice?

Nurses may be surprised to learn about the supports and tools that already exist in New Brunswick, Canada and internationally. Below are a few examples.

In New Brunswick, the Healthy Environments Unit now has a Healthy Communities Program Advisor, whose mandate is to address the promotion of children’s environmental health and to integrate children’s environmental health promotion into public health

programs. The Unit has recognized the need and is raising professional awareness by creating a network of partners who are involved in children’s environmental health, and exploring options to deliver professional development to public health practitioners.

Modules on incorporating environmental health into professional practice are available through the Canadian Nurses Association and the World Health Organization.

The Canadian Partnership for Children’s Health and the Environment is a group of organizations (including Toronto Public Health and the Canadian Association of Physicians for the Environment) that has been working together since 2001 to protect children’s health from environmental exposures and toxic chemicals. Their evidence-based educational materials are valuable resources for raising awareness of children’s environmental health issues among decision-makers, service provider organizations, practitioners, parents and the public.

The Core Competencies for Public Health in Canada (Release 1.0) provides a framework for integrating environmental health approaches into public health practice. Thirty-six core competencies were developed under seven categories, and the Community Health Nurse’s role in promoting and protecting environmental health integrates all of these competencies. As an example, the category “Partnerships, Collaboration and Advocacy” is demonstrated when two nurses create their own academic/public health partnership to bring environmental health issues upstream by teaching about them in the classroom with elementary school children.

The New Brunswick Children’s Environmental Health Collaborative, a network of collaborators and a project of the New Brunswick Environmental Network, works towards healthier environments for children where they live, learn and play. The Collaborative currently includes over 300 people from approximately 100 organizations and agencies, including government, non-government, professional associations, universities, educational settings, health care and early learning and child care. Team Nurses, one of the teams that have sprung up from among the participants, strives to “increase the

engagement of nurses in New Brunswick in the environmental health aspects of nursing practice”. One of the projects of the team is to publish articles such as this one in *Info Nursing* and other professional journals.

What additional tools or supports are needed to ensure that nurses are supported in integrating environmental health approaches?

By posing this question, the intention of this article is to catalyze the discourse among nurses and to explore together some creative options. How do you see the role of your association, union, occupational health, government, and faculties of nursing in relation to integrating environmental health approaches? How do you see the role of management, and indeed, your role as a conscientious professional nurse and change agent? Is there a concern you have today that could be addressed with some small action, e.g., cleaning solutions used in your work setting?

Conclusion

Currently in Canada and New Brunswick, environmental health approaches are only beginning to be integrated into nursing practice. Clearly, nurses have an opportunity to exert a positive influence on the health care system, and its response to the unprecedented rise in chronic conditions and diseases associated with environmental factors. The intrepid Florence Nightingale, who became a legend in the formative days of health care and nursing, used her social position and educated perspective to inform political action, and thus, to shape the evolution of nursing and health care. Like Nightingale, nurses in New Brunswick have an opportunity to illuminate the issue of environmental health and lead by example.

NOTE: Nurses who want to learn more, or contribute to the conversation, may contact Team Nurses’ chair, Marg Milburn, at marg.milburn@gnb.ca, or the author at bonniehb@nb.sympatico.ca.



Nurses Association
OF NEW BRUNSWICK

Registration Form

97th ANNUAL GENERAL MEETING, FORUM & AWARDS BANQUET

The Changing Face of Professionalism

DELTA HOTEL, FREDERICTON, NB, May 29th and 30th, 2013

Register by May 17, 2013

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Completed form with payment must be received by **May 17, 2013**. Incomplete forms will not be processed. This form will be the official invoice; no other invoice will be provided.

FEES

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| <input type="checkbox"/> No charge | Annual Meeting - May 29, 2013 |
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| | DEADLINE to purchase a banquet ticket is May 17, 2013 . Tickets or refunds will not be available after this date. |
| <input type="checkbox"/> No charge | Forum - <i>The Changing Face of Professionalism</i> - May 30, 2013 |
| | (Limited seating available, tickets are issued on a first-come, first-served basis.) |

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Cancellation Policy

Cancellations will be accepted up to and including **May 17, 2013**.

Hotel Information

A block of rooms has been reserved for May 28th and 29th, 2013 at:

Delta Hotel,

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Single or double occupancy \$159 CDN + taxes / per night

Reservations (506)457-7000; toll free: 1 888 462-8800;

All individuals will be responsible for making their own reservations. Be sure to mention that you are attending the NANB Annual General Meeting. Reservations are on a first-come, first-served basis. The block of rooms will be available until April 26, 2013.

Additional information is available at www.nanb.nb.ca.

NANB INTEREST GROUPS

New Brunswick Occupational Health Nurses

By ELAINE BELDING

The New Brunswick Occupational Health Nurses Group is a special interest group of the Nurses Association of New Brunswick. We are members of the Canadian Nurses Association and the Canadian Occupational Health Nurses Association. Our mission is to provide support and continuing education opportunities for members and to promote safe, healthy workplaces in the province of New Brunswick.

A registered nurse can study the specialty of Occupational Health Nursing through the BC Institute of Technology, McEwan University in Edmonton, or one of three colleges in Ontario. Courses include Occupational Health and Safety Legislation, Toxicology, Epidemiology, Communication Skills, Statistics, Audiology, Disability Management and the crucial course, Occupational Hygiene. Occupational Hygiene involves identifying workplace hazards, physical, biological or

chemical, as well as methods to eliminate or minimize the effects of hazards. Current materials also consider social and mental health hazards. After achieving education and sufficient experience, the nurse can earn COHN(C) certification by successfully completing the Canadian Nurses Association examination.

Occupational health nurses perform a wide range of activities depending on the specific needs of their particular workplace and workforce. In a given day, one occupational health nurse could collect blood samples, counsel a worker who would like to stop smoking, inspect a work station to suggest changes that would reduce strain on the worker, meet with management to arrange job alterations for a worker recovering from injury, order supplies for the Health Unit and conduct a seminar on how to stay healthy while doing shift work.

One of our members, Karen

Mazerolle, has just finished her term as president of our national association, COHNA. Under her leadership, COHNA updated the "Disability Management Practise Standards". This 75 page document is available through the COHNA website at www.cohna-aciist.ca.

Our goals in 2013, for our provincial group, include completing a review of our By-Laws, improving our website and conducting two excellent educational opportunities for members. Our spring meeting is tentatively planned for May 30, in conjunction with the Nurses Association of New Brunswick Annual General Meeting. The date for our autumn meeting will be set later in the year.

We welcome new members and encourage any nurse who is working, or interested in working, in Occupational Health, to join our group. The Membership Application form is available on our website at www.nbohng-riistnb.com. ■

Be in the know

Provide your email address to NANB at nanb@nanb.nb.ca and receive electronic communications including our E-bulletin, *The Virtual Flame*.

The Virtual Flame 
YOUR NANB E-NEWSLETTER

Community Health Nurses of Canada

By PATTY DEITCH

According to the 2011 New Brunswick Department of Health Final Report, there are 910 community health nurses employed in the province (personal communication, NANB, 2012). “Community health nurses are registered nurses whose practice speciality promotes the health of individuals, families, communities and populations, and an environment that supports health”, (CHNC, 2011). In New Brunswick, community health nurses are employed in public health settings, community mental health, home health nursing, correctional settings, community health centers, occupational health and more. No matter the work setting, community health nurses combine “their foundational nursing education with specialized knowledge of community health nursing concepts and competencies” (Stamler & Yui, 2012, p. 42) in order to inform and guide their practice, which includes primary, secondary and tertiary prevention. Promoting client health, the primary goal of the community health nurse and the long-term goal of achieving healthier communities, requires these nurses to be well informed, to have an excellent understanding of the social determinants of health, their impact on the health of individuals and populations, and to appreciate the role of health promotion strategies at the individual, group, community and population level.

Community health nursing is recognized by the Canadian Nurses Association as a specialty. The work setting and nature of the work requires significant professional autonomy and independence as a community health nurse may find himself or herself working alone and without the benefit of peers with whom to consult when

decisions need to be made. A very important resource for community health nurses is the Community Health Nurses of Canada (CHNC).

Founded in 1987, the CHNC is a federation of Provincial/Territorial community health nurses and an associate group of the Canadian Nurses Association. The board of directors are a diverse group of community health nurses from all provinces and territories. Their energy and expertise in a wide range of practice settings, education, administration, policy and research has resulted in strong partnerships and work that promotes the health of Canadians where they live, work, play, worship and gather (CHNC). As well, CHNC has a strong commitment to its membership and there have been a number of publications of documents which support and guide the work of the community health nurse. Some examples would include:

- Canadian Community Health Nursing Standards of Practice (2011);
- Public Health Nursing Discipline Specific Competencies;
- Home Health Nursing Competencies;
- Public Health Nursing: Primary Prevention of Chronic Disease Report (February, 2012);
- A Blueprint for Action for Community Health Nursing; and
- CHNC Submission to CNA National Expert Witness (2011).

Membership in the CHNC allows access to these and other documents. As the CHNC membership grows to greater than 2000 nurses across Canada, this diverse group contributes to the education of future nurses, to the ongoing development of community health nurses, and to the knowledge and scientific bases of community health nursing practice.

If you are a community health nurse, consider what membership could mean for you.

Membership in CHNC:

- Provides provincial representation from every province and territory on the board of directors;
- Supports development and publishing of the Canadian Community

Health Nursing Standards of Practice;

- Supports collaboration with CNA to continue the CNA Certification in Community Health Nursing;
- Supports the development and publishing of PHN Discipline Specific Competencies;
- Supports the development and publishing of Home Health Nursing Discipline Specific Competencies;
- Provides reduced fees to attend the National Community Health Nursing Conferences;
- Provides access to educational webinars;
- Provides opportunities for involvement in national committees and forums;
- Provides access to the members-only section of the website;
- Provides access to Great Big News; and
- Your involvement in committees, boards and forums provides continuing education hours towards re-certification.

Your membership is especially important as CHNC continues to work towards strengthening community health nursing as a specialty nursing focus. As well, as informed and active health care providers, CHNC membership facilitates your voice being heard as major decisions are being made about health care in Canada.

For less than the cost of one cup of coffee a week you can be part of an organization that provides a national voice for community health nurses in Canada. Join CHNC by going to www.chnc.ca and be part of the Vision:

Community Health Nurses—leaders for a healthy Canada.

REFERENCES

- Stamler & Yiu, 2012. Community Health Nursing. A Canadian Perspective. 3rd edition. Pearson Canada Inc. Toronto, ON. Required. ■



Understanding Generic Drugs

By STEPHANIE SMITH

Do your patients/clients understand what generic drugs are? Do they think generics are less effective because they are cheaper?

While people may be uncertain about using generic drugs initially, research has shown that they are more likely to adhere to treatment when prescribed more affordable generic drugs. The Canadian Agency for Drugs and Technologies in Health (CADTH) has created a series of tools to help you explain the facts about generic drugs. The tools are available at: www.cadth.ca/generics.

The key facts are:

- Generic and brand name drugs are bioequivalent.
- Clinically important differences have not been reported in well-controlled trials.
- Generic drugs create savings that can be redirected elsewhere.

Bioequivalent drug formulations have the same bioavailability; that is, the same rate and extent of absorption. In Canada, generic and brand name drugs have identical active ingredients, and generic drugs must meet Health Canada's standards for bioequivalence. The CADTH tools provide more information about these standards.

Health Canada has set stricter bioequivalence requirements for a few drugs that are highly toxic or have a narrow therapeutic range. These are known as critical dose drugs. For some critical dose drugs such as antiepileptics and antiarrhythmics, there have been anecdotal reports of differences between brand name and generic drugs. However, you can reassure patients that controlled trials looking for increased toxicity or exacerbation of disease have consistently failed to show clinically important differences between brand name and generic drug use.

If you need written information to

share with patients, consider using CADTH's Generic Drugs: Your Questions Answered. This easy-to-read handout, available in both English and French, covers similarities and differences between generic and brand name drugs, the reasons why generic drugs cost less, the Health Canada approval process, and more.

CADTH is an independent, not-for-profit agency funded by Canadian federal, provincial, and territorial governments to provide credible, impartial advice and evidence-based information about the effectiveness of drugs and other health technologies for the benefit of patients and for the sustainability of health care in Canada.

For additional information, please contact Stephanie Smith, CADTH Liaison Officer for New Brunswick, at 506-457-4948 or visit www.cadth.ca.

Boardroom Notes

Continued from page 9

NANB Capital Fund. The audited financial statements will be presented at the 2013 Annual General Meeting. The Board reviewed the 2013 budget. Planned expenditures for 2013 are approximately \$4,105,314 with a surplus of \$30,838. This represents a balanced budget in accordance with board policy.

Next Board

The next Board of Directors meeting will be held at the NANB Headquarters on May 27 and 28, 2013, prior to the Annual General Meeting.

Observers are welcome at all Board of Directors meetings. Please contact

Paulette Poirier, Executive Assistant / Corporate Secretary at ppoirier@nanb.nb.ca or call 506-459-2858 or 1-800-442-4417.

2012–2013 NANB Board of Directors

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Leading a Journey to Professionalism

**Meet Susanne Priest,
NANB's Nursing
Practice Consultant**

"I firmly believe that each nurse is a leader and what we say, how we act and the impression we leave has a significant impact on clients, their significant others, the healthcare team and overall healthcare in New Brunswick."

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You will soon celebrate five years of employment with the Association, how would you describe this experience?

To say that it is a journey may sound like a cliché, but that is exactly how it has been. I started off not knowing much about NANB and I was torn about leaving clinical practise. At first, I remember thinking that I will never get the hang of 'all this regulatory language'. I remember turning to my husband after work one evening, at the six month mark and saying: "I give it a year. If I do not feel like I have a grasp on this by a year, I'm going back to the hospital." At about month nine, it all clicked! Similar to an anticipated trip, working here is an experience I will never forget. I am surprised at how interesting and challenging working at NANB can be.

NANB's primary responsibility is to regulate the nursing profession in the public's interest. How does the Practice

Department help achieve this goal?

Our confidential consultation services are one of the key ways we address this mandate. We receive hundreds of calls and e-mails each year. Another way I think our team rises to this challenge is through presentations and documents. I personally would sum up my job by saying that the Practice Department tries to bring regulation and legislation to a clinical level for most members via documents and presentations while taking the clinical information we receive from practice queries to the forefront, if appropriate, so it may be addressed by the NANB. Our practice consultations often lead us to themes of what is going on in the professional world of RNs and NPs, in New Brunswick.

You are currently one of three Nursing Practice Consultants. Where do your responsibilities lie and how do you support each other?

The practice team is led by a visionary Liette Clément, our director, who has worked with us long enough to know our strengths and assigns tasks accordingly. We share the workload, and rotate the practice call schedule in two week segments. However, even though one consultant may be the project lead, we all provide input in fine-tuning our documents, webinars, learning modules and other presentations. We support each other through information *sharing*, *listening*, ensuring our competence in all aspects of our department's work and knowledge transfer and of course having a good laugh when things are getting stressful. At the end of the day, we *respect* each other.

Dealing with nurses directly, what would you say are the most prevalent issues or challenges facing the nursing profession today?

Big question. The first thing that comes to mind is the changing roles of RNs and the changing team they work with. Nurses work with various healthcare providers and some of those individuals are doing tasks that the RN used to do. So, we not only have a variety of team players, we have some of them doing what we used to do while we are navigating new waters. *Change*—some thrive with change while others shrink away from it.

Providing new online tools and added services to members have undoubtedly increased your workload and that of the team. In your opinion, how do these tools benefit members and why are they valuable resources?

Virtual presentations are key, in my opinion, to reaching the nurses who do shiftwork. You can take part at any hour of the day, any day of the week. You can be interrupted from the learning module or webinar and still come back to finish the session. I regret not using NANB as a regular resource while in clinical practice. I dream of the day when all of our members take advantage of what NANB has to offer.

It would seem that *Leadership* and *Professionalism* are reoccurring themes in the nursing profession. What do they mean to you and why are they so important to nurses?

Nurses are educated and intelligent. Nurses are often the deciding factor as to whether client outcomes are good or

YOU'VE ASKED

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I read in the Standards of Practice for Registered Nurses that RNs (and NPs) are responsible for maintaining their fitness to practise. What does that mean?

In October 2012, the Nurses Association of NB conducted a targeted online survey of more than 1000 members as part of the consultation process on the revised *Standards of Practice for Registered Nurses*. Registered nurses (RNs) responded very positively to the revised standards but also requested clarification on indicator 1.6 that speaks of fitness to practise.

The following *Ask a Practice Consultant* article is intended to define the concept of *fitness to practise* and to clarify the expectations of RNs obligations in relation to indicator 1.6—*The RN takes measures to maintain fitness to practise such that client safety is not compromised* (NANB, 2012).

Under the *Nurses Act*, the Nurses Association of New Brunswick (NANB) is legally responsible to protect the public by regulating members of the nursing profession in New Brunswick. Regulation makes the profession, registered nurses and nurse practitioners accountable to the public for the delivery of safe, competent and ethical nursing care. In order to meet this mandate, NANB promotes and maintains standards for nursing education and practice. Under Standard 1: Responsibility and Accountability of the *Standards of Practice for Registered Nurses* (2012), fitness to practise is listed as an indicator to demonstrate how RNs are expected to meet the standard and it is defined as “*all the qualities and capabilities of an individual relevant to his or her capacity to practise as a RN, including, but not limited to, freedom from any cognitive, physical, psychological or emotional condition, or a dependence on alcohol or drugs, that impairs his or her ability to practise nursing*”.

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Fitness to Practise:

All the qualities and capabilities of an individual relevant to his or her capacity to practise as an RN, including, but not limited to, freedom from any cognitive, physical, psychological or emotional condition, or a dependence on alcohol or drugs, that impairs his or her ability to practise nursing (NANB, 2012)

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In other words, each registered nurse is responsible for practising safely, competently and ethically and for maintaining fitness to practise.

The *Code of Ethics for Registered Nurses* (2008) also explains the concept of fitness to practise under the value of “Being Accountable” and states that: “*nurses maintain their fitness to practise. If they are aware that they do not have the necessary physical, mental or emotional capacity to practise safely and competently,*

they must withdraw from the provision of care after consulting with their employer or, if they are self-employed, arranging that someone else attend to their client’s health-care needs. Nurses then take the necessary steps to regain their fitness to practise”.

However, the reality is that at times the RN may feel “unfit” to practise due to circumstances where she/he is not able to meet the *Standards of Practice for Registered Nurses* or values from the *Code of Ethics for Registered Nurses* such as:

- an RN with problematic substance problem that affects her ability to practise safely and competently;
- an RN with “unmanaged” mental health issues that could affect her practice;
- physical limitations that could interfere with the RN’s ability to deliver safe, ethical and competent care;
- situations where the RN is unable to initiate and maintain the nurse-client therapeutic relationship;
- situations where fatigue or other factors negatively affects the RN’s ability to practise safely and in accordance with *Standards of Practice for Registered Nurses* and the *Code of Ethics for Registered Nurses*.

RNs experiencing situations affecting their fitness to practise have a professional and ethical obligation to address the issue if they wish to continue to practise nursing. In some circum-

stances, the RN may not be able to deal with the situation alone and may require support to return to a level of functioning whereby she is able to meet professional standards of practice. When experiencing situations affecting their fitness to practice, RNs can take for example the following steps.

- Withdrawing from the provision of care after talking with employer;
- Seeking advice from a primary health care provider;
- Accessing staff health programs;
- Speaking with an NANB practice consultant.

Fitness to practise: applying the standards

All RNs should be able to articulate the expectations established in standards and apply them to their practice. The *Standards of Practice for Registered Nurses* and the *Code of Ethics for Registered Nurses* outline the RN's responsibility in relation to fitness to practise such as:

The RN:

- practises in accordance with the *Code of Ethics for Registered Nurses* (NANB, 2012);
- is answerable for nursing actions,

decisions and professional conduct (NANB, 2012);

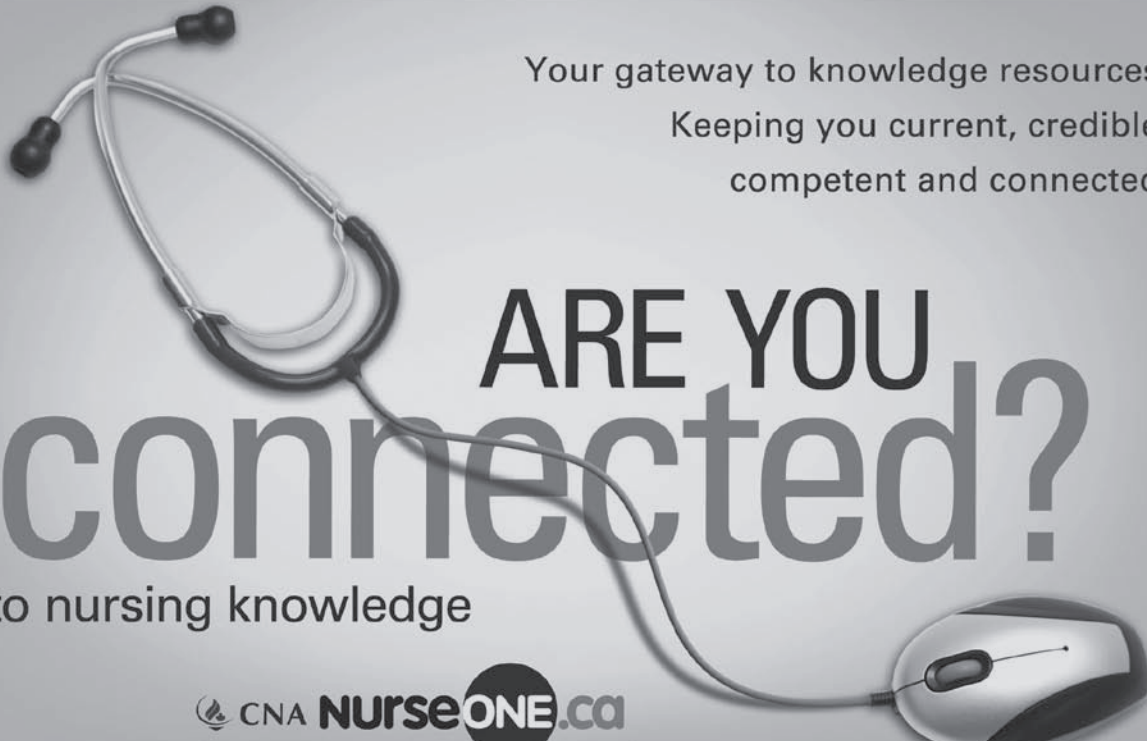
- takes measures to maintain fitness to practise such that client safety is not compromised (NANB, 2012);
- questions and intervenes to address unsafe, non-compassionate, unethical or incompetent practice or conditions that interfere with her ability to provide safe, compassionate, competent and ethical care to those to whom she is providing care, and she supports those who do the same (CNA, 2008);
- acts on the ethical obligation to maintain fitness to practise when planning non-work related activities (CNA, 2008);
- takes responsibility for mitigating and managing fatigue while at work, including using professional approaches to decline work assignments (CNA, 2010);
- has a professional responsibility to act in a manner that is consistent with maintaining client and personal safety (CNA, 2010).

Providing safe, competent and ethical care to clients is the responsibility of every RN. When there is an issue related to fitness to practise, the RN must take all possible steps to deal with the situation so that the safety of clients is not at risk. RNs are encouraged to speak with managers or other support services when recognizing issues of fitness to practise, whether it applies to themselves or to other RNs.

For more information on the RN's responsibilities in relation to fitness to practise, contact NANB to speak with a Practice Consultant at 1-800-442-4417 or by email at nanb@nanb.nb.ca.

REFERENCES


- Canadian Nurses Association (2008). *Code of Ethics for Registered Nurses*. Ottawa: Author.
- Canadian Nurses Association (2010). *Nurse Fatigue and Patient Safety*. Ottawa: Author.
- Nurses Association of New Brunswick (2012). *Standards of Practice for Registered Nurses*. Fredericton: Author.



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<p>APRIL 11–12, 2013</p> <p>Aboriginal Suicide and Trauma Prevention & Healing—<i>What is Working, What is Hopeful</i></p> <ul style="list-style-type: none"> • Aurora Conference Centre, Yellowknife, NWT » www.aboriginaltrainingandconsultingservices.com 	<p>APRIL 22, 2013</p> <p>2013 NCLEX Conference for Canadian Educators</p> <ul style="list-style-type: none"> • Hilton Toronto Airport Hotel & Suites, Toronto, ON » https://www.ncsbn.org/4185.htm 	<p>APRIL 22–24, 2013</p> <p>UNB Behavioural Intervention 3-Day Workshop</p> <ul style="list-style-type: none"> • UNB Wu Centre, Fredericton, NB » www.unb.ca/cel/_resources/pdf/intervention/behavioural-intervention-workshop.pdf
<p>APRIL 22–25, 2013</p> <p>Diabetes Educator Course</p> <ul style="list-style-type: none"> • The Coast Plaza Hotel and Suites, Vancouver, BC » www.interprofessional.ubc.ca/DiabetesEducatorCourseVancouverSpring2013 	<p>APRIL 25–26, 2013</p> <p>The NB Hospice Palliative Care Association 2013 Annual Conference—<i>Living Through Palliative Care</i></p> <ul style="list-style-type: none"> • Saint John, NB » www.nbhpc-a-spn.ca 	<p>APRIL 30–MAY 2, 2013</p> <p>National Occupational Health Nursing Conference: <i>Charting the Course for Occupational Health</i></p> <ul style="list-style-type: none"> • Matrix Hotel, Edmonton, AB » www.cohna-aciist.ca/pages/news_detail.asp?NewsID=256
<p>MAY 1–4, 2013</p> <p>3rd Canadian Obesity Summit</p> <ul style="list-style-type: none"> • Westin Bayshore, Vancouver, BC » www.con-obesitysummit.ca 	<p>MAY 6–12, 2013</p> <p>National Nursing Week—<i>Nursing a Leading Force for Change</i></p> <ul style="list-style-type: none"> » www.cna-aic.ca/en/events/national-nursing-week/ 	<p>MAY 27–28, 2013</p> <p>NANB BoD Meeting</p> <ul style="list-style-type: none"> • NANB Headquarters, Fredericton, NB » www.nanb.nb.ca
<p>MAY 29–30, 2013</p> <p>NANB's 97th AGM, Awards Banquet and Invitational Forum</p> <ul style="list-style-type: none"> • Delta Hotel, Fredericton, NB » www.nanb.nb.ca 	<p>JUNE 10–11, 2013</p> <p>2013 National Leadership Conference</p> <ul style="list-style-type: none"> • Sheraton on the Falls, Niagara Falls, ON » www.nhlc-cnls.ca 	<p>JUNE 11, 2013</p> <p>CACHE 2013 Annual Conference</p> <ul style="list-style-type: none"> • The Hyatt Regency Hotel, Vancouver, BC » www.interprofessional.ubc.ca/CACHE
<p>JUNE 28–29, 2013</p> <p>Stanton Hospital Reunion</p> <ul style="list-style-type: none"> • Yellowknife, NT » www.stantonyk25.com 		

Meet Susanne Priest

Continued from page 49

not. I firmly believe that each nurse is a leader and what we say, how we act and the impression we leave has a significant impact on clients, their significant others, the healthcare team and overall healthcare in New Brunswick. Nurses make a difference every day and I believe that if we tapped into the leader within, we could transform healthcare... but it takes an everyday commitment to be the best RN we can be. It may mean biting our tongue to be civil in one circumstance but advocating for the client's best interest in another.

If you could provide “words of wisdom” to new nursing students entering the profession, what would you say to encourage or guide them in their careers?

First off, no matter what you hear, every profession has some good points and some not so good points. Nursing is a great profession that needs strong leaders who are also team players. Take advantage of every learning opportunity! Give a lot and you will be given much in return. Go the extra mile without being asked and think strategi-

cally. Nursing is an amazing profession and really, the sky is the limit.

Similarly, what advice would you give a colleague considering an employment opportunity with the Association?

To go from the clinical thought process to thinking with a regulatory lens takes time. Be patient with yourself and don't pre-judge this work as dry and boring. It is truly nursing and it is very interesting!

Protect your home from severe weather.

The weather outside may be frightful, but it's the aftermath of extreme weather that is causing concern among Canadians. A recent TD Insurance poll of more than 1,000 Canadians revealed 70% are concerned that a natural disaster won't be covered by their insurance policy.

Sylvie Demers, Chairman, Affinity Market Group, TD Insurance, offers the following advice to ensure that your home and valuables stay safe from severe weather:

- **Maintain the outside of your home:** The poll revealed less than half of Canadians (46%) check for blockages to prevent water from draining away from the home, and only 36% remove weak branches and trees from their property. To help keep your house safe and dry, take a walk around your home to check for these red flags.
- **Deal with issues before they become problems:** It's always better to deal with potential problems, such as a crack in the wall or a leaky roof, sooner rather than later. Did you know that problems caused by not properly maintaining your home may not be covered by your insurance policy? Address issues immediately to prevent bigger headaches down the road.
- **Understand your insurance:** According to the poll, less than one-third of survey respondents (29%) have read their insurance policies or know exactly what they're covered for. Even if you think you have a good sense what your home insurance policy covers, speaking with an expert will give you the peace of mind of knowing exactly what you're protected for so there are no surprises.
- **Exercise caution:** Thinking ahead and being prepared is a great approach to many situations, and particularly when it comes to unpredictable weather. Depending on the severity of the weather warnings in your region, you may want to consider moving your car into the garage and bringing your lawn furniture inside.

Resolutions

Continued from page 13

by the practising nurse members residing in their respective regions, commencing in 2006, for terms of office of two (2) years, subject to 5.02C, and

A. the candidate receiving the greatest number of votes in an election for region director shall be declared elected, and [June, 2005]

B. such elections shall be held, conducted and governed in accordance with the methods of voting, requirements and procedures set out in the rules.

12.06—If at the time announced for the close of nominations there is for any office or position only one nominee duly nominated for that office or position, that nominee is elected by acclamation to that office or position, and no election shall be required.

13.07—The president may, at her

discretion, cause a vote to be taken on any matter. The question or matter to be voted on shall be sent to all voting members of the Association at least ten (10) days prior to the last day set for counting the votes. All such votes shall be held, conducted and governed by the methods of voting, requirements and procedures set out in the rules.

Resolution 3

Submitted by the NANB Board of Directors

WHEREAS the current registration year is from January 1 to December 31 of each year;

WHEREAS members must renew their registration each year by December 31 and employers must verify that their employees have renewed their registration by December 31 each year;

WHEREAS changing the date of the registration year may benefit both members and employers;

THEREFORE BE IT RESOLVED that bylaw 1.10, 2.01 and 2.05 of the

Association be amended as follows to enable the Board of Directors to change the date of the registration year as may be required:

1.10—The membership of any member who does not pay the required annual fees prior to the expiry date of the registration year as determined by the Board in any year shall lapse and the member, until such fees are paid, shall enjoy none of the rights and privileges of a member.

2.01—The Board shall establish the dates of the membership registration year. Annual membership fees shall be paid each year to the Association on or before the last day of the registration year and annual membership fees received after this date shall not be accepted until a late payment fee is paid.

2.05—Practising nurse membership and non-practising membership in the Association shall expire each year on the date as established by the Board of Directors, unless renewed prior to that date, and each person whose membership has expired shall enjoy none of the rights and privileges of a member. ■

REGISTRATION SUSPENDED

On September 24, 2012, the NANB Complaints Committee suspended the registration of registrant number 027318 pending the outcome of a hearing before the Review Committee.

REGISTRATION SUSPENDED

The Nurses Association of New Brunswick hereby gives notice that the registration of Emily Jane Victoria Sipprell, registration number 026149, is suspended effective December 11, 2012.

SUSPENSION CONTINUED

On December 14, 2012, the NANB Discipline Committee found Sarah Jane He (née Thompson), registration number 027559, to be unsafe to practise nursing at this time and that the member's conduct demonstrated professional misconduct, conduct unbecoming a member, incompetence and a disregard for the welfare and safety of patients. The member also demonstrated a lack of accountability and responsibility for her conduct, acts and omissions.

The Discipline Committee ordered that the suspension imposed on the member's registration be continued for a minimum of three months and until conditions are met. At that time, the member will be eligible to apply for a conditional registration.

REGISTRATION SUSPENDED

On December 18, 2012, the NANB Complaints Committee suspended the registration of registrant number 022860 pending the outcome of a hearing before the Review Committee.

REGISTRATION REVOKED

On December 21, 2012, the NANB Discipline Committee found that Joseph Guy Turbide, registration number 023053, demonstrated professional misconduct, conduct unbecoming a member, incompetence and a lack of judgement, integrity and professional ethic in not intervening appropriately within a reasonable period of time for a patient in distress. The member did not meet the standards of nursing practice and the Code of Ethics.

The Discipline Committee ordered that the member's registration be revoked and that he be prohibited from practising nursing or representing himself as a nurse. He shall be eligible to apply for reinstatement a minimum of one year from the date of the Committee's order. The Committee also ordered that he pay costs to NANB in the amount of \$5000 within 12 months of his return to the active practice of nursing.

CONDITIONS LIFTED

The conditions imposed on the registration of registrant number 027281, have been fulfilled and are hereby lifted effective January 18, 2013.

REPRIMAND ISSUED, REMOVAL FROM REGISTER CONTINUED

On January 23, 2013, the NANB Discipline Committee found Jason Nelson McCavour, registration number 025267, responsible for his conduct, acts and omissions and that he demonstrated conduct unbecoming a member with regards to criminal convictions for assault and breach of undertakings. The Committee also found that he demonstrated professional misconduct, conduct unbecoming a member and dishonesty as shown by his failure to report four criminal charges while completing the Association's 2012 online registration renewal.

The Discipline Committee reprimanded the member for his criminal convictions and failure to report the criminal charges on the Association's 2012 online registration renewal. The Committee ordered that the member submit proof of completion of the Canadian Nurses Association Code of Ethics modules within 60 days, and submit proof of completion of the probation period ordered by the Court, after which he will be eligible to apply for registration.

The member was ordered to pay to the Association a fine in the amount of \$1000 and a portion of the cost of the proceedings in the amount of \$3000 within 12 months of his return to the active practice of nursing.

CORRECTION

The fall edition of *Info Nursing* printed in error that "On April 4, 2012, the suspension imposed on registrant number 025122 was lifted and conditions were imposed on the member's registration". What should have been printed was that "On April 4, 2012, registrant 025122 was reprimanded and conditions were imposed on the member's registration". ■

NANB Poster Competition

National Nursing Week 2013

Who is Your Nursing Leader?

All Members and NB Nursing Students are invited

to submit a digital photo of a nurse
with an explanation of what makes
them a *Leading Force for Change*.
One entry per person. Email
submissions to:

jwhitehead@nanb.nb.ca.

Restrictions apply. Please visit

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Due to provincial legislation, our auto insurance program is not offered in British Columbia, Manitoba or Saskatchewan.

*No purchase required. Contest organized jointly with Primm Insurance Company and open to members, employees and other eligible persons belonging to employer, professional and alumni groups which have an agreement with and are entitled to group rates from the organizers. Contest ends on January 31, 2013. 1 prize to be won. The winner may choose the prize between a Lexus RX 450h with all basic standard features including freight and pre-delivery inspection for a total value of \$60,000 or \$60,000 in Canadian funds. The winner will be responsible to pay for the sale taxes applicable to the vehicle. Skill-testing question required. Odds of winning depend on number of entries received. Complete contest rules available at www.melochemonnex.com/contest.

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