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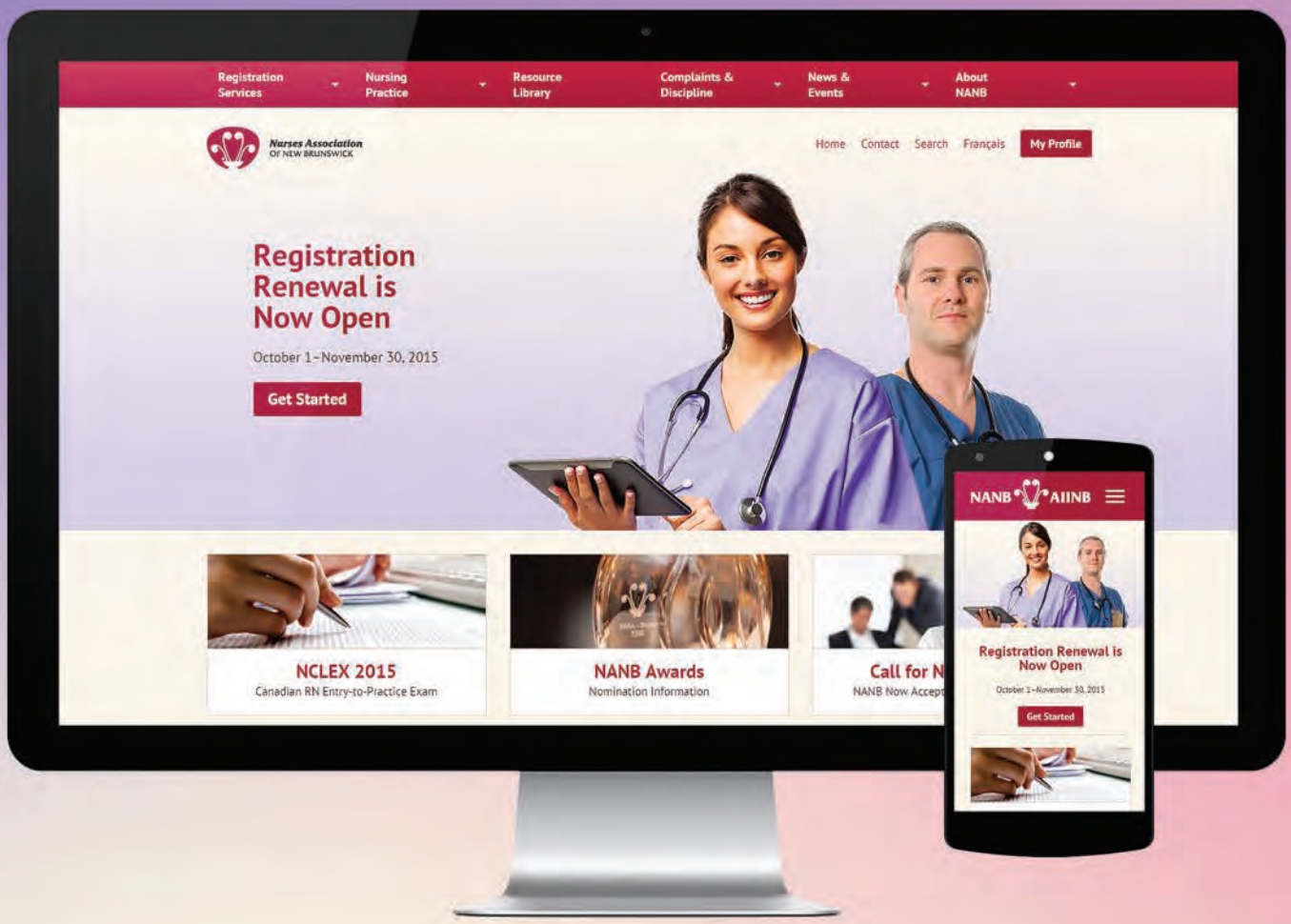


Visit NANB's New & Improved Website | 25

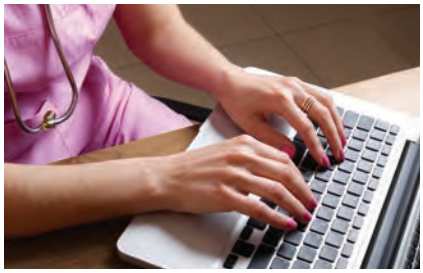
Nurses Association OF NEW BRUNSWICK

fall 2015

INSIDE

On June 3rd, NANB recognized six outstanding nurses including (left to right): Lucie-Anne Landry, Stephanie Baptiste, Monique Cormier-Daigle, Kathryn Weaver, Léoline Hétu and Shari Watson. See page 14 for details.

Cover
Visit NANB's new website with improved site search functionality, updated resource library, and a cleaner, brighter more modern look.
See page 25.



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the pulse

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 exsits 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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Public Director

Info Nursing is published twice annually by the Nurses Association of New Brunswick, 165 Regent St., Fredericton, NB, E3B 7B4. Views expressed in articles are those of the authors and do not necessarily reflect policies and opinions held by the Association.

Submissions
Articles submitted for publication should be sent electronically to jwhitehead@nanb.nb.ca approximately two months prior to publication (April, October) 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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Reflect, Refocus and Re-energize

As summer quickly moves into fall, it provides us with time to reflect, refocus and reenergize. As I begin my term as your president of NANB, it gives me cause to reflect, refocus, and reenergize on my professional journey. I would like to share a few personal values that have guided my path as a registered nurse: privileged presence, mentorship, leadership, life-long learning, embracing change, opportunity for growth and courage. At different stages in my career, I have relied on one or more of these values to lead me.

As I reflect on my 34-year career, I appreciate how fortunate I have been to receive wonderful opportunities for growth. What career other than nursing could provide me with the privilege to work as a direct care nurse in both inpatient and community settings, supervisor, manager, facilitator on a Health Canada project partnering with our educational facilities, Nursing Practice Director and finally an Executive Director responsible for multiple health care facilities and clinical programs? Whenever the opportunity to promote our profession is presented, I like to focus on the diversity of practice and personal satisfaction that nursing offers while ultimately making a positive difference in our patients' lives.

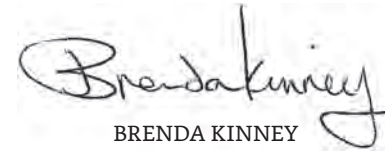
Nursing is a profession for those that have courage. You may ask, "Why courage?" It takes courage to care for our patients when they are vulnerable, needing our compassion and expertise; courage to make life and death decisions; courage to handle the multiple changing demands of our profession; courage to manage our work and personal lives; and courage to be the leaders our patients expect and deserve.

As I refocus on the next two years, it is clear to me that we need to prepare for change—our environment is such that nurses' having a strong unified voice is essential. Nurses provide stability for our health care system, we are the 24/7 providers of care and respected leaders regardless of our areas of practice. As I look forward to many exciting events that will occur in New Brunswick over the next couple of years, I am reenergized. As we host CNA's biennium and NANB's 100th Anniversary in 2016, we have a lot to celebrate and be proud of.

I want to express sincere appreciation to our past president, Darline Cogswell, who was a true partner as we worked together over her term, and to Roxanne Tarjan, our retiring Executive Director, who has such knowledge and passion for our profession. It will be my pleasure over the next two years to work with NANB's new Executive Director, Laurie Janes, the staff at NANB, our Board of Directors, and especially you, the registered nurses and nurse practitioners. Representing NB nurses at CNA's Board of Directors provides an essential link that I take very seriously, our collective voice is important.

Personally, I have been blessed in my life to have a loving husband, son and daughter (who I am proud to say is an RN) who always support me in whatever new challenge I accept. To them I am eternally thankful.

I want to invite you all to join with me as we embark on this journey together. Take advantage of opportunities for professional growth, be involved. Most of all, have courage and embrace change; be proud of being a registered nurse in New Brunswick—I am! ■



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Change is Always an Opportunity

In my previous column, I indicated I would be retiring at the end of August however, as you have noted, I am still here. My adjusted date is October 15, 2015. I have stayed on to assist in the transition as Laurie Janes, incoming Executive Director assumes the leadership of the Nurses Association of New Brunswick (NANB). This is an exciting time for NANB and its members. Change is always an opportunity! I wish Laurie and the NANB team all the best and look forward to following their accomplishments together with each of you, the NANB members.

I want to take this final column to talk with you about the new entry-to-practice exam. Over the past decade, regulators have been discussing the requirements for a future entry-to-practice exam that would employ best practice and evidence in high-stakes entry-to-practice testing, enhance the security of exam delivery, and test the competencies necessary for a new registered nurse to provide safe, competent and ethical patient care.

In 2011, the Canadian registered nurse regulators (with the exception of Quebec and the Yukon) completed a comprehensive search for an exam provider which included a detailed Request for Proposal process based on an agreed set of criteria. The National Council of State Boards of Nursing (NCSBN) offered the best option and a proven ability to partner in the development of a state of the art, computer adaptive RN entry exam.

Much has been said about the exam being American and while the exam provider is a US based organization, the exam is designed to test the knowledge, skill and judgement needed for safe practice as a novice registered nurse. It does not test knowledge of particular health care systems, cultural issues or legislation. Canadian registered nurses have participated in each stage of the development of the current NCLEX and we thank them for their engagement and commitment to our profession.

Canada and certainly New Brunswick along with Ontario and Manitoba requires an exam in both English and French. This new exam, like the previous one, is translated to meet the needs of French writers. Contract requirements with the NCSBN assured experts in Canadian French were employed to complete the translation of questions which then go on to be reviewed and validated by Canadian registered nurses competent in both French and English who are working in bilingual environments.

The preliminary results of New Brunswick writers of this exam are raising many questions and concerns especially given the variation in the performance of writers in the Atlantic region. Our review of New Brunswick programs has demonstrated strong programs with comprehensive coverage of the identified entry-to-practice competencies and compliance with our NANB Standards for Education. However, a comprehensive review and analysis of the NCLEX-RN Test Plan as well as the current Practice Analysis should assist in determining if there are gaps that should be addressed.

Current analysis of the performance of French writers demonstrates that the French translation of the NCLEX is performing similarly to the English version in terms of average response time and response patterns. Ongoing analysis and study will provide more data and information.

Since the NCLEX-RN was launched in 1994, commercial markets in the US haves developed and published preparatory materials for the exam which are available in English only. French writers and educators have identified this as a disadvantage. These commercial tools are just that; resources not reviewed or endorsed by the exam developer. The NCSBN launched a "review guide" to assist writers in structuring their studies earlier this past summer and this resource will be made available in French as well.

The NANB was a partner in the selection of the NCLEX-RN as the standard for entry-to-practice and has confidence this exam meets our requirements in validating entry-to-practice

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THE BOARD OF DIRECTORS MET ON JUNE 1 & 2, 2015 AT NANB HEADQUARTERS IN FREDERICTON.

Policy Review

The Board reviewed policies related to:

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

Rule Amendments

Registered Nurse Re-entry Program
The Board approved the utilization of the bilingual re-entry program delivered by the Registered Nurse Professional Development Centre (RNPDC), Halifax, NS, for both English and French international and domestic applicants.

Nurse Registration Examination
Rule amendments consequential to the adoption of the NCLEX-RN as the registration examination for registered nurses as of January 1, 2015, were approved.

Nurse Practitioner Registration Examination
The Board approved Rule amendments which reflect the current NP exam process.

Board Policy EL-7, Compensation and Benefits was amended to more accurately reflect that the policy is intended for NANB employees only.

Organizational Performance: Monitoring

The Board approved monitoring reports for the Executive Limitations; Governance Process; and Board-Executive Director Relationship policies.

Board of Directors & Committee Vacancies

2015 Election
An election was held for a Director in Region 6, candidates for president-elect and regions 2 and 4 were elected by acclamation.

- President-elect: Karen Frenette, RN
- Region 2 Director: Jillian Ring, RN
- Region 4 Director: Jenny Toussaint, RN
- Region 6 Director: Annie Boudreau, RN

Public Director Vacancies
The Board of Directors is composed of 12 members, three of whom are members of the public. The role of the public director is to provide the Board with a public, non-nursing, consumer perspective on issues as they relate to nursing and health care in New Brunswick.

The term of one public director, Edward Dubé, will expire August 31, 2015. This public director position is appointed by the Minister of Health from a list of candidates submitted by the NANB. The appointment is for a two year term effective September 1, 2015.

The Board approved the following three nominees:

- Edward Dubé, Edmundston, NB
- Joanne Sonier, Tabusintac, NB
- Rebecca Butler, Fredericton, NB

Executive Committee
The President and President-elect are members of the Executive Committee along with two region directors and one public director. The Board appointed the following directors for a one-year term, effective September 1, 2015 to August 31, 2016 and are as follows:

- Jillian Ring , RN, Region 2 Director
- Amy McLeod, RN, Region 3 Director
- Edward Dubé, Public Director

Nursing Education Advisory Committee Appointments (September 1, 2015–August 31, 2017)

- Nancy Sheehan, experienced clinical nurse, Dr. Georges-L.-Dumont University Hospital Center, Moncton (new)

- Dawn Haddad, staff educator, Miramichi Regional Hospital, Miramichi (re-appointment)

- France Chassé, nurse educator, Université de Moncton, Edmundston (re-appointment)

- Claudia McCloskey, nurse educator, University of New Brunswick, Moncton (re-appointment)

Complaints Committee Appointments (September 1, 2015–August 31, 2017)

- Michelle Cronin, staff nurse, Bobby's Hope House- hospice, Saint John (re-appointment)

- Solange Arseneau, staff nurse, oncology unit, Centre hospitalier universitaire Dr. Georges- L.-Dumont, Moncton (re-appointment)

- Gail Duperé, clinical systems coordinator, Campbellton Regional Hospital, Campbellton (re-appointment)

- Edith Tribe, retired health care director, Bathurst (new)

- Albert Martin, retired educator, St-Basile (re-appointment)

Discipline/Review Committee Appointments (September 1, 2015–August 31, 2017)

- Marlene Sipprell, community health nurse, extra-mural Perth-Andover, Perth-Andover (new)

- Rhonda Reynolds, education coordinator, Dr. Everett Chalmers Hospital, Douglas (new)

- Line Savoie, community health nurse, St-Joseph Community Health Center, Dalhousie (new)

- Ghislain Ouellet, operating room staff nurse, Edmundston Regional Hospital (new)

- Sharon Benoit, staff nurse, Neguac Community Health Centre and Miramichi TeleNephrology Unit, Tracadie (new)

- Jacqueline Gordon, clinical nurse specialist family medicine, Fredericton (new)

- Edith Peters, retired pharmacist, Moncton, Public Member (new)

NP Program Approval Review Teams

The Board approved the appointment of Laura Johnson NP, MN, DNP(c), University of Manitoba and Janet Luimes NP, MN, University of Saskatchewan as team members for the UNB Nurse Practitioner Program Review Approval Team. Jennifer Wellborn, NP, MN, University of Manitoba was selected as an alternate team member and Laura Johnson will serve as team leader.

The Board approved Roger Pilon, NP, MN, PhD(c) Laurentian University and Julie Miclette, NP, MN, Université du Québec be selected as team members for the Université de Moncton (UdeM) Nurse Practitioner Program Approval Review Team. Alain Scalabrini, NP, MN, University of Ottawa was selected as an alternate team member and Roger Pilon will serve as team leader.

Approval visits will take place in November 2015.

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

NCLEX-RN Results

All Canadian RN regulators with the exception of Quebec began using the National Council of State Boards of Nursing (NCSBN) NCLEX-RN entry-to-practice exam in January 2015. The first administration of the NCLEX-RN in New Brunswick was held at the PearsonVUE Temporary Test Centre at the Crowne Plaza Hotel in Fredericton from February 4 to 16, 2015. The majority of students took the exam in Fredericton; however, students can choose to take the exam in any of the PearsonVUE sites across Canada and the United States. The second administration of NCLEX-RN in New Brunswick was held from June 1–July 10, 2015.

Exam results will be reported in the fall when a more statistically significant number of candidates have taken the exam.

2015 NANB Awards

The Board accepted recommendations for the 2015 award recipients from the Awards Selection Committee.

Awards were presented during the 2015 Gala Awards Banquet, June 3, 2015 to the following recipients:

- Shari Watson, *Excellence in Clinical Practice Award*
- Léoline Hétu, *Award of Merit: Nursing Practice*
- Lucie-Anne Landry, *Award of Merit: Education*
- Monique Cormier-Daigle, *Award of Merit: Administration*
- Dr. Kathryn Weaver, *Award of Merit: Research*
- Stephanie Baptiste, *Entry-level Nurse Achievement Award*

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NANB Board of Directors 2015–2016

President	Brenda Kinney, RN
President-elect	Karen Frenette, RN
Director, Region 1	Joanne LeBlanc-Chiasson, RN
Director, Region 2	Jillian Ring, RN
Director, Region 3	Amy McLeod, RN
Director, Region 4	Jenny Toussaint, RN
Director, Region 5	Thérèse Thompson, RN
Director, Region 6	Annie Boudreau, RN
Director, Region 7	Lisa Keirstead Johnston, RN
Public Director	Fernande Chouinard
Public Director	Wayne Trail
Public Director	Edward Dubé

F.Y.I.

Karen Mazerolle of New Brunswick Recipient of the COHNA/ACIIST Award of Excellence 2015

Karen has made outstanding contributions to Occupational Health Nursing on the frontlines locally, provincially and nationally. It is hard to believe she has accomplished so much since becoming an occupational health nurse in 2001! Now is the time for COHNA-ACIIST to recognize one of its strongest leaders with a vision that has shaped our future as a national organizational. Congratulations!

Call For Entries

Do you have a story idea or article you'd like to see in *Info Nursing*? Do you have someone you'd like to see profiled or an aspect of nursing you'd like to read more about?

Please submit your ideas and suggestions to Jennifer Whitehead, Manager of Communications and Government Relations, 165 Regent Street, Fredericton, NB E3B 7B4, fax: (506) 459-2836 or email jwhitehead@nanb.nb.ca and we will do our best to get your story in *Info Nursing*.

Did You Know?

Every edition of NANB's e-bulletin, *The Virtual Flame*, is immediately posted on the NANB website after it has been distributed by email. If you have provided NANB with your current email address and are still not receiving *The Virtual Flame*, it could be blocked by your security settings or filtered to SPAM/junk folders. To receive notification and a direct link to the latest NANB e-Bulletin, forward your email address to **nanb@nanb.nb.ca** to be added to *The Virtual Flame* notification distribution list.

Child & Youth Advocate Défenseur des enfants et de la jeunesse

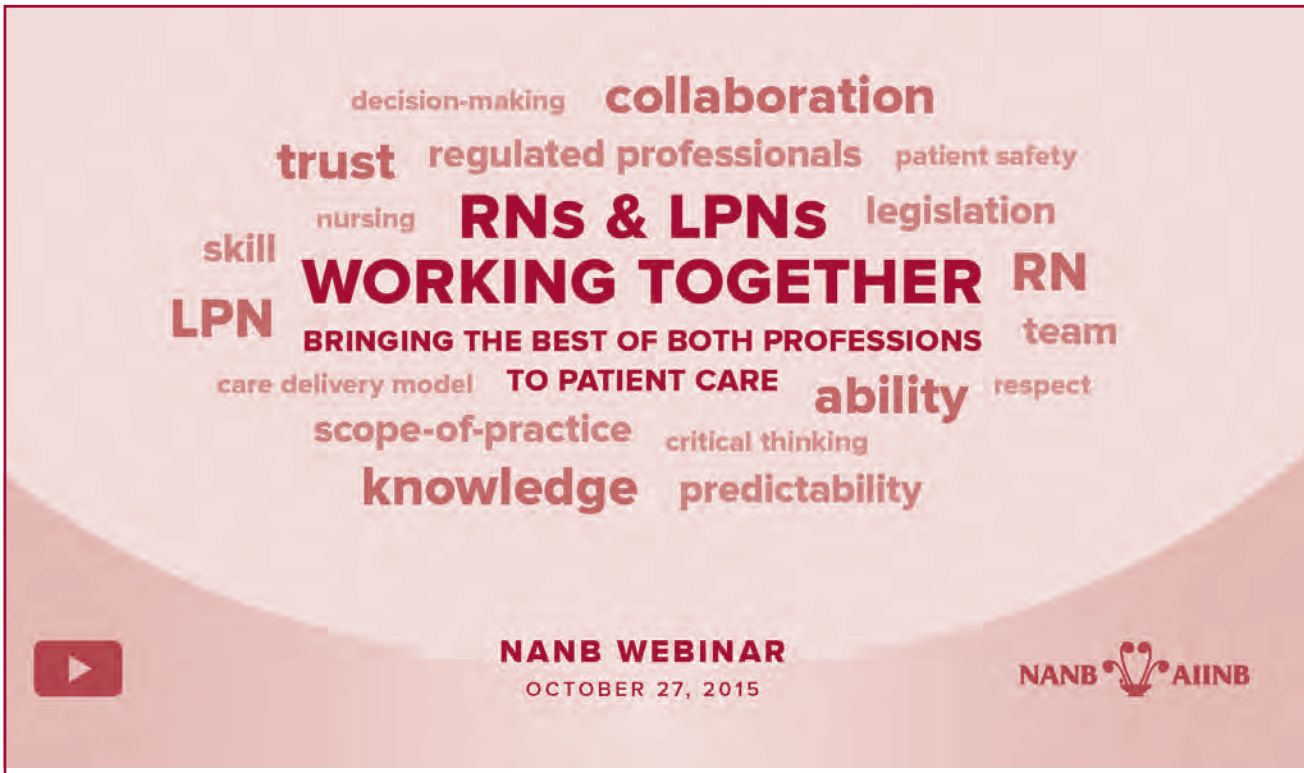
Child Rights Education Week

NANB is collaborating with the Office of the Child and Youth Advocate to mark 2015's Child Rights Education Week–November 16–20. Mr. Norman Bossé, Q.C., will present a webinar explaining the role of his office and discussing information relevant to RNs and NPs in their practice. The webinar will be available to all members November 16 via the NANB website.

Hours & Dates

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

NANB WILL BE CLOSED		DATES TO REMEMBER	
October 12	Thanksgiving Day	October 14–16	NANB Board of Directors Meeting
November 11	Remembrance Day	November 30	Registration Renewal Deadline
December 24, 25 & 28	Christmas Holidays	January 29	Deadline for NANB Election Nominations
January 1	New Year's Day	February 16–17	NANB Board of Directors Meeting
March 25	Good Friday		
March 28	Easter Monday		



Join NANB's next webinar on October 27 titled : *RNs and LPNs Working Together: Bringing the Best of Both Professions to Patient Care.*

This webinar will aim to:

- Clarify the scope of practice of each group;
- Help RNs, LPNs and employers make effective decisions about the utilization and deployment of nursing resources in the provision of safe, competent and ethical care;
- Provide an overview of the practice expectations when both groups work together; and
- Demonstrate the contributions that both groups bring to nursing care.

WEBINARS

- Advancing RNs' Scope of Practice: Who decides?
- Problematic Substance Use In Nursing—Still an Important Issue
- Frequently Asked Questions from RNs Working in Nursing Homes
- When Meeting Standards Becomes a Challenge-Working with Limited Resources and Resolving Professional Practice Problems
- Collaboration: Shared Goals, Different Roles
- MISSION POSSIBLE: Strategies for Embracing Civility
- Safety First! Managing Registered Nurses with Significant Practice Problems
- Documentation: Why all this paper work?
- Leadership: Every Registered Nurse's Responsibility

E-LEARNING

- Cultural Awareness for Preceptors and Mentors of Internationally Educated Nurses (IENs)
- It's All About the Nurse-Client Relationship
- Problematic Substance Use in Nursing
- Committed to Professionalism, Committed to Care

AVAILABLE AT WWW.NANB.NB.CA

RN•NP FAQs

In New Brunswick, is an RN or NP authorized to perform the examination of a patient and then fill out the required form to have a patient admitted against his or her will to a psychiatric facility (this is described in sections 7, 8 and 12 of *The Mental Health Act*)?

The answer is no. *The Mental Health Act* states that a physician must personally examine and sign an 'examination certificate' for a person to be admitted involuntarily. The Act also states that the physician is responsible to perform the examination of the person who is the subject of the examination certificate.

It is not acceptable to have an RN or NP perform the examination and then have the physician co-sign the document.

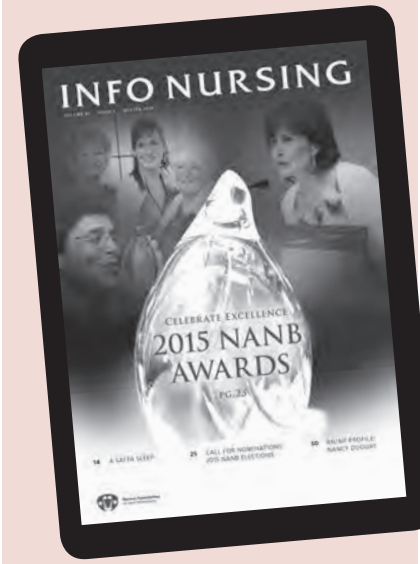
The Mental Health Act may be retrieved at: http://laws.gnb.ca/en/showfulldoc/cs/M-10//20150715

Blank forms as described in *The Mental Health Act* may be retrieved at: www.gnb.ca/0055/forms-e.asp

What is the Special Access Program?

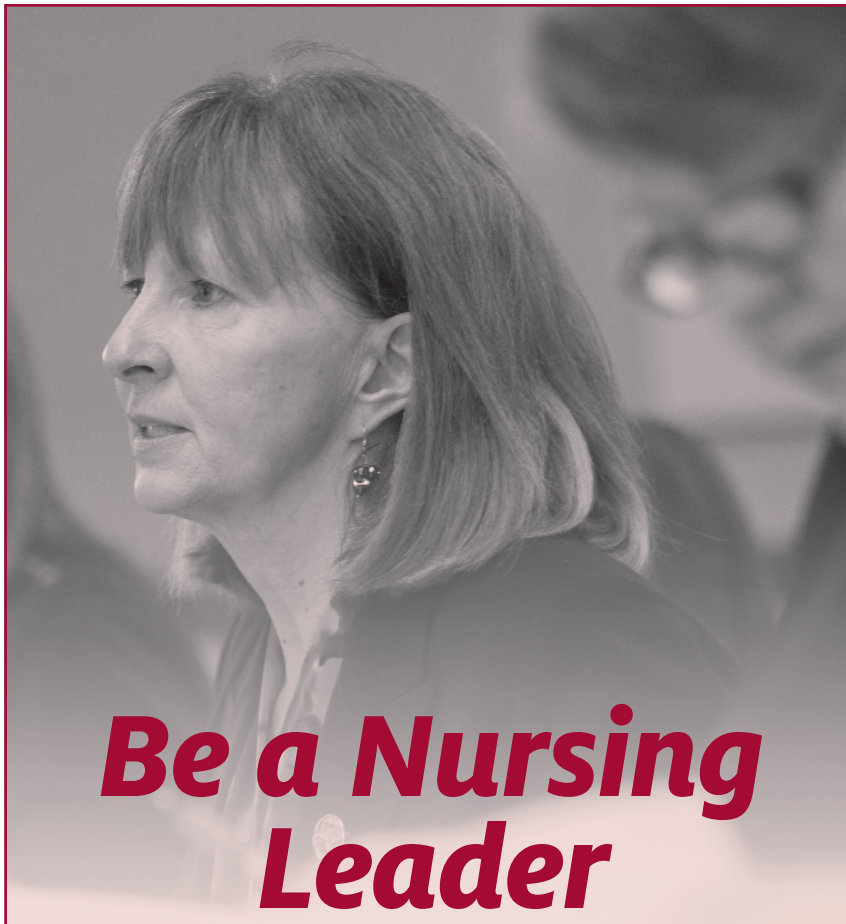
Health Canada's Special Access Program (SAP) allows practitioners to request access to drugs that are unavailable for sale in Canada. This access is limited to clients with serious or life-threatening conditions on a compassionate or emergency basis, when conventional therapies have failed, are unsuitable, or are unavailable. NPs may request access to medications that they are authorized to prescribe through the SAP. More information about the SAP, and requirements that practitioners must meet, is available on Health Canada's website. ■

Do you want to receive *Info Nursing* electronically?



NANB offers members the opportunity to receive *Info Nursing* electronically. In a continuous effort to be an environmentally friendly Association, NANB currently emails stakeholders and members a direct link to your nursing journal. Please email **stobias@nanb.nb.ca** indicating you would prefer to receive future issues of *Info Nursing* electronically.

The President's Brief
Find it online at
www.nanb.nb.ca



Be a Nursing Leader

NANB ELECTIONS 2016

Seek the nomination to NANB's Board of Directors and become part of the most progressive association of health professionals in New Brunswick.

Why should I run for office?

This is your opportunity to:

- Influence health care policies;
- Broaden your horizons;
- Network with leaders;
- Expand your leadership skills; and
- Make things happen in the nursing profession.

Qualifications

The successful candidates are visionaries who want to play a leadership role in creating a preferred future. Interested persons must:

- be registered with NANB;
- have the ability to examine, debate and decide on values that form the basis for policy;
- understand pertinent nursing and health related issues; and
- have a willingness to embrace a leadership and decision-making role.

Role

The Board of Directors is the Association's governing and policy-making body. On behalf of registered nurses in New Brunswick, the Board ensures that the Association achieves the results defined in the Ends policies in the best interest of the public.

Information

For further information, please contact a local Chapter President or NANB headquarters at 1 800 442-4417, 458-8731 (local) or via email: nanb@nanb.nb.ca.

Nominations for the 2016 elections are now being accepted for Regions 1, 3, 5 and 7.

How can I become a candidate?

- Any practising member of the Association may nominate or be nominated for positions on the Board of Directors of the Association.
- Nominees for president-elect must be willing to assume the presidency.
- Nominations submitted by individuals must bear the signatures and registration numbers of two practising members. Nominations submitted by chapters must bear the signatures and registration numbers of two members of the chapter executive who hold practising memberships.
- Nominators must obtain the consent of the candidate(s) prior to submitting their names.

Nomination Restrictions

- Only nominations submitted on the proper forms signed by current practising members will be valid.
- No director may hold the same elected office for more than four consecutive years (two terms).
- A director is eligible for re-election after a lapse of two years.
- If there is only one person nominated, the nominee is elected by acclamation and no vote will be required.

Information and Results of Elections

Information on candidates will be posted on the NANB website in March 2016. Voting will take place either online or by telephone.

The names of the elected candidates will be announced at the 2016 Annual Meeting and will be published in the Fall edition of *Info Nursing*.

Nomination Form: Page 43

NANB 2015 AWARD RECIPIENTS

The 2015 NANB Awards Banquet celebrated six outstanding nurses in the company of friends, family and fellow colleagues. The Award presentations were video recorded and are available for viewing at www.nanb.nb.ca.

- Lucie-Anne Landry
  Award of Merit: Education
- Stephanie Baptiste
  Entry-level Nurse Achievement
- Monique Cormier-Daigle
  Award of Merit: Administration
- Kathryn Weaver
  Award of Merit: Research
- Léoline Hétu
  Award of Merit: Nursing Practice
- Shari Watson
  Excellence in Clinical Practice Award

Continuing Education for the Masses

Exploring How Digital Tools can Improve Health and Healthcare

By ROB FRASER

Social media is changing how we do a lot of things, including education. As technology has allowed us to create rich media (videos, audio clips, images, etc.) and reduced the barriers and costs to computer access (i.e., lower internet and computer costs), information sharing has changed. The ability to allow global access to information through the internet has enabled learning institutions to open their doors to a wider audience through Massive Open Online Courses.

MOOCs are online classes that are open to the public to join and can range in sizes up to hundreds of thousands of students (Wulf, Blohm, Leimeister & Brenner 2014). Initially, MOOCs were offered through university websites, but now are available through online platforms like Coursera, Edx, and Udemy. There are currently a wide variety of topics available, but topics continuously expand as more educators and experts decide to share their knowledge in this fashion.

Offering courses online makes them more accessible, and can drastically reduce the cost of education. In some cases, they are even free. MOOCs can range from a single course for personal interest to entire graduate degree programs. The Udemy website brags that you can take a course on "virtually anything" and offers lessons in topics like photography, chess, marketing or business management. On Coursera, they focus on more traditional courses that are developed by faculty at world leading institutions. Through their platform, I've studied Inter-professional Health Informatics from University of Minnesota and Intro to Financial Accounting from the Wharton School of Business. Edx was started by the MIT and Harvard to deliver courses and has expanded to other leading institutions. From their website, I've taken Harvard's Improving Global Health: Focusing on Quality and Safety.

From an anecdotal perspective, my experience with MOOCS was fantastic. I had access to some of the best experts globally on the topics I was studying. Some of the courses were offered at a go at your own pace, which made it even easier to chip away at them when I had free time. Others were on a scheduled timeline that required planning to ensure I completed the assignments by the deadlines. Both worked well and directly enhanced my knowledge and skills related to my professional activities.

The other benefit of these courses was the price. Each platform varies on how they charge or do not charge. For example, Coursera allows you to audit any course for free, so you can take it and have access to the assignments, as well as submit to get your grades. The catch is, they will only provide a verified certificate that you can reference on your resume or LinkedIn profile if you pay for it. The courses I chose to get a verified certificate from ranged in price from $49–250 US dollars, which I felt was very cheap for the value of education provided. It also allowed me to audit a course to explore the quality and then sign up at the next offered session for a verified certificate. The course I took with Edx was more costly at $250. However, I read they had

options for people with low economic means to apply for a reduced cost, which was specifically targeting low-income countries.

So how does this apply to nursing? If you are not thinking about MOOCs yet, I encourage you to do so, and even if you are not, nursing faculty that are using them are excited. One survey of nursing faculty using them found that 91% responded that they were very or somewhat enthusiastic about them (Skiba, 2013). As nurses, we are obligated to engage in professional development and lifelong learning. MOOCs open new doors to professional development. For example, when I changed clinical roles, my work involved more contact with a population that had higher rates of substance abuse issues. After a quick search I found that Emory University offered a course on The Addicted Brain via Coursera. I integrated this with my annual learning plan and paid the $49 dollars to get a certificate. It covered a great deal of depth in the topic and helped improve my practice.

Given that MOOCs are new, there are few courses that are highly specific to nurses on topics such as wound care or nursing assessment. That means two things; first, we need more educators to consider how they can create MOOCs focused on nursing education and students requesting them and second, you might need to think broadly about what professional development to pursue using MOOCs. There are many courses that can help advance your career. Examples are Clinical Problem Solving and Teaching and Assessing Clinical Skills. Both are options if you want to develop your critical thinking or are considering an educational role or preceptoring a new hire or student on your unit.

Social media is creating many new opportunities for knowledge translation and mobilization. I highly encourage you to consider how MOOCs might shape your nursing career. If you have any experiences taking or running a MOOC, it would be great to hear from you. Feel free to send me an email at contact@robertfraser.ca.

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Skiba. J. (2013). MOOCs and the Future of Nursing. Nursing Education Perspectives, 34(3), 202–204 doi:10.5480/1536-5026-34.3.202

Wulf, J., Blohm, I., Leimeister, J. M., & Brenner, W. (2014). Massive Open Online Courses. Business & Information Systems Engineering, 6(2), 111–114. doi:10.1007/s12599-014-0313-9

Boardroom Notes

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NANB Documents

The Board approved the following:

Revision(s)

- *Consent: Practice Guidelines*
- *Practice Standard: Documentation*
- *Guidelines for NANB Interest Groups*
- *Minding Your Business: A Guide for Establishing an Independent Nursing Practice*

Retired

- *Self-Employed Nurses* (Position Statement)

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

Nursing Education Advisory Committee (NEAC)

The Nursing Education Advisory Committee recommended that interim reports from the UNB and UdeM Nurse Practitioner Programs dated February 3, 2015 and February 25, 2015 respectively, be accepted by the Board. The reports provided updates with respect to the recommendations from the previous approval review reports.

Nurse Practitioner Therapeutic Committee

The Board approved recommendations to re-appoint Janet MacDonnell, pharmacist, and Martha Vickers, NP, and to appoint Janet Weber, NP, to the Nurse Practitioner Therapeutics Committee for the term commencing September 1st, 2015 through August 31, 2017.

Presentation(s)

Chris Hood, Executive Director of the Paramedic Association of New Brunswick, provided an overview of the association and the advanced paramedic role in a presentation titled: *Moving the Profession Forward*.

A presentation on a Pharmaceutical Supply Chain Solution for NB Hospitals was given by Shirley Smallwood, RN, Director of Supply Solutions and Janet MacDonnell, Pharmacist Consultant, Pharmaceutical Supply Chain Solutions of McKesson Canada.

The Board received a presentation by Richard Saillant, Canadian Institute for Research on Public Policy and Public Administration titled: Canada and New Brunswick in the Age of the Great Demographic Divide.

Federal Election 2015: NANB Priorities

The NANB, supports and promotes the CNA's priorities on Seniors and Healthy Aging. A letter was distributed to all 40 party candidates in NB offering the opportunity to meet and discuss health priorities with staff and region Directors. The website is used to profile the party's platforms, provide election information and highlight CNA's priorities.

NANB Staff Recognition

Employment milestones were recognized for Paulette Poirier, Executive Assistant/Corporate Secretary for 25 years; Shelly Rickard, Manager of Corporate Services for 10 years; and Erika Bishop, Administrative Assistant: Registration as well as Lorraine Breau, Regulatory Consultant: Professional Conduct Review for five years of service to the Association.

Next Board

The next Board of Directors meeting will be held at the NANB Headquarters on October 15 and 16, 2015. 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 / 1-800-442-4417.

Considering Self-Employment?

Guidelines for Self-Employed Registered Nurses

By DAWN TORPE

At its June meeting the Board of NANB approved the *Guidelines for Self-Employed Registered Nurses*. This updated document assists RNs and NPs considering self-employment, and those currently self-employed, to identify their responsibilities consistent with related legislation, bylaws, guidelines and standards of practice.

RNs and NPs may legally offer any service that falls within the practice of nursing, as defined in the *Nurses Act*, and which does not infringe upon the legislated, exclusive practice of another health discipline.

The practice of nursing is defined as the performance for others of health-care services which require the application of professional nursing knowledge, skill and judgement, and "includes the nursing assessment and treatment of human responses to actual or potential health problems and the nursing supervision thereof" (*Nurses Act*, 2002).

Self-employed RNs and NPs apply nursing knowledge, skill and judgement in the provision of health services to clients in a variety of roles and settings in the areas of direct care, education, research, administration or consultation. Clients may be individuals, families, groups, communities, educational institutions, corporations or other health-care agencies. Self-employed RNs and NPs may provide nursing services themselves or in partnership with other providers, or employ others to do so.

It is important to note that although a service is being provided by an RN or NP it does not necessarily constitute nursing practice. Prior to establishing a business, RNs or NPs considering self-employed practice must contact NANB to ensure that their work is recognized as nursing. This is important because if the service is *not recognized* as nursing practice:

- the practice hours related to providing that particular service cannot be applied toward annual renewal of registration
- the RN or NP cannot use their title in association with the provision of that particular service, and
- the RN or NP would not have liability protection through the Canadian Nurses Protective Society for that particular service.

Self-employed RNs and NPs must practise in accordance with the *Nurses Act*, NANB Bylaws, the Canadian Nurses Association *Code of Ethics for Registered Nurses*, the NANB *Standards of Practice for Registered Nurses*, and when applicable, the *Standards of Practice for Primary Health Care Nurse Practitioners*. In addition to professional requirements, RNs and NPs should, for business considerations, contact independent legal counsel, accountants and other resources to ensure compliance with relevant legislation and best practices pertinent to their practice area.

The *Guidelines for Self-Employed Registered Nurses* (2015) replaces an older document titles *Minding Your Business* (2008)

The *Guidelines for Self-Employed Registered Nurses* are available on the NANB website and provide additional information for RNs and NPs considering self-employed practice, including topics such as: use of title, continuing competence, information management, quality improvement and risk management, professional liability information, setting fees, advertising, and conflict of interest. ■

The Canadian Nurses Association (CNA) has created an interactive website (www.election.cna-aiic.ca/en) available to you which highlights the 'Health is Where the Home Is' Seniors and Healthy Aging priorities.

Healthy aging and the proper care of our seniors is a top priority for Canadians, and the public is concerned about the quality of care available to them as they grow older. Canadians want immediate action to improve healthy aging and seniors care, particularly from the federal government. To do so, the CNA says, home care is essential.

As a partner of the CNA, the Nurses Association of New Brunswick (NANB), supports the need for:

- establishing common standards across Canada for home health care;
- increasing support to Canadians who provide care for aging relatives; and
- improving community and home-based health promotion.

You will also find on this website a 'Get Informed' section linking you to all party websites where platforms will be available soon, as well as a 'Make Change Happen' section providing information on how you can get involved.

NANB's Executive Director, Roxanne Tarjan, outgoing President, Darline Cogswell and incoming President, Brenda Kinney (September 1, 2015).

A Proud History and Promising Future:

NANB Championing Nurse Leaders and Mentors for Years to Come

EDITOR'S NOTE: The following is an abridged version of Darline Cogswell's presidential address delivered at the 2015 Annual General Meeting this past June.

Thank you for entrusting to me the honour of representing New Brunswick nurses as president of NANB, a regulatory body held in the highest regard by our national counterparts as well as other provincial health associations and government.

It was a true privilege to champion NANB's priorities, participate in restructuring CNA's future as a strong national nursing advocate, and help *shape nursing for healthy New Brunswickers.*

I feel blessed both in my career, and as a wife and mother, with a supportive husband and three sons who bring such joy, and a profession that has given me such rewarding experiences and opportunities for personal and professional growth.

My passion continues to be my patients; strangers who allow me to care for them and support them through life's challenges. What a privilege! I will always proudly advocate for nursing, the profession, and our patients and look forward to what lies ahead, recognizing my successor, Brenda Kinney, will take the reins as President, guiding your Board of Directors successfully with the help of staff over the next two years.

Throughout my career I have chosen to participate in different professional organizations—NANB, NBNU, CFNU and CNA. All of these experiences have helped me grow in ways that I could have never expected when I took the first step and put my name forward for nomination four years ago.

During my presidency, NANB has progressed and continues to introduce new technologies and supports available to nurses.

I am continually amazed at the commitment of NANB staff to monitor trends and remain current on issues that impact nursing and affect healthcare locally, nationally and beyond.

While representing NANB at the Canadian Nurses Association Board of Directors' meetings, I often would find myself smiling as other jurisdictions launch new initiatives the NANB currently practices.

As New Brunswickers plan for changes to our healthcare system, as well as to services and programs delivered by our provincial government impacting the nursing profession, NANB is continuously: budgeting; monitoring nursing human resources; setting operational priorities and strategic goals; electing new board directors; transforming and implementing new technology initiatives; renovating your building to enhance access; and preparing to celebrate a milestone centennial in 2016.

The NANB is an organization with a proud history, well positioned to continue its leadership in professional self-regulation and advancement of the profession and health policy in the public interest for all New Brunswickers.

One hundred years of history, built upon the accomplishment of the pioneers who created this organization and those who advanced it.

A pioneer worth mentioning, NANB's ambassador of self-regulation, and tireless advocate for the nursing profession who has dedicated 25 years to the Association serving on the Board of Directors as a member; both president-elect and president; staff and current Executive Director, Roxanne Tarjan.

Pictured above: 2015-16 NANB Board of Directors. (missing: Jenny Toussaint, Director Region 4)

Pictured below: Barb Shellian, CNA President-elect bringing greetings and highlights from CNA.

Roxanne is a nurse leader with the talent to mentor those of us fortunate to cross her professional path.

I met Roxanne in 1980 when I worked at the Chaleur Hospital in Bathurst and can tell you my first impression was she was a nursing force to be reckoned with!

I've been fortunate throughout my 37-year career to be guided by those

more experienced and knowledgeable than I, mentors who have shaped me as a nurse and my career to be what it is today. Unbeknownst to Roxanne, she was and continues to be one of my most valued mentors.

What I admire the most is Roxanne's ability to see the "big picture" and to anticipate the future, always mindful of the public interest and the impact on nursing. Roxanne is a true visionary, respectful of others, wisely prepared on any issue that arises, transparent and accountable to those she serves and confident in navigating through changes effectively.

These sentiments are also shared widely by past NANB presidents, board directors, ED counterparts and staff.

I was not surprised to receive comments such as:

"Roxanne did her homework and scrutinized draft policy, position and financial statements. Many of us were quite impressed with the depth of questions she would raise."—Becky Gosbee, ED ARNPEI

"Roxanne contributed with passion and grace and always held the public interest as paramount in our work. She served the public, her council, members, stakeholders, the province and Canada well!"—Karen Eisler, ED SRNA

"Roxanne is a model politician! She truly listens and is fair when making decisions, is always open to change and trying something new while adding last minute challenges in an almost impossible timeframe."—Jennifer Whitehead, Manager of Communications and Government Relations, NANB

And finally *"As President, I couldn't help but notice the respect and confidence from her peers, politicians, physicians and government employees as well as the general public. As you can see, Roxanne has been a very strong asset to NANB."*—Monique Cormier-Daigle, former president, NANB.

Significant accomplishments have occurred at NANB during Roxanne's mandate, including: the introduction of NP Legislation in 2002 and the registration of the first NP in 2003; organizational review introducing a new Board structure; online renewal and registration verification; introduction of the Continuing Competence Program in 2007; transitioning to the NCLEX entry-to-practice exam; two sustainable long-range fiscal plans; a five-year strategic plan; establishment of a capital fund for ongoing building sustainability including the elevator upgrade and building access enhancements; strengthened staff capacity; and this list goes on and on.

She is sought after for her contribution on various committees at the provincial, regional and national levels, including: Canadian Nurses Association; Canadian Nurses Protective Society; Canadian Council of Registered Nurse Regulators; National Nursing Assessment Service, NB2026, to name only a few.

Now, I was somewhat surprised to learn of a 'Thelma and Louise' road trip. Roxanne and Sue Ness embarked on a coastal drive from Vancouver Island through Oregon, sharing only that Roxanne was known "to let her hair down", that staff have nicknamed her 'foxy Roxy'; that she knits some of the most beautiful sweaters and scarves for staff, friends and friends having grandbabies; and that she makes a Seville orange marmalade to rival any of the gourmet cooks!

It goes without saying that NANB has evolved through Roxanne's leadership and we will forever be grateful for her contribution to regulation, the profession and healthy public policy.

As you sail off on your well-deserved journey of retirement with Julius, Clara, Paul and grandson JW, cherish each moment, recognizing you fulfilled a remarkable career of historic accomplishments. And you should probably know staff have already enlisted you as a volunteer to assist with NANB's Centennial Celebrations.

This is not the end, but the beginning of your next journey, closing one chapter of a successful career to embrace new challenges, lend expertise to further stakeholders and absorb every milestone moment with your grandbabies!

Roxanne, on behalf of registered nurses and nurse practitioners in the province of New Brunswick, we thank you for generations of leadership, mentoring and vision of the nursing profession. ■

Excellence in Clinical Practice

Award Recipient

By SHARI WATSON

EDITOR'S NOTE: The following is an abridged version of Shari Watson's recipient speech delivered at the 2015 Awards Banquet this past June.

I feel like I have just been called on stage to receive an Academy Award. That being said, academy award recipients are actresses and I think it's fair to say that most of you in this room will agree that registered nurses are real people.

There are no words to fully express what it means to be chosen for NANB's Excellence in Clinical Practice Award. Thank you NANB for recognizing, creating, and maintaining this prestigious award.

I would not be standing here tonight if it wasn't for my sponsors, Grace Getty and Debbie Amirault. I am truly honoured that you believed in my nursing practice enough to put forth the time and effort that this nomination process entails. You are gifted nursing leaders and I look up to you both, and I am humbled that you place me in a category of excellence.

I would also like to thank my Nurse Manager, Nancy Arsenault, for her contribution. Your daily support and efforts to see our unit operating effectively do not go unnoticed.

In addition, I would like to thank Amy Carrier, Laura Stairs, Brenda Marsden, Joanne Brewer, Jackie Dionne, and Andre Bourque for their contributions. I respect and admire each and every one of you. Thank you all from the bottom of my heart.

Healthcare cuts see me challenged to provide the standard of care that my patients deserve, so to be recognized at this level reassures me that I must still be doing something right.

I will share this honor with my colleagues, for everything that I do is based on what the nurse before me has done. We work on a 24-hour continuum, we work together, and we work hard. We are struggling and I am thankful for the support of NANB. Your leadership in promoting and maintaining standards for our practice is second to none. When there is an imbalance between patient needs and my ability to provide safe care, it is crucial that we come together and strive for positive changes despite our limited resources. Staff-patient ratios are a concern and there is evidence to support change.

As a direct result of limited resources, clinical practice nurses often get caught up in the physical tasks and organizational expectations. The emotional needs of our patients and their loved ones often take a back seat. Why? Because it takes time and we have no time to spare.

With the family's permission, I am now going to share a true nursing experience. This story sets an example of the importance of tending to the emotional needs of our patients and their loved ones.

Exactly one month and one day ago I arrived to work to find a new patient had arrived in 63B through the night. She was well known to the unit, having spent several months awaiting nursing home placement in the very bed she was readmitted to in the night. She came to us with abdominal pain not yet diagnosed and was scheduled for a CAT scan at 12:30 that day.

The night nurse reported that she was beyond restless and increasingly more confused than her normal state of dementia. She appeared to be inconsolable despite the medications she was given overnight.

I knew that her husband would be arriving and my number one goal was to see her in a comfortable state. I utilized all my orders which were

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PALLIATIVE CARE WITHOUT BORDERS

By NICOLE HAMMING AND MELODY MAYBERRY

"Palliative care is an approach to care which focuses on comfort and quality of life for those affected by life-limiting illness. Its goal is much more than comfort in dying; palliative care is about living, through meticulous attention to control of pain and other symptoms, supporting emotional, spiritual, and cultural needs, and maximizing functional status." (Dr. M. Harlos, www.palliative.info)

CONTRIBUTING AUTHORS: Alison Bodnarchuk, Sarah Brown, Brenda Hearson, Janice Nesbitt, Allison Pedersen, Lisa Streeter and Tamara Wells, Clinical Nurse Specialists, Winnipeg Regional Health Authority (WRHA)

Contrary to popular belief, palliative care is not defined by a particular set of walls in which experts provide 24-hour, end-of-life care; nor is it defined by a particular disease. Palliative care is an 'approach' to care that extends across all care settings, geographical regions and diseases.

In practice, palliative care is an integral part of nursing, regardless of the clinical specialty or health care setting. Nurses routinely assess and manage symptoms. They counsel and comfort patients, and their families, living with life limiting and life threatening illness and loss. Palliative care, and its contribution to the comprehensive care of patients and families, is part of a national movement to provide the right care, in the right place, at the right time (Bacon, 2012). Thus, all nurses, regardless of the environment in which they work, should understand the guiding principles of palliative care.

The integration of palliative care across care settings and clinical specialties is of utmost importance recognizing:

- The increasing demands upon existing resources with an aging population.
- This patient-centered, goal-focused and coordinated approach is an important part of managing chronic illness.
- The unique and comprehensive knowledge and skill set that each clinical specialty contributes to palliative care.

For the most part, the care needs of each patient and family can be met by the primary team across the various settings of care. Central to this is the tenant of whole person care.

"Whether patients are young or old, and whatever their health problems, the core values of kindness, respect, and dignity are indispensable. The A[attitude], B[behavior], C[compassion], and D[dialogue] of dignity conserving care—may remind practitioners about the importance of caring for, as well as caring about, their patients" (Chochinov, 2007).

In New Brunswick, palliative care can be delivered at home; often with extra-mural services or nursing homes, hospitals and the sole residential hospice in Atlantic Canada; Bobby's Hospice in Saint John.

Nurses are well positioned to provide the necessary leadership towards integrating palliative care as a core component in daily practice. Meeting the needs of patients, and their families,

THE FOLLOWING PRINCIPLES GUIDE ALL ASPECTS OF HOSPICE PALLIATIVE CARE

1. Person/Family Centred
2. Ethical
3. High Quality
4. Team-Based/Circle of Care
5. Safe and Effective
6. Accessible
7. Adequately Resourced
8. Collaborative
9. Advocacy-Based
10. Evidence-Informed and Knowledge-Based

CHPCA Model to Guide Hospice Palliative Care: Based on National Principles and Norms of Practice. Revised and Condensed Edition: 2013

who are living with advanced illness, facing the dying process, death and grief, may test the confidence and comfort levels of each of us. Nurses cannot expect to be experts in the palliative approach to care. However, nurses do require a foundation of palliative care knowledge to appropriately assess, identify care needs and access resources to support patients and families, as well as members of the care team in their day-to-day clinical practice. This consultation and collaboration aims to enhance the quality of patient care and build capacity and confidence in primary care teams.

In New Brunswick, the L.E.A.P program (Learning Essential Approaches to Palliative and End of Life Care), offered through Pallium Canada, has been identified as a leading educational tool to train interdisciplinary team members in the basics of hospice palliative care. This includes, but is not limited to, physicians, registered nurses, licensed practical nurses, personal support workers, occupational therapists, physiotherapists, spiritual care, social work, registered dieticians, speech language pathologists and pharmacists.

It is important to acknowledge that some circumstances may require the expertise and input of a specialty palliative care team. In New Brunswick, we are fortunate to have several specialized palliative care physicians who provide care across many care settings. The program of care involves a philosophy which asserts that patients deserve the 'right care' by the "right person" in the "right place" at the "right time" with the "right care providers". The goal is to respect the patient and family preference for place of care if possible. This involves the "home first" approach where all efforts are made to maximize care in the home with their family and in home support services. It also involves "inpatient care" which is palliative care units, nursing homes or residential hospice for those who cannot stay home through the end of life.

Established in 2010, Bobby's Hospice in Saint John is the only residential hospice in Atlantic Canada. It provides comprehensive, 24-hour care, delivered by licensed and experienced palliative care professionals. Working in collaboration with community and hospital healthcare professionals, it cares for an average of 110 patients per year and frees up over 3,500 acute care hospital beds annually. The funding for Bobby's Hospice is through a partnership with the provincial government, which provides 45% of the operational costs. The remaining 55% is through community donations, fundraising and their Hospice Shoppe.

Use these resources to strengthen palliative care competencies within your own practice:

- New Brunswick Hospice Palliative Care Association: www.nbhpca-aspnb.ca
- Bobby's Hospice: www.hospicesj.ca
- Canadian Hospice Palliative Care Association: www.chpca.net
- Pallium Canada: www.pallium.ca
- Canadian Virtual Hospice: www.virtualhospice.ca
- 99 Common Questions (and more) About Hospice Palliative Care: A nurse's handbook: www.palliative.org/newpc/_pdfs/education/99QuestionsEbook2013.pdf

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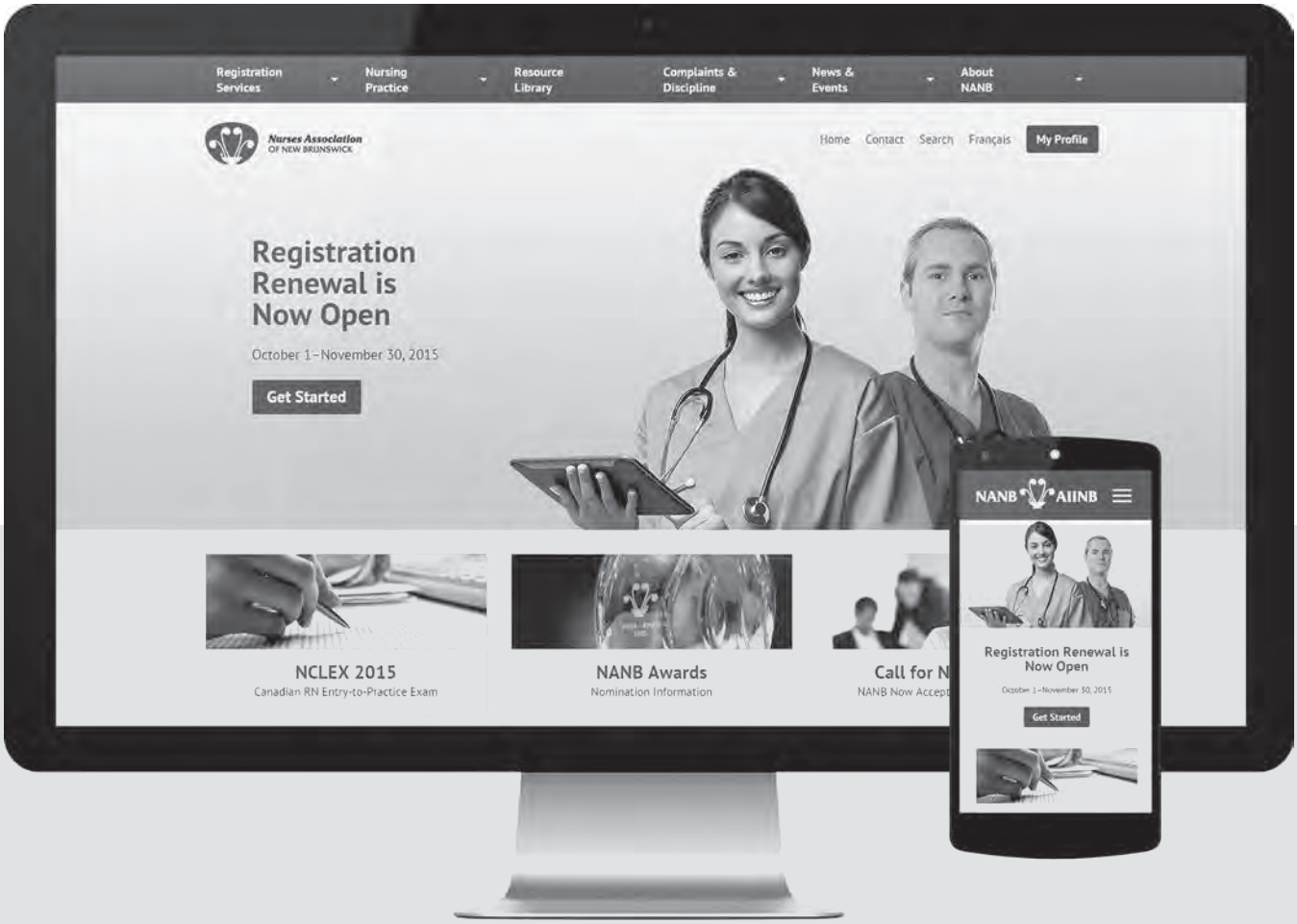
Pallium Canada

MODULES INCLUDED IN LEAP CORE VERSION 2.0

- Being Aware
- Pain in Palliative Care
- GI Symptoms, Hydration & Nutrition
- Grief
- Palliative Sedation
- Psychosocial & Spiritual Care in Palliative Care
- Essential Conversations in Palliative Care
- Taking Ownership in Palliative Care
- Decision-Making in Palliative Care
- Delirium in Palliative Care
- Respiratory Symptoms in Palliative Care
- Advanced Care Planning
- Last Days and Hours

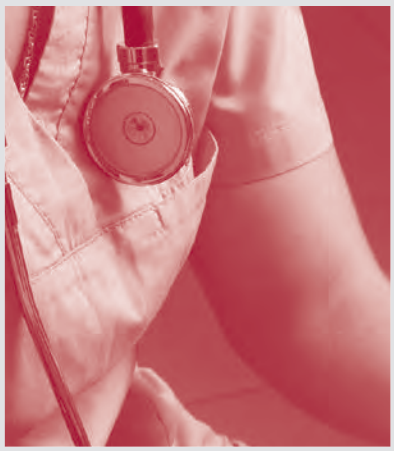
NANB's New & Improved Website



- Adapted web screen design that responds to various screen sizes including tablets and smart phones.
- Online event/workshop registration with payment options.
- Improved site search functionality- enabling visitors to search only within the NANB site providing the most up-to-date and relevant information.
- Simplified navigation between English and French sites.
- Updated resource library simplifying your search for new and revised documents, as well as documents currently under review.
- Cleaner, brighter and more modern look and feel.

Visit www.nanb.nb.ca and experience the improvements for yourself!

2016 ONLINE REGISTRATION RENEWAL



New This Year

Registration Year Date and Renewal Deadline

The NANB Registration Year and Renewal Deadline are changing.

The registration year will change from the current calendar year to December 1 to November 30. This means that the 2016 registration year will be from December 1, 2015 to November 30, 2016.

All 2016 renewals must be completed by November 30, 2015. Renewals received after this date will be considered late.

Members who are currently registered will not be charged the December 2015 portion of the 2016 registration fee.

Nurse Practitioner 2016 Fee

The 2016 Registration fee for Nurse Practitioners is higher than the RN Registration fee due to the difference in the cost of liability protection from the Canadian Nurse Protective Society.

Online registration renewal opens on October 1, 2015, and closes at 4:00 p.m. on November 30, 2015. In early October, members will receive an email reminder to renew registration online. If your email address has changed, please contact the Registration Services at 1-800-442-4417 or 1-506-458-8731.

Payroll Deduction Deadline: November 15

Members participating in employer payroll deduction of registration fees must renew online by November 15. After November 15, payroll deduction fees must be returned by NANB to the employer and members will have to use their debit or credit card to renew online.

The NANB office is open
Monday to Friday 08:30 to 16:30. Please note the office will be closed December 24, 25 and 28, 2015, and January 1, 2016.

For assistance with any registration issue please contact NANB Registration Services at 1-800-442-4417 (toll free in NB) or 1-506-458-8731.

Avoid the Late Fee: Renew Your Registration Early

Registrations that are renewed after December 1, 2015 will be subject to a late fee of $56.50. Any nurse, who practises while not being registered, is also in violation of the *Nurses Act* and may be charged an additional unauthorized practice fee of $250.00 plus tax.

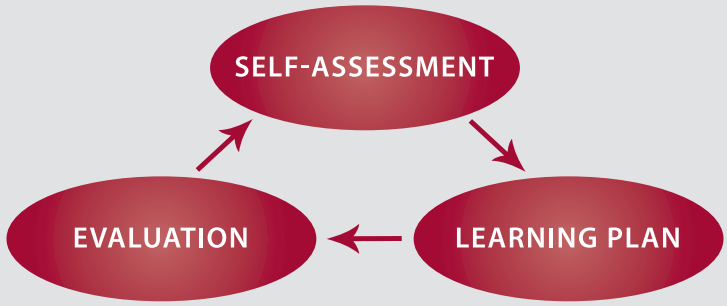
Renew online via your "My Profile" account

Registration renewals are to be completed online via your "My Profile" account. Log in to your secured "My Profile" account or create your profile at Create my profile. **Reminder:** your USER NAME is your Registration Number.

Payment options online for those not on payroll deduction

You have the option to pay your online registration renewal fee by VISA, MasterCard and debit. Debit (Interac) is only available to clients of Scotia Bank, TD, RBC or BMO.

2016 ONLINE REGISTRATION RENEWAL



Continuing Competence Program (CCP)

To renew registration for the 2016 practice year you must have:

- completed a self-assessment to determine your learning needs;
  - RNs assess their practice based on the NANB *Standards of Practice for Registered Nurses*; and
  - NPs assess their practice based on the NANB *Standards of Practice for Primary Health Care Nurse Practitioners*;
- developed and implemented a learning plan that outlines learning objectives and learning activities;
- evaluated the impact of your learning activities on your practice; and
- reported on the registration renewal form that you have completed the CCP requirements for the 2015 practice year.

Complete your CCP online

You are now able to create, edit, save and store your CCP worksheets in a secure and confidential area.

This user friendly electronic version of the CCP is available via your "My Profile" account. Log in to "My Profile" using your registration number as your username along with your password.

Start by clicking on "NEW" and enter the following information: the practice year, your role or position and the practice setting in which you currently practise. You will be prompted to complete the Self-Assessment to identify which standard indicator(s) you will focus on. You must rate every standard indicator to access the Learning Plan.

When you reach the Learning Plan, you will write your learning objective(s) which relate to your identified standard indicator(s), list your learning activities and establish your targeted completion dates for each one. As you complete your learning activities you will be able to update your Learning Plan as needed. Your Evaluation is to be completed prior to the annual registration renewal and may assist you in identifying learning needs for the following year.

You may access Help screens as you progress through the electronic worksheet to assist you. Some help screens include useful tips to guide you along the way and others provide more specific information such as action verbs to write learning objectives and examples of learning activities.

CCP information and resources, including downloadable forms, are also available on the website at www.nanb.nb.ca.

CCP Audit

Compliance with the CCP is monitored through an annual audit process. In August 2015, a randomly selected group of RNs and NPs received notification to complete a CCP Audit Questionnaire related to their CCP activities for the 2014 practice year. These members are required to complete the online questionnaire by September 30, 2015, prior to registration renewal.

Verification of Registration Status for Employers and Members

Employers are required under the *Nurses Act* to annually verify that nurse employees are registered with NANB. A quick and efficient way to verify the registration status of nurse employees is to go to the NANB website and access the registration verification system as follows:

1. go to the NANB website at www.nanb.nb.ca;
2. select Registration Verification.

This login page will allow you to:

- Access your nurse registration list if you are currently registered as an employer with NANB. Enter your user ID and password to verify the registration status of your nurse employees. You may verify registration of a nurse for the first time by entering her name or registration number and adding it to your list;
- Register as an employer with NANB if you have not done so previously. Once approved, you will be able to create and save a list of your nurse employees with their registration status;
- Verify the registration status of an individual nurse without having to use a password.

Individual registered nurses can use the registration verification system to verify their own registration status one business day after completing their online renewal.

"TEAM NURSES" ASKS:

Are you passionate about health and the environment?

By LISA STAFFORD, MARG MILBURN AND BONNIE HAMILTON-BOGART

The environments in which we grow, learn, live, work and play influence our health.

Because children are growing and developing so quickly, they are uniquely vulnerable to health effects caused by exposure to environmental hazards. Protecting children from harm has an influence on health, so promoting healthy environments for children and families in New Brunswick (N.B.) is important. There is a network of people in this province called the Children's Environmental Health Collaborative (CEHC) who collaborate together to do just that.

The New Brunswick CEHC is a network of over 300 people from various organizations including: representatives from government and non-government sectors, academia, education, nurses, public health professionals, family resource centres, and parents. Even children are now a part of this network! The main purpose of this collaborative is to promote healthy environments where children grow, learn, live and play, and to reduce children's exposures to environmental contaminants that may contribute to illness and chronic disease. Research, gathering evidence and creating healthy public policy are important factors in this work.

This collaborative network is comprised of dedicated and passionate individuals, a strategic committee, and teams who have created work plans, based on the larger group's strategies for action. One such team is titled "Team Nurses".

It all started with four nurses who were passionate about improving children's health through healthier environments. These nurses saw the need to advocate for healthier environments through education, sharing research and implementing best practices in relation to environmental health. They realized the benefits of having the support, guidance, and shared knowledge within a team. Today, Team Nurses has grown to include nurses from a variety of settings at both a provincial and global level.

The vision of Team Nurses is to create greater engagement of nurses in N.B. regarding the environmental aspects of nursing practice. The mission is to increase environmental health awareness, leadership, and action amongst nurses in N.B.

Great work is being done together. Anyone is welcome to join this network in New Brunswick!

For more information and to join us please contact: Marg.Milburn@gnb.ca or Lisa.Stafford@gnb.ca. For twitter follow Norman Ecowarrior@NEcoWarrior.

Educational Tools on Health and the Environment

CNA position paper on climate change and health:
www.cna-aiic.ca/en/download-buy/nursing-and-environmental-health

Canadian Nurses for Health and The Environment/ Infirmières et Infirmiers pour la Santé et l'Environnement:
www.cnhe-iise.ca

Canadian Nurses Protective Society

infoLAW®

Legal Risks of Email - Part 1
Privacy Concerns

Vol. 22, No. 2, November 2014

Privacy Concerns

Health care organizations and health care professionals use email extensively because of its speed, reliability and convenience. However, the same characteristics that make email use advantageous are also the source of legal risks, including potential privacy breaches. Being aware of the risks inherent in the use of email can help nurses manage those risks and decrease their potential liability.

Network Security and Safeguards

Personal health information (PHI) contained in email communications is governed by the same health information management legislation as PHI contained in health records. As a result, confidentiality and privacy are important considerations if email is being used to communicate PHI to recipients who are not part of a secure internal network. Internet-based email systems generally do not provide a level of security appropriate for transmitting sensitive information. Even within a secure internal network, depending on the system in use, special software overlays may be necessary to protect the server and all endpoint devices connected to the network (e.g. desktop computers, laptops, smartphones, etc.). Nurses would be prudent to seek confirmation from their employer, or, when acting as custodians of PHI, from a qualified IT professional, that the necessary safeguards are in place before transmitting PHI via email.

In addition, privacy commissioners have published guidelines and rendered decisions regarding the use of email for transmitting PHI to email addresses that are not part of a secure network. In circumstances where email is determined to be the preferred method of transmission, privacy commissioners strongly recommend that proper safeguards, such as strong encryption, be used to prevent interception by unauthorized parties.[1]

Additional Privacy Considerations

Additional factors to consider before sending PHI by email include: whether the recipient is authorized to receive the information; whether the email address provided is accurate; whether it was accurately transcribed or selected from a menu; and whether the intended recipient is the only one with access to the email address. Further, nurses may consider whether the recipient has or would be required by law to have in place the necessary safeguards to protect the information from improper access, use and disclosure.

Nurses who consider communicating PHI by email beyond a secure internal network may wish to inform patients of the risks inherent in email use and discuss the potential benefits and drawbacks over alternative methods of communication. It would be prudent to obtain the patient's written consent before transmitting PHI or, alternatively, document the patient's verbal consent. The responsibility for ensuring reasonable safeguards are in place does not shift to the patient, nor is it diminished, even when the patient has provided an informed consent to communicate by email.[2] The Information and Privacy Commissioner of Ontario has advised that even where patients are willing to accept the risk of unauthorized access or disclosure of their PHI in exchange for the

Health care providers have a duty to take reasonable steps to safeguard PHI in their custody and control.

More than liability protection

convenience of communication via email, health care providers still have a duty to take steps that are reasonable in the circumstances to safeguard personal health information in their custody and control.[3]

Given the inherent risks of email communication, where time permits, nurses may consider whether more traditional and safer methods of information exchange (e.g. registered mail) are more appropriate.

Statutory and Regulatory Considerations

Nurses should consider any statutory (e.g. privacy legislation) or regulatory body requirements in their jurisdiction that may govern the use of email for clinical purposes. For example, the Alberta *Health Information Act* requires health care organizations considering changes to the manner by which they collect, use or disclose PHI (e.g. transmitting PHI by email) to submit their proposals, along with privacy impact assessments, to the Privacy Commissioner for approval.[4]

Employer Policies

The foregoing discussion applies to all nurses; however, nurses who are employees should also consider that employers may have implemented workplace policies on the use of email for clinical purposes. The employer is typically the custodian of the PHI and generally mandated by law to determine compliance with the PHI legislation. Where there are no or insufficient policies on this issue, it would be prudent to seek further guidance from the employer or the appropriate designate prior to communicating PHI by email.

Risk Management Considerations

To limit the potential legal risks related to email communications, consider implementing the following risk management strategies:

- Confirm the correct email address for the intended recipient before transmitting PHI;
- Use encryption when sending to an external email recipient;
- Obtain signed consent forms from patients who wish to communicate by email indicating that they have reviewed and accepted the risks associated with communicating PHI via email;
- If no consent form is used, document the patient's express consent to email communication in the patient's record;
- If responsible for IT services, obtain written assurances from reputable IT professionals as to the security of any email system that may be used to transmit PHI; and
- If responsible for entering into IT contracts, ensure the agreement meets any regulatory requirements and that it clearly states that the system will be used to transmit PHI and that certain security assurances were provided.

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2. Office of the Information and Privacy Commissioner of Alberta, "Email Communication FAQs." Edmonton, AB: Office of the Information and Privacy Commissioner of Alberta, August 2012.
3. Cavoukian and Rossos, *op. cit.*
4. *Health Information Act*, RSA 2000, c H-5, s 64.

Related infoLAWs of interest: Mobile Devices in the Workplace and the Legal Risks of Email – Part 2. Available at **www.cnps.ca**

THINKING OUTSIDE THE PRIMARY HEALTH CARE BOX

Alternative Models of Primary Health Care for New Brunswickers

By BAUKJE MIEDEMA

Primary health care is the cornerstone of the health care system in Canada. Research shows that countries with a robust primary health care system have the best health outcomes for their citizens. The key to a good health care system is that patients have access, in a timely manner, to a primary health care provider (PHCP). Unfortunately, not every individual in New Brunswick has timely access to a PHCP. Currently we have 17,000 patients in New Brunswick who do not have a PHCP. This is unacceptable and there are many anecdotal stories that this has a negative impact on the physical and psychological health of patients in New Brunswick. This shortage of PHCPs leads to overcrowded "after hours" clinics and several emergency rooms in the province.

In March 2015, with the assistance of a grant from the Canadian Institutes of Health Research and the New Brunswick Health Research Foundation, the New Brunswick Strategy for Patient Oriented Research in Primary and Integrated Health Care Innovations Network (NB SPOR Network) organized a workshop to discuss alternative models of primary health care. The workshop hosted a diverse group of provincial, national and international experts in primary health care. For example, a pharmacist discussed his private/public initiative of a primary health care clinic using an interdisciplinary health model with family physicians, nurse practitioners (NP), social workers, mental health care

workers and pharmacists. The central focus of this initiative was to provide comprehensive primary health care to a geographically defined area in a city in the Netherlands. Another presenter discussed the importance of Electronic Medical Record (EMR) systems. Kaiser Permanente, a private health insurer in the USA, argues that EMRs are critical to providing good health care and that one record per patient is key, ensuring the availability of up-to-date information at all points of care. For Kaiser Permanente, the EMR system is an essential tool to improving health care delivery, reducing cost and being patient-oriented. A third presenter discussed the history and implementation of a newly organized Family Health Team (FHT) in New Brunswick. FHT bring physicians and other health care providers together in a multidisciplinary team to provide more integrated care. This FHT was established in 2012, and although there are still some growing pains, the FHT has had a positive impact on the community and for the team members.

Two presentations were based on nurse primary health care and nurse practitioner (NP)-led clinics. First was the Community Health Clinic in Fredericton, a nurse-led clinic and a joint project between the Faculty of Nursing at the University of New Brunswick and the Horizon Health Network. This clinic employs a number of nurses, NPs and family physicians. The focus of the clinic is to provide primary health and social care to the homeless and other vulnerable populations in downtown Fredericton.

The second presentation by Jennifer Clement, Director of the first NP-led primary health care clinic in Sudbury, Ontario, was particularly well received by the audience, which consisted of a diverse group of health care providers, policy makers and researchers. It was felt that this alternative model of primary health care is a model that New Brunswick should seriously entertain. In 2007, Sudbury struggled with having a severe shortage of family physicians and they had roughly 10,000 "orphaned patients" and eight unemployed NPs. Two NPs felt that they could provide primary health care to most of these patients. They approached the Minister of Health (MoH) in Ontario with a proposal, and initially their proposal to create an NP primary health care clinic was turned down. Through the lobbying of the Nurses Association and the NP Association, the MoH eventually agreed that they could create a NP-led primary health care clinic. The clinic consists of administrative staff, a director, 5.5 FTE NPs, a registered nurse, and a registered practical nurse. In addition, the clinic employs a social worker and a dietician. The clinic has also four part-time family physicians, who spend between one to two days in the clinic and are on call to attend to patients who present with issues beyond the scope of practice of an NP. Patients that attend the clinic are assigned to a specific NP roster. The NP clinic in Sudbury has led to fewer ER visits, high patient satisfaction and comparable medical outcomes with physician practices while the cost is comparable, or less. Currently there are 20 NP-led

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A NP in a First Nations Community: Meet Cindy McCarthy

How would you describe a typical day working as a NP in a FN community?

Rewarding. As a family practice nurse practitioner I see individuals from birth to death including prenatal, palliative care, chronic disease; mental health and addictions. On average, I see 18–25 patients per day.

What do you think RNs and other healthcare providers should know about this population from a healthcare perspective?

Building a safe, trusting relationship is a must, this takes time to build. I have been working in the community for more than seven years and I would say that my relationship around trust continues as there are still new patients showing up each week. As an NP in a FN community I have learned to meet people where they are at. You need to walk their life journey beside people. If you walk too far ahead or behind they will not believe you truly care and in turn they tend not to care.

NPs have been practising in NB since 2003 and many barriers to practice have been alleviated. Are there barriers to NP practice in NB that impact you? If so what are they?

One of the biggest barriers I find is access to Extra-Mural Program. As an NP in NB, I cannot order and access EMP, only physicians can. As mentioned, I work with palliative patients, and access

to EMP would facilitate this care. Another barrier to practice would be methadone prescribing. There are times when being able to regulate the prescribing of methadone in the community would be an asset. I am not yet certain that I am ready to take on this responsibility, however, there have been times when it would have regulated or facilitated patient care.

You work in a collaborative practice setting with unregulated care providers, LPNs, RNs, you the NP and a physician. If you could share a few tips for better collaboration amongst a healthcare team in the community setting, what would it be?

Again, building trusting relationships amongst the care team is essential. Respect is also important, I found, especially among the nursing staff. Not only was I in a different culture when I came to the FN community, but I was also a new grad and somewhat isolated so I had to rely heavily on other staff to guide me. Respecting what others can do and valuing their feedback and input was helpful in that survival. I was also used to working in a provincial system and when coming to a FN community where all is Federally regulated was extremely different.

"Building trust with patients is key: you must walk their life journey."

With an Election on October 19, what health priorities would you like to see the federal parties include in their health platform to better support your community?

I would like to see the political leaders come and live for a time in a FN community anywhere in Canada in order to fully understand how life is from day to day. The poor social determinants of health have created many health inequalities among FN communities. The only way to truly acknowledge these inequalities is to immerse oneself into the community and culture. I grew up only a few kilometers from the community I currently work in and only after I came here to work on a daily basis and listened to the individuals and their issues and tried to understand the governance have I truly been able to help these people and also to help them to help themselves. ■

Institute for Safe Medication Practices Canada
REPORT MEDICATION INCIDENTS
Online: www.ismp-canada.org/err_index.htm
Phone: 1-866-544-7672

A KEY PARTNER IN
CMIRPS SCDPIM

ISMP Canada Safety Bulletin

Volume 14 • Issue 4 • April 16, 2014

Alert: Wrong Route Incidents with Epinephrine

ISMP Canada recently received reports of 2 critical incidents involving an epinephrine dose intended for subcutaneous (SC) or intramuscular (IM) injection that was inadvertently administered as an intravenous (IV) bolus to patients requiring the drug for hypersensitivity reactions.

Incident Examples

The first incident involved an adult patient who was being treated for status asthmaticus. A 0.5 mg dose of epinephrine was administered by IV bolus (i.e., IV push), which resulted in ventricular tachycardia (a potentially life-threatening, rapid and erratic heart rhythm).

In the second incident, an allergic reaction secondary to a prophylactic antibiotic was suspected in a patient starting labour. Epinephrine 1 mg was given as an IV bolus for the suspected reaction.

In both cases, the epinephrine dose should have been administered SC or IM, and the patients required multiple interventions to prevent further harm.

In one of the incidents described above, the medication order was given verbally, and the staff receiving the order felt a sense of urgency. Because of previous experience with administering epinephrine by IV push (i.e., in cases of cardiac arrest), staff members believed that this was the appropriate way to administer this medication.

Background

When given as an IV bolus, epinephrine produces an immediate and profound response, including a sharp rise in heart rate and blood pressure and an increase in ventricular contraction.[1,2] As a consequence, IV epinephrine is generally reserved for extreme, immediately life-threatening situations such as cardiac arrest.[1-3]

In contrast, for the treatment of hypersensitivity reactions, including allergic reactions and status asthmaticus, epinephrine should generally be given SC or IM.[1-4] If epinephrine 1 mg/mL (1:1,000) from an ampoule or the more dilute 0.1 mg/mL (1:10,000) from a prefilled syringe is erroneously given by IV push or is administered rapidly as an infusion in situations where SC or IM administration is indicated, severe harm (e.g., cardiac arrhythmia or cerebrovascular hemorrhage) or death can occur.[1,2] Table 1 lists the usual recommended doses of epinephrine for selected indications relevant to this topic.

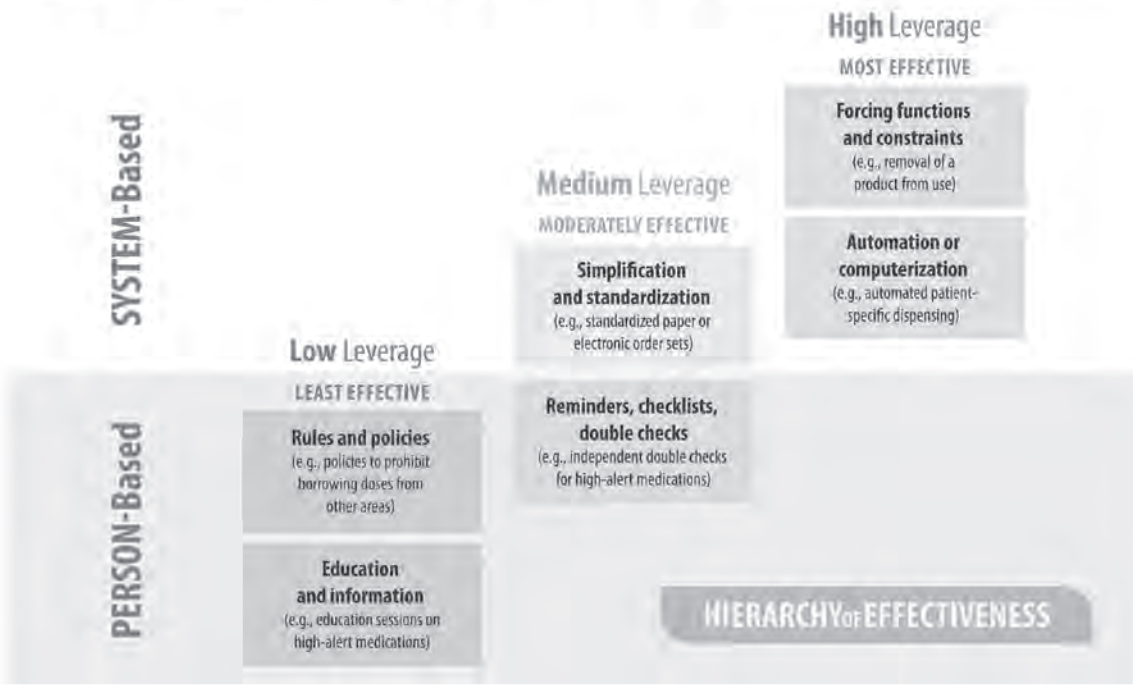
Discussion

When implementing error-prevention strategies (see Figure 1), consider a variety of strategies that focus on system issues and incorporate human factor principles.[5,6] Lower leverage strategies may be easier and quicker to implement.[5] But the most effective error reduction strategies involve forcing functions and constraints as they do not rely on individual attention and vigilance.[6]

Table 1. Usual Recommended Adult Dose of Epinephrine for Selected Indications

Indication	Recommended Route of Administration	Usual Adult Dose[2,4,7]
Hypersensitivity reaction		
Allergic reaction, status asthmaticus	SC or IM	0.2 to 0.5 mg
In patients with profound hypotension or those with inadequate response to previous epinephrine doses	IV infusion (intermittent, continuous)	In accordance with hospital policies and guidelines
Cardiac arrest	IV push	1 mg

Figure 1. Hierarchy of Effectiveness for Error Prevention Strategies



ISMP Canada is aware that some facilities are considering replacing epinephrine 1 mg/mL (1:1,000) ampoules with autoinjectors for treatment of hypersensitivity and anaphylactic reactions as a strategy (i.e., forcing function strategy) to prevent inadvertent IV administration of epinephrine in these situations. The organization where these incidents occurred is also considering other strategies, such as the use of ampoules when IM or SC administration of epinephrine is required and vials when IV infusion is needed; creating anaphylaxis kits containing epinephrine ampoules with auxiliary labels to indicate that use of these ampoules should be limited to IM or SC administration; and physical segregation of

ampoules and vials in storage areas. Other facilities have implemented similar strategies (see Figure 2).

Figure 2. Example of an adult anaphylaxis kit containing epinephrine from one acute care facility (shared with permission). The epinephrine dose and route are both highlighted.

Healthcare facilities could also consider the following in combination with higher leverage strategies to minimize these types of errors:

- Using a preprinted order set for the management of anaphylaxis
- Recognizing that verbal orders may still be given (e.g., in the emergency room), establishing standardized processes for managing verbal orders may help decrease the potential for misunderstanding. For example, when verbal orders are required, prescribers and recipients of the verbal order should expect that the order will be repeated back and should listen actively to ensure that errors are intercepted and corrected before they reach the patient.[8]
- Ensuring that all healthcare professionals who may need to prescribe or administer epinephrine are aware of the appropriate dose range and corresponding route of administration for epinephrine in various clinical situations. Providing written reminders at the point of care (for example, a dosing chart where the epinephrine is stocked) may be helpful.[9]

If your organization has successfully implemented any of the above mentioned or other strategies that have enhanced the safe use of epinephrine (e.g., by preventing errors associated with inadvertent IV administration of epinephrine doses intended for SC or IM use), please contact ISMP Canada at cmirps@ismp-canada.org to share your experiences.

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Ask a
PRACTICE
CONSULTANT

By VIRGIL GUITARD

YOU'VE ASKED

Frequently Asked Questions About Documentation

A REVISED VERSION OF THE *Standards for Documentation* was approved by NANB's Board of Directors in June 2015. This Ask a Practice Consultant column will answer some frequently asked questions that NANB's Practice Department receives from registered nurses (RNs) regarding documentation requirements.

Who should document nursing care?

Documentation can be completed by a variety of care providers, i.e., RNs, LPNs or unregulated care providers, depending on the circumstances. However, for reasons of legality and accountability the provider with personal or firsthand knowledge should document the information. This generally means that the provider who is documenting is the one who provided the care. An exception is made in situations where a designated recorder is used during an exceptional situations (e.g., code situation OR in an operating room).

What are the legal implications of documenting care?

When used as evidence the court expects that the patient's chart will be a complete record of the patient's care from the time of admission until discharge. Nursing documentation is an integral component of the record and according to The Canadian Nurses Protective Society (CNPS, 2007) it can be used at trial "to reconstruct events, establish times and dates, refresh the memories of witnesses and to resolve conflicts in testimony".

When an RN's practice is in question, their documentation can be used to establish that their actions "were reasonable and prudent", and conversely that they "failed to meet the standard of a reasonable prudent nurse". For this reason CNPS points out that "if you have an obligation to perform a specific nursing act on a patient, such as taking vital signs, and you fail to chart that you have done so, the court may infer that the act was not performed".

When an RN's practice is in question their documentation can be used to establish that their actions "were reasonable and prudent", and conversely that they "failed to meet the standard of a reasonable prudent nurse".

How frequently should I document?

The frequency of nursing documentation is dependent on numerous variables, including:

- agency policy;
- the acuity and complexity of the client's health problems;
- the degree to which the client's condition and/or planned treatments puts him/her at risk.

While agency policies on documentation should be followed to maintain a reasonable and prudent standard of documentation, nursing documentation should be more comprehensive, in-depth and frequent if a patient is very ill, very unpredictable or exposed to high risk.

Who owns the health record?

The record, i.e., the file, binder or software which contains the client's information, is the property of the host or health care agency (custodian) for which the client sought or participated in services. The data or information pertinent to the client is the property of the client. Therefore, in accordance with the *Personal Health Information Privacy and Access Act*[1] (2009) (http://gnb.ca/0051/acts/index-e.asp), the client has the right to have access to view and/or copy their health record, and request a correction of personal health information if the client believes the information is inaccurate or incomplete. Agency policy should stipulate the process to follow when clients want to access or make changes to their personal health information.

As an RN, what should I document?

Nursing documentation should be a thorough reflection of the nursing process. Documentation should serve as a record of the critical inquiry and judgment used to describe events, interventions or discussion with clients. Complete, accurate and thorough nursing documentation provides evidence that the regulated members have met the requirements expected in their role in a particular practice setting.

To determine what is essential to document, for each episode of care or service, the health record should contain:

- a clear, concise statement of client status;
- relevant assessment data;
- all ongoing monitoring and communications;

- the care/service provided (all interventions, including advocacy, counselling, consultation and teaching);
- an evaluation of outcomes, including the client's response and plans for follow-up; and
- discharge planning.

As a self-employed RN do I have to meet the same standards for documentation?

Self-employed RNs must adopt a documentation system that meets the document standards. As "custodians" of health records they must also insure they comply with the federal and provincial legislation on personal health information. They should also develop appropriate policies related to the storage, retrieval and retention of health records.

When is it appropriate to use abbreviations when documenting?

One of the primary uses of the clinical record is to support communication between healthcare providers working with a common client. Clinicians commonly report using abbreviations in the health record to save time and space while documenting the care they provide. However, increasing evidence suggests that this practice increases the chances for error because the abbreviations are not commonly understood or are misinterpreted. Consequently, many organizations have developed policies to discourage the use of abbreviations in general and/or restrict their use to an approved, standardized list.

The Institute of Safe Medical Practices has developed a list of "Do Not Use" abbreviations that have been shown to be particularly error prone. It can be retrieved at: www.ismp-canada.org/download/ISMPCanadaListOfDangerousAbbreviations.pdf

Should I co-sign or countersign the documentation of another RN, nursing provider or nursing student?

Co-signing refers to a second or confirming signature on a witnessed event or activity. Agency policy on co-signing must clearly indicate both the intent of a co-signature and in what circumstances co-signing is required. RNs are accountable for their own actions and do not routinely need someone to co-sign their practice.

There are some examples where co-signing is prudent practice, such as, verbal consent or telephone orders, verification of a medication dosage, discarding of a narcotic, or client identification for a blood transfusion. Co-signing implies shared accountability, therefore, it is imperative that the person co-signing actually witnessed or participated in the event.

Countersigning is defined as a second or confirming signature on a previously signed document, a blind signature – which is not witnessed. This is generally not a supported or needed practice in nursing care but may be effectively used as a quality control process, and should be completed in accordance with agency policy and procedure. For example, an RN reviews a chart to determine if all the orders are accurately transcribed or all required interventions are completed. Countersigning does not imply that the second person provided the service; it does imply the person approved or verified that the service or record was completed.

Co-signing or countersigning for reasons such as entries written by RNs in orientation, student nurses or LPNs is not acceptable and may add a level of accountability which the RN would not otherwise incur.

Co-signing or countersigning for reasons such as entries written by RNs in orientation, student nurses or LPNs is not acceptable and may add a level of accountability which the RN would not otherwise incur.

What standards apply when I document electronically?

Electronic documentation carries a higher risk of breach of confidentiality. Policies and procedures, as well as specific technologies, are required to protect the confidentiality of the patient's health record and system security. This is especially true for the transfer of information (CNPS, 2007). Otherwise, the standards for documentation apply when documenting electronically.

Is completing an incident report the same as documenting nursing care?

Incidents are generally recorded in two places, in the client's medical record and in an incident report, which is separate from the chart. Documentation in the chart is used to ensure continuity of client care and should be accurate, concise, factual, unbiased and recorded by the person who witnessed the event. The RN should avoid using the words "error", "incident", or "accident" in the documentation.

Incident reports are separate from the patient record and are used by organizations for risk management, to track trends in systems and client care and to justify changes to policy, procedure and/or equipment. Information included in an incident report is similar to the information included in a client's health record, however, the incident report would also include additional information with respect to the particular incident (e.g., "a door was broken" or "this was the fourth occurrence this week"). Information recorded is not directly related to the care of the client.

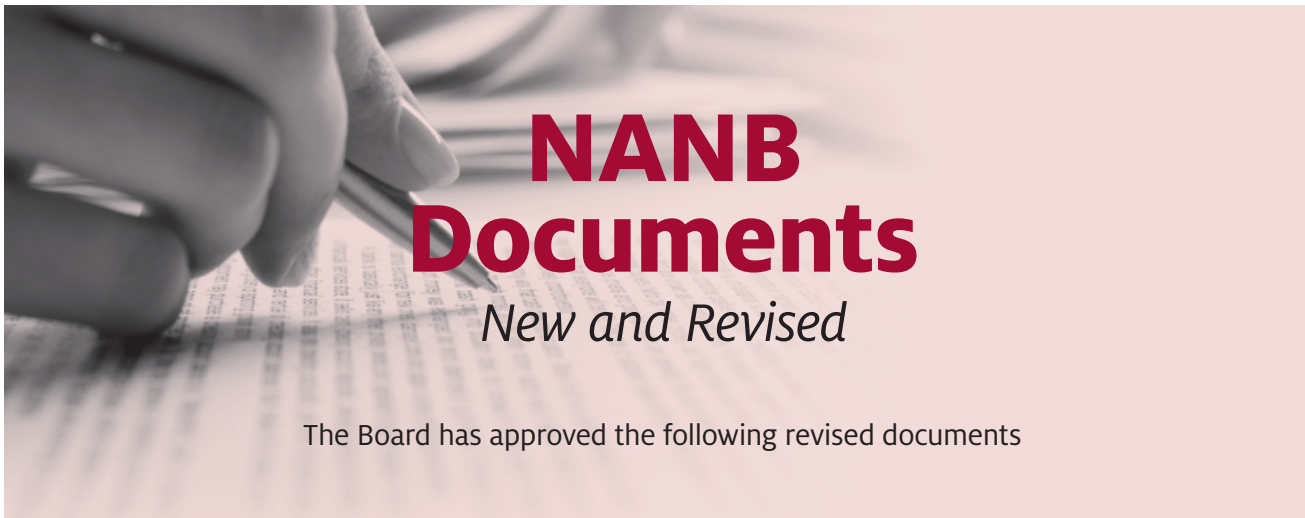
For more questions on documentation and nursing practice, call NANB's Practice Department to speak with a Nursing Practice Consultant at 1-800-442-4417 or email us at nanb@nanb.nb.ca. You can also visit www.nanb.nb.ca/index.php/publications/briefs-presentations to watch a recorded webinar on Documentation Standards.

The revised *Standards for Documentation*'s (2015) can be retrieved at the following web address: www.nanb.nb.ca/index.php/publications/practice.

REFERENCES

Canadian Nurses Protective Society. *Charting: The Legal Aspects*. Retrieved January 6, 2015, from www.cnps.ca/index.php?page=86

Nurses Association of New Brunswick (2015). *Standards for Documentation*. Fredericton: Author.



NANB Documents

New and Revised

The Board has approved the following revised documents

Guidelines for Consent

This document focuses on the RN's legal and ethical obligation to ensure the client or substitute decision-maker is supported throughout the consent process, as it applies to all practice settings. It identifies principles, gives instructions, information or direction, clarifies roles and responsibilities, and/or provides a framework for decision making.

Standards for Documentation

These standards explain the regulatory and legislative requirements for nursing documentation. To help RNs understand and apply the standards to their individual practice, the content is divided into three standard statements that describe broad practice principles. Each statement is followed by corresponding indicators that outline an RN's responsibility and accountability when documenting.

To further support RNs in applying the standards, important supplementary information has been included in three appendixes. Appendix A includes frequently asked questions regarding documentation. Appendix B provides strategies for nursing professionals to support quality documentation practices in their work settings. Appendix C includes a list of provincial and federal legislation governing nursing documentation.

Guidelines for Self-Employed Registered Nurses

The purpose of this document is to provide guidance to RNs and NPs considering self-employment, and those currently self-employed, to identify their responsibilities consistent with related legislation, bylaws, standards of practice and guidelines.

NANB Interest Group: Affiliation Process

The Nurses Association of New Brunswick supports the creation of interest groups by registered nurses who have a common interest in a defined area of nursing practice, education, administration or research and/or for professional development in their area of interest. This document offers the process required for application to become recognized as an NANB Interest Group.

All documents and position statements are available on the NANB website at www.nanb.nb.ca.

Thinking Outside the Primary Health Care Box

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clinics in Ontario.

In New Brunswick, we have a serious shortage of family physicians, which is reflected in the large number of "orphaned patients" and this status compromises patient care. Nurse practitioner-led clinics, such as the one in Sudbury, seem to be an excellent alternative to fill a huge gap in primary health care services. In New Brunswick, we have to learn to think beyond the professional silos and try to create a transformation in primary health care that is focussed on the needs of the patients. However, this transformation should be respectful of the full scope of practice of all providers. As a result, I would argue that some other well-trained professionals could also be part of the primary health care system. For example, certified exercise physiologists and registered dietitians or nutritionists can play an important role in preventative health care, such as the prevention and treatment of obesity.

No one-model-fits-all will be suitable. There should be room for new innovative and traditional models of primary care based on the patient population, practitioners' scope of practice and the needs of a community. Nevertheless, it is also unconscionable to have a large number of patients who are not on the roster of PHCP while at the same time having a large number of NPs working below their full scope of practice or being unemployed. The New Brunswick Department of Health and the professional organizations need to start a dialogue across the silos of the PHCP with a focus on patient needs. This approach may go a long way to ensure that all New Brunswickers have access to timely PHCP, a critical cornerstone of our health care system. ■

Introducing NANB's New Executive Director:
Meet Laurie Janes

Nurses at NANB recently welcomed me as the newest member of their team. During the welcoming event, team members shared information about their professional backgrounds. Each nurse who spoke described multiple and very different nursing experiences. Even with that broad picture of nursing careers, not all types of nursing were captured. It is often said that no other career could provide such a varied nature of professional opportunities. While I question that statement, I do support the premise that nursing is a unique, fulfilling profession that demands continued learning and competency.

What makes nursing unique? How are we different from the myriad number of other health professionals? What does the term registered nurse really mean? These questions are asked of nurses in all fields of practice on a daily basis. As a registered nurse reading this—are you confident that you can answer these questions?

Nurses are educated to provide assessment, interventions, and continuous evaluation of care management to patients, families, and populations. While nurses do work with equipment and technology, the focus is always on the person(s) being assessed, receiving interventions, and being monitored for health outcomes. We have the very personal privilege of witnessing the birth of an infant, supporting families during the death of a beloved family member, or assisting persons living in poverty to attain shelter, food and some degree of self-worth and dignity. Other registered professionals also provide assessment, interventions, and continuous evaluation of care management. It can also be said that critical thinking is demonstrated within other health professions, along with recognition of potential and actual responses to specific interventions and/or events.

The truly broad scope and nature of different nursing practices contributes to the uniqueness of nursing, however that same broad scope makes it difficult to define our profession succinctly to non-nurses. Nurses within New Brunswick need to learn and fully understand the competencies required for licensing to work, and the meaning of being a registered member of a self-regulating profession. The true uniqueness of nursing is our responsibility to assess individual or group health status across multiple domains (physical, social, psychological, etc.), then pull all information details together to develop a health care plan that ranges from simple to complex. Implementation of the plan for every individual or group may be completed autonomously by an individual nurse or require close collaboration with multiple stakeholders across both health and non-health sectors. Nursing plans for one individual maybe very complex, while at times a nursing plan for a specific patient population can be simple.

While the above definition may seem overly simplistic, it is not. Human health is both complicated and complex. Nurses assess and plan for management of human physiological and psychosocial systems that are interdependent, ever-changing according to age and illness/injury impact and which respond differently to illness and injury treatment. Responses to health care interventions may vary—and nurses must be prepared to manage those responses. It is our responsibility as a self-regulated profession with a defined scope of practice to ensure that in any care situation we are able to provide nursing care in a professional manner that is competent and compassionate.

New Brunswick is a small province with approximately 9,000 registered nurses. Yet, it is a daunting responsibility to ensure that all 9,000 members understand the nuances of what we are registered to practice, and the attainment and maintenance of competencies and enactment of professional standards that meet registration requirements from entry to practice through to retirement. It is now my responsibility, as I assume the position of Executive Director for NANB.

My own nursing experiences are diverse, yet each shares a common theme. In all practice settings in New Brunswick there are expert nurses providing excellent care. These nurses have embraced their profession, are engaged with individuals and groups of patients, act as a resource to colleagues, and are valued by their employers. These nurses take the time to understand their responsibility in meeting their professional standards, integrating our *Code of Ethics* into their own practices, and seeking to continually learn in order to manage and maintain safe patient care.

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OCTOBER 4–7, 2015

Canadian Association of Nurses in Oncology National Conference: *People, Purpose, Passion*

- Toronto, ON
- » www.cano-acio.ca/conference-events

OCTOBER 7- 9, 2015

14th Custody and Caring Biennial International Conference on the Nurses Role in the Criminal Justice System

- Saskatoon, SK
- » http://custodyandcaring.usask.ca/about.php

OCTOBER 14- 16, 2015

8th Annual Nurse Practitioner Conference: *Cruise into the Future with NPs*

- Saint John, NB
- » http://npnb.ca/events

OCTOBER 14–16, 2015

NANB BoD Meeting

- NANB Headquarters, Fredericton, NB
- » www.nanb.nb.ca/index.php/about/board

OCTOBER 18–20, 2015

2015 Canadian Association of Paediatric Health Centres (CAPHC) Annual Conference: *Child Health <<Solutions>> pour la santé de nos enfants*

- Québec City, QC
- » http://conference.caphc.org

OCTOBER 21 – 23, 2015

Canadian Federation of Mental Health Nurses National Conference

- Niagara Falls, ON
- » http://cfmhn.ca/meetingconferences/2015nationalconference/program

OCTOBER 22–24, 2015

Canadian Association of Nephrology Nurses and Technologists: *Reaching New Heights*

- Vancouver, BC
- » www.cannt.ca/en/news_events/cannt_2015/index.html

OCTOBER 24–27, 2015

Canadian Council of Cardiovascular Nurses Fall Conference

- Toronto, ON
- » www.cccn.ca/content.php?doc=18

NOVEMBER 5–7, 2015

Canadian Association of Perinatal Women's Health 2015 National Conference: *A Rich History. A Promising Future*

- Québec City, QC
- » www.capwhn.ca/en/capwhn/2015_National_Conference_p4533.html

JANUARY 28–30, 2016

Early Years Conference 2016: *Nurturing Developmental Wellbeing, Strengthening Children and Families*

- Vancouver, BC
- » www.interprofessional.ubc.ca/EarlyYears2016/default.asp

FEBRUARY 15–17, 2016

Aboriginal Nurses Association of Canada 2016 National Forum

- Montreal, QC
- » http://anac.on.ca/national-conference

FEBRUARY 16–17, 2016

NANB BoD Meeting

- NANB Headquarters, Fredericton, NB
- » www.nanb.nb.ca/index.php/about/board

MARCH 1–4, 2016

32nd International Seating Symposium 2016: *Imagine the Possibilities*

- Vancouver, BC
- » www.seatingsymposium.com

MARCH 11–12, 2016

Perinatal Services BC 2nd Biennial Conference: Healthy Mothers and Healthy Babies

- Vancouver, BC
- » http://interprofessional.ubc.ca/HealthyMothersHealthyBabies2016

APRIL 6–9, 2016

The 7th National Biennial Conference on Adolescents and Adults with Fetal Alcohol Spectrum Disorder (FASD: *Research on Adolescents and Adults: If Not Now, When?*

- Vancouver, BC
- » http://interprofessional.ubc.ca/AdultsWithFASD2016/

Nomination Form

ELECTIONS 2016

(To be returned by chapter member)

The following nomination is hereby submitted for the 2016 election to the NANB Board of Directors. The nominee has granted permission to submit her or his name and has consented to serve if elected. All of the required documents accompany this form.

Position

Candidate's Name

Registration Number

Address

Telephone Home Work

Chapter

Signature

Registration No. Chapter Position

Signature

Registration No. Chapter Position

Nomination forms must be postmarked no later than **January 29, 2016**. Return to:

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

Acceptance of Nomination

ELECTIONS 2016

(The following information must be returned by nominee)

Declaration of Acceptance

I, _____
a nurse in good standing with the Nurses Association of New Brunswick, hereby accept nomination for election to the position of

_____

If elected, I consent to serve in the foregoing capacity until my term is completed.

Signature

Registration No.

Biographical sketch of nominee

Please attach separate sheets when providing the following information:

- basic nursing education, including institution and year of graduation;
- additional education;
- employment history, including position, employer and year;
- professional activities; and
- other activities.

Reason for accepting nomination

Please include a brief statement of no more than 75 words explaining why you accepted the nomination.

Photo

For publication use, please forward an electronic self-image to jwhitehead@nanb.nb.ca. Return all of the above information, postmarked no later than **January 29, 2016**, to:

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

SUSPENSION CONTINUED

On February 25, 2015, the NANB Discipline Committee found Lynn M. McRae (former name Blaquière), registration number 023625, demonstrated incompetence, professional misconduct, a lack of judgement and integrity and that she failed to meet the standards of nursing practice.

The Discipline Committee ordered that the suspension on the member's registration be continued until conditions are met. At that time, the member will be eligible to apply for a conditional registration. The Committee also ordered that she pay costs to NANB in the amount of $1,500 within 12 months of returning to the active practice of nursing.

REGISTRATION REVOKED

In accordance with a decision of the NANB Discipline Committee dated February 7, 2013, the registration of Kymberley Dawn Gillett, registration number 027907, is revoked effective February 9, 2015.

SUSPENSION CONTINUED

On April 7, 2015, the NANB Discipline Committee found Joseph Fernand Richard, registration number 018467, demonstrated incompetence, professional misconduct, conduct unbecoming a member and dishonesty.

The Discipline Committee ordered that the suspension imposed on the member's registration be continued until conditions are met, after which time, the member will be eligible to apply for a conditional registration. The Committee further ordered the member to pay costs to NANB in the amount of $1,500 within 12 months of returning to the active practice of nursing.

REPRIMAND ISSUED

On May 22, 2015, the Discipline Committee reprimanded Lorelei Inez Nicholson (nee Harvey), registration number 018163, for dishonesty and conduct unbecoming a member. Once imposed conditions are met, the member will be eligible to apply for a conditional registration. The Committee ordered that the member pay a fine in the amount of $500 within 6 months of returning to the active practice of nursing and pay costs in the amount of $1,500 within 12 months of returning to the active practice of nursing.

REGISTRATION SUSPENDED

On May 27, 2015, the NANB Complaints Committee suspended the registration of registrant number 026694 pending the outcome of a hearing before the Review Committee.

REGISTRATION REVOKED

On June 11, 2015, the NANB Review Committee found Sylvie Thériault, registration number 023050, to be suffering from ailments or conditions and that the member demonstrated professional misconduct, a lack of judgement and a disregard for the welfare and safety of patients by continuing to work while suffering from ailments or conditions that have not been resolved.

The Review Committee ordered that the member's registration be revoked and that she is prohibited from practising nursing or representing herself as a nurse. She shall not be eligible to apply for reinstatement for a minimum of one year from the date of the Committee's order and until she presents sufficient evidence that she is fit to return to the practice of nursing in a safe manner. The Committee also ordered that she pay costs to NANB in the amount of $1,500 within 12 months of returning to the active practice of nursing.

SUSPENSION CONTINUED

On June 17, 2015, the NANB Review Committee found Jennifer Jean Ryan, registration number 024993, to be suffering at the time of the complaint, from an ailment or condition rendering her unfit and unsafe to practise nursing and that the Member's conduct demonstrated professional misconduct, conduct unbecoming a member, dishonesty and a disregard for the welfare and safety of patients by continuing to work while incapacitated by her ailment or condition.

The Review Committee ordered that the suspension on the member's registration be continued until conditions are met. At that time, the member will be eligible to apply for a conditional registration. The Committee also ordered the member to pay costs in the amount of $2,000 within 24 months of returning to the active practice of nursing.

SUSPENSION CONTINUED

On June 30, 2015, the NANB Discipline Committee found J. Fernand Gérard Landry, registration number 022609, to be responsible for his conduct, acts and omissions and demonstrated professional misconduct, conduct unbecoming a member and a lack of integrity. The member demonstrated a lack of judgement and professional ethics by communicating in a non-professional manner and jeopardizing the welfare and safety of patients by creating a situation that could have escalated and become potentially dangerous.

The Discipline Committee ordered that the suspension on the member's registration be continued until conditions are met. At that time, the member will be eligible to apply for a conditional registration. The Committee also ordered that he pay costs to NANB in the amount of $4,000 within 24 months of returning to the active practice of nursing.

REGISTRATION REVOKED

On July 6, 2015, the NANB Review Committee found Jaymie Krista Wilson (née Martin), registration number 027964, had not adhered to conditions imposed on her registration by an order of the Review Committee dated June 11, 2014. The Committee also found that the member is suffering from ailments or conditions rendering her unfit, incapable and unsafe to practise nursing

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NANB's Girl Friday 'Assistant to All'

Meet Marie-Claude Geddry-Rautio, NANB Bookkeeper

Having joined the NANB over 15 years ago, what roles have you fulfilled?

Initially, I was hired as Administrative Assistant to the Registrar. Eight years ago, I was promoted to Bookkeeper under the Corporate Services Department. Over the years, I have supported every department in a variety of roles from: supporting the Executive Office as back-up for the Executive Assistant which includes directly supporting the Board of Director meetings; moderating webinars in both languages supporting the Practice Department; creating databases for both the Registration and Practice Departments; as well as covering registration and reception duties as needed. This cross-training has given me the experience and confidence required to tackle any challenge handed my way.

As Bookkeeper, what are your primary responsibilities?

Day to day my responsibilities surround finances—all monies in and payables out. For example, receiving money from registration, bank deposits, documenting entries in the accounting system, printing payables, managing petty cash, and providing staff the various registration fees annually. I am also responsible for office supplies management including Covey's orders, Board supplies and kitchen essentials.

In what capacity does your position support NANB members and how has it evolved over the years?

At first, my work was very hands-on with members such as getting them registered in a timely manner to filling out the "verifications of registration status" form for those leaving the province to work and also administering the registration examination. Now I am more involved in the processes and procedures behind the scenes rather than those direct interactions with our members. I enjoy being a small voice in such a great organization.

What aspects of your role are most rewarding/challenging?

Playing a small role in supporting successful initiatives and events hosted by the Association; be it an AGM, Forum, workshop or Board of Directors' meeting and knowing that I helped to make a small difference, provides great job satisfaction.

What is one thing you would like RNs/NPs to know about NANB?

We are here for you! Our work is intended to support you. There are a variety of services available and provided offering professional practice consultation services, continuously revised documents, standards and position statements, publications including NANB's journal—*Info Nursing* as well as our e-bulletin the *Virtual Flame*, a website housing a number of virtual learning including: webinars and e-learning courses. NANB also offers in-person presentations, annual invitational forums and workshops. I would encourage all RNs/NPs to visit our website regularly and take a look at both the journal and e-bulletins to learn all that NANB has to offer. ■

Message from the Executive Director

continued from page 7

competence. The NANB will continue to support educators and students in this transition and to work collaboratively within our respective mandates with all stakeholders to ensure the success of our current and future graduates as they enter the profession and begin their nursing careers. ■

ROXANNE TARJAN
Executive Director
rtarjan@nanb.ca

Introducing NANB's New Executive Director

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Over 40% of NB registered nurses are nearing an age when retirement can be considered. Many of these nurses are our experts. Like generations of nurses before us, it is time to let go of traditional approaches, and turn to work that prepares novice nurses to grow into our experts of the future. This is necessary in order to ensure that into the future patients continue to receive a high standard of safe compassionate nursing care. This work will be challenging—change is hard. I am prepared to meet that challenge. Are you? ■

LAURIE JANES
ljanes@nanb.nb.ca

Conduct Reviews

continued from page 44

and that the member demonstrated professional misconduct, conduct unbecoming a member, dishonesty and a disregard for the welfare and safety of patients by practising nursing while incapacitated by her conditions or ailments.

The Review Committee ordered that the member's registration be revoked and that she is prohibited from practising nursing or representing herself as a nurse. She shall not be eligible to apply for reinstatement for a minimum period of one year and until she submits sufficient evidence that satisfies a panel of the Committee that she is fit to return to the practice of nursing in a safe manner. The Committee ordered that, before applying for reinstatement, the member pay costs to NANB in the amount of $1,600, the balance owing in respect of the $2,000 costs ordered to be paid by the member in the June 11, 2014, decision. ■

Excellence in Clinical Practice Speech

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appropriate and seemingly adequate. Her husband arrived at 10:00 and sadly she was still in an inconsolable state.

I stopped him in the hallway and updated him on her status and reassured him that we were doing all that we could and that we would continue to work until her comfort was achieved.

He had brought with him her favorite music and was sure that the music and his presence would help to calm her. That was not the case. At 11:00 I entered the room to find him gently stroking her face while answering her desperate repetitive non-sensible questions in the softest tone. His love for her seeped through every pore in his body and my faith in true love was tentatively restored. Despite the generosity of my orders my medication efforts were failing.

I looked at Jack and said, "If I pull Marjorie as far over to the side of the bed as possible will you get in and lay beside her?" He looked at me and said, "Can I?" I said, "I'm asking you to." He eagerly laid down beside his wife of 60 years. Who knew how long it may have been since they shared the same bed. I then left the room to give them privacy.

I returned one half hour later. I looked at her and then I looked at him. I looked at her again and then I looked at him and I said, "Jack, I think your wife is gone."

Jack looked at her and then he looked at me and then he looked back at her and said to me, "I hoped she would die like this."

Then he fell face down into her shoulders and sobbed. I leaned over him with my hand stroking his back and offered my condolences. I asked him if there was anyone I could call. He told me that he just needed a little time to get over the shock and then he would call their children.

I left the room in tears because nurses are real people.

I returned in about five minutes to find him sitting at the edge of the bed. He reached his frail arm out to me and placed it on my shoulder and said, "I need to say something to you but it may take me awhile." Through his tears and quivering voice I heard him say, "Thank you Shari for putting me in bed with my wife. I have thought about her death a lot lately and what it may be like. I dreamt that she could die in my arms."

As a nurse, I was able to unknowingly make his dream come true. We have an incredible influence on the population that we serve in times of joy and sorrow. I am rewarded daily in my profession.

I will close by sharing a quote that timely crossed my path just yesterday.

"Nurse - just another word to describe a person who is strong enough to tolerate everything yet soft enough to understand everyone."

Thank you. ■

CENTENNIAL • CENTENAIRE

2016

Save the date! Join NANB June 20-22 in Saint John, New Brunswick, for the 2016 CNA Biennial Convention.

To celebrate together, the NANB is asking RNs/NPs to participate in the planning and execution of what will undoubtedly be a year recognizing the nursing profession and its contribution to nurses shaping nursing for healthy New Brunswickers.

We are excited to share that our final 2016 Centennial plan will be presented to the Board of Directors at the October meeting for approval. Once approved, details will be shared via NANB's website.

If you are interested in volunteering for events throughout the year, please email 100years@nanb.nb.ca.

Nurses Association
OF NEW BRUNSWICK

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