INFO NURSING

VOLUME 47 ISSUE 1 SPRING 2016

Join NANB in Celebrating Our Centennial ~ 25

Nurses Association OF NEW BRUNSWICK

On Thursday February 11th, Premier Brian Gallant along with Minister of Health Victor Boudreau declared 2016 NANB's Centennial. Joining the ceremony- Brenda Kinney, President, Karen Frenette, President-elect, Wayne Trail, Public Member, and Laurie Janes, Executive Director. See page 50 for information on NANB's MLA Breakfast.

Cover
Be Part of NANB's 2016 Centennial Activities- follow events planned throughout the year with a full calendar available on **page 25**.

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.

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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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Canada Post publications mail agreement number 40009407. Circulation 10,000. ISSN 0846-524X.

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MLAs Acknowledge Nurses' Contribution to Healthcare

On Thursday February 11th, 2016, NANB Board members and staff were invited to participate and witness the Declaration of 100 years of regulating nursing practice in New Brunswick. What an overwhelming response by the government and opposition parties, whom recognized the value of nursing's contribution to the health of New Brunswickers. NANB received two standing ovations, the reading of a Ministerial Statement by Victor Boudreau, Minister of Health as well as recognition from Madeleine Dubé and David Coon, all of whom highlighted the advancements in the nursing profession, focusing on specialized roles in both education and research.

Perhaps the most poignant memories of that day though—are the stories from members of the Legislature about the excellent and expert care and kindness provided to them, their family and friends. Nursing was truly acknowledged and respected as a key part of our provincial health system; both historically and as we progress into the future. It was a privilege to be part of this celebration by members of the Legislature—another day to truly feel proud to be a member of the nursing profession!

LAURIE JANES
Executive Director
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NANB Priorities Discussed at MLA Breakfast

On Wednesday Feb 17th, 2016, the NANB Board of Directors and staff participated in a breakfast meeting with provincial MLAs. This breakfast event occurs every second year, and provides an excellent opportunity to speak about nurses and nursing roles in our ever changing healthcare system. Specific priorities and key messages with targeted questions for government representatives drove individual conversations at each table. These messages spoke to growing concerns regarding our nursing workforce and declining enrollment in nursing programs, as well as declining seats for students in nursing programs. Many discussions revolved around better understanding and utilization of nurse practitioners as primary health providers. Questions and concerns were expressed regarding the proposed management of Extramural services by Medavie. Discussions on the new entry to practice exam were of particular interest to francophone area representatives. This session represents one of many opportunities NB nurses have in 2016 to dialogue about—and advocate for—matters of public health and safety.

Please join in these conversations at your local Centennial reception; we look forward to hearing from you! A full calendar can be found on page 25.

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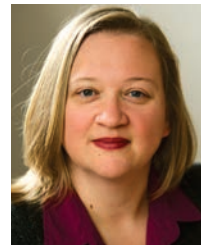
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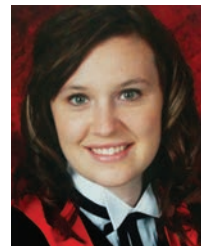
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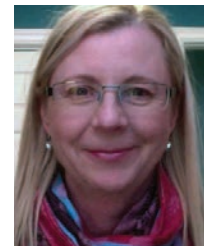
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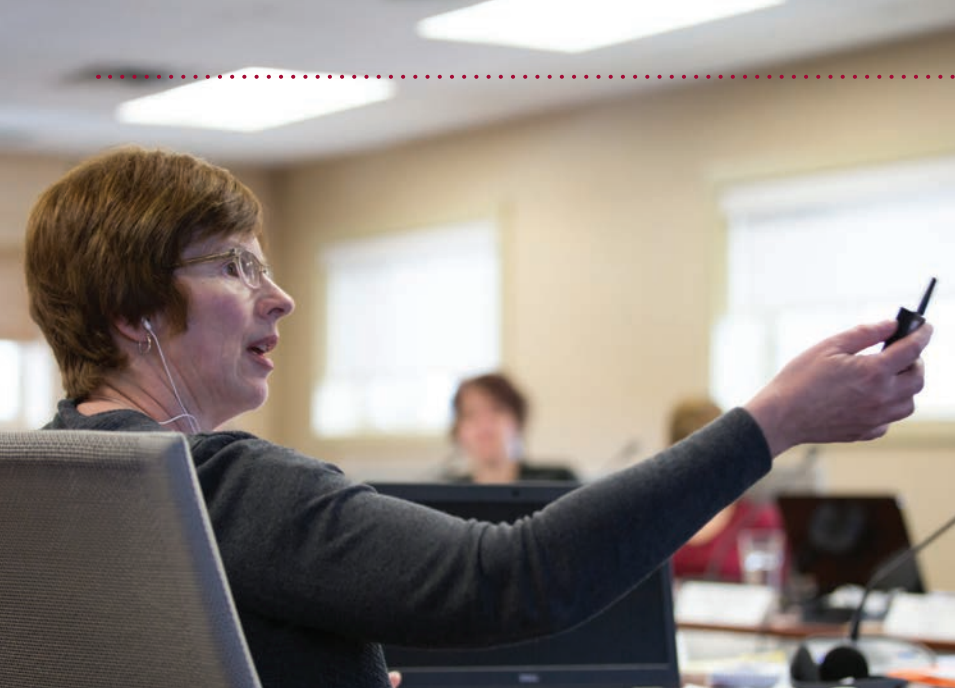

EDITOR'S NOTE: Correction to a Committee Member's Place of Work: previously published—Sharon Benoit, staff nurse, Neguac Community Health Centre and Miramichi TeleNephrology Unit, Tracadie (new). Corrected—Sharon Benoit, staff nurse, Miramichi Satellite Facility—Telenephrology Unit and Extra-Mural Program; and Neguac Community Health Centre

The Board of Directors met on February 16 & 17, 2016 at NANB Headquarters in Fredericton.

Policy Review

The Board reviewed policies related to:

- *Governance Process*
- *Executive Limitations*

The Board also approved amendment(s) to GP-6.2 Nominating Committee Terms of Reference and proposed NANB Rule Amendment.

Organizational Performance: Monitoring

The Board approved monitoring reports for the Ends policies, the Audited Financial Statement, 2016 Budget, Executive Limitations policies and Governance Process policies.

Board of Directors' & Committee Appointments

Board Elections

The Nominating Committee presented a slate of nominees for election to four director positions. Candidate information will be published in *Info Nursing* and available on the NANB website.

Results will be communicated following the election using all NANB communications tools. During the 100th Annual General Meeting, October 19, 2016, newly elected directors will be announced with the 2016-2017 Board of Directors.

Public Director Vacancies

The Board approved the following nominees to be submitted to the Lieutenant Governor in Council to fill two public director positions on the Board for a two year term beginning in September 2016:

- Joanne Sonier (Tabusintac)
- Carole Fournier (New Maryland)
- Rebecca Butler (Fredericton)
- Sally Richards (Nackawic)

Committee Vacancies

Nominations are required to replace committee members on the Nursing Education Advisory Committee, the Complaints Committee and the Discipline/Review Committee for two-year terms effective September 2016.

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

NANB/NBNU Joint Communication Meeting

The NANB Executive Committee and the NBNU Council met on December 10, 2015. Joint meetings are scheduled biannually to discuss issues of mutual interest and concern.

Continuing Competence Program (CCP) Audit

A report on the Continuing Competence Program Audit, which was conducted in the fall of 2015, was provided to the Board. The purpose of the audit questionnaire is to monitor compliance with the CCP. In 2015, 406 registered nurses and 10 nurse practitioners were randomly selected as part of the annual CCP Audit. Members were asked to complete an online questionnaire related to their CCP for the 2014 practice year. A total of 390 members completed the online questionnaire while one member required assistance. All members met the CCP requirements.

The next CCP Audit will be conducted in the fall of 2016 on the 2015 practice year. At that time, a random sample of 5% of all RNs and 10% of NPs will be audited.

NANB Document Review/Approval

The Board approved the following:

Revised Document(s)

- Approval of the *Nurse Refresher Program* in New Brunswick, to be renamed *Approval Review Process: Registered Nurse Re-Entry Programs*.

Endorsement of the Joint Position Statement(s)

- *The Palliative Approach to Care and the Role of the Nurse*

All documents / position statements referenced above are available on the NANB Website or call toll free 1-800-442-4417.

Nursing Education Advisory Committee

The Board approved the NEAC recommendations that:

- the University of New Brunswick Nurse Practitioner Program be granted an approval status for five (5) years and that going forward, the approval review cycle be for a period of five years;
- the University of New Brunswick Nurse Practitioner Program provide one progress report (March 1, 2018) outlining measures taken to address recommendations identified in the Approval Review Team's Report.
- the Université de Moncton Nurse Practitioner Program be granted an approval status for five (5) years and that going forward, the approval review cycle be for a period of five years; and
- the Université de Moncton Nurse Practitioner Program provide general feedback on the recommendations identified in the Approval Review Team's Report by March 1, 2018.

Government Relations

The Board hosted an MLA Breakfast on Wednesday February 17th, 2016, with approximately 20 MLAs in attendance providing the Association an opportunity to discuss key priorities for healthcare and how RNs & NPs are poised and eager to participate in the development and introduction of innovative health models that would improve access and health management needed in New Brunswick. See details on page 50.

Appointment of Chief Scrutineer

The Board appointed Monique Cormier-Daigle as Chief Scrutineer to oversee the election process and the voting on resolutions and motions at the 2016 and 2017 Annual General Meetings.

The appointment will be effective from February 2016–August 31, 2017.

Appointment of Complaints Committee Chairperson

Due to the resignation of the current Chair, NANB By-law 11.02C states the Board has the authority to fill committee vacancies. The Board appointed Dr. Monique Mallet Boucher, Senior Teaching Associate, Student Affairs and Faculty Engagement Coordinator, University of New Brunswick (Moncton), as member and Chair of the Complaints Committee for the remainder of the 2015–2016 term.

Centennial Planning & CNA Biennial Update

The Board received an update on centennial activities and promotional marketing initiatives to date including status of the 50 RN/NP sponsored contest open to all members, details of the commemorative painting competition with process for selection, and details on the Centennial Reception Tour.

Additionally, the Board received a schedule of events occurring at the CNA Biennial and sneak peek into the entertainment scheduled for the Awards Banquet.

Presentation

New Brunswick Department of Health Developing a Model for Health Human Resources Planning

Francine Bordage, Chief Nursing Officer/Nursing Resources Advisor with the Department of Health gave a presentation to the Board of Directors to provide an update on health human resource planning.

NANB provided details on membership statistics including registration and membership report 2015, as well as 2015 university admissions statistics.

Finances

The Board reviewed the 2015 Auditor's Report which reflected a $147,559 cash surplus. In the 2015 fiscal year, there were capital asset purchases of $439,880 and the Board supported a transfer of $220,278 from the Capital Fund for 2015 infrastructure enhancements to the building. The audited financial statements will be presented at the 2015 Annual General Meeting. The Board reviewed the 2016 budget. Planned expenditures for 2016 are approximately $4,027,477 with a surplus of $81,907. This represents a balanced budget in accordance with board policy.

Next Meeting

The next Board of Directors meeting will be held at the NANB Headquarters on May 31 and June 1, 2016.

Observers are welcome at all Board of Directors meetings. Please contact Paulette Poirier, Executive Assistant-Corporate Secretary:
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506-459-2858 / 1-800-442-4417 ■

NANB Board of Directors 2015–2016

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Director, Region 2	Jillian Ring, RN
Director, Region 3	Amy McLeod, RN
Director, Region 4	Jenny Toussaint, RN
Director, Region 5	Thérèse Thompson, NP
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

NANB's most recent prerecorded webinar available on NANB's website:
RNs and LPNs Working Together: Bringing the Best of Both Professions to Patient Care

This webinar aims 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

Canadian Nurses Foundation 2015–16 Award Recipients

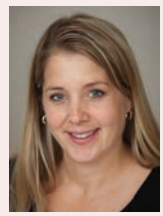
NANB CNA Centennial Award: Denise Leblanc-Kwaw

I began my nursing career after earning a baccalaureate degree in 1984 from the Université de Moncton in New Brunswick. I worked as a staff nurse in both large urban and small community hospitals in many areas including: psychiatry, emergency, and medical-surgical units, and cared for maternity, pediatric, and acute cardiac patients. I had the opportunity to work in the private sector, where I learned more about community nursing, business practices, and the products nurses use everyday. The next ten years of my career were focused on nursing informatics where I helped establish nursing workload measurement tools, documentation systems, and helped determine, define, and collect various healthcare statistics for provincial reporting.

During the last 14 years, I have worked in regulation, helping nurses meet the standards of practice and uphold public trust in the nursing profession. I have completed my graduate courses at the University of New Brunswick, and will begin my thesis in September, 2015.

My interest in parish nursing leads me to research spiritual nursing care with the hope of learning more on how parish nurses develop their spiritual nursing practice over time. I hope that my research can help develop nursing education programs and standards of practice that include spiritual nursing care for all patients.

This CNF scholarship will enable me to pay for the cost of conducting interviews and completing my research over the next year. By completing my Masters in Nursing program, I hope to be able to teach and work at the international level.



NANB Award: Jillian Ring

I am passionate about the integral role nurse practitioners have in improving access to primary care, promoting health, preventing illness, and managing chronic disease for individuals, families, and communities within the primary health care setting.

I am entering the final year of study as a nurse practitioner student and have recently added a thesis component to my graduate work. My research will explore how the public perceives and understands the nurse practitioner role in primary health care and how information about the role is disseminated to the public. I expect that my work will contribute to the research base regarding the nurse practitioner role in New Brunswick and beyond, gain a better understanding of the public's knowledge of the NP role, and ultimately promote its presence and value in the primary health care setting.

This award will facilitate my learning and research as I complete my graduate work while working part-time as a Registered Nurse in intensive care in Saint John, New Brunswick, advocating for the nursing profession and healthy public policy at a provincial level, and raising three small children.

I believe that a sustainable, publicly-funded health care system requires a shift in focus toward health promotion, illness prevention, and capacity building at the community level. I am a strong advocate for improved integration and utilization of the NP role in primary health care across Canada and am grateful to the Canadian Nurses Foundation and its donors for this recognition. ■

UNB Nursing Research Day: May 6, 2016

Moving Research to Policy and Beyond

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

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

Keynote Speakers:

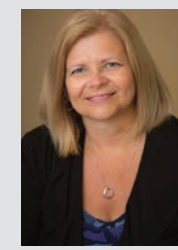
Dr. Roberta Woodgate, CIHR Applied Chair in Reproductive, Child & Youth Health Services & Policy Research; Faculty of Nursing, University of Manitoba

Dr. Woodgate will also give a public address titled: *Improving the lives of children with complex care needs and their families: What we need to know* on May 5, 7:00 pm, in room 53-MacLaggan Hall, UNB Fredericton Campus.

For more information visit our website: www.unb.ca/fredericton/nursing/21researchday.html or send email to fperry@unb.ca ■

President's Brief

Find it online at **www.nanb.nb.ca**



NCLEX-RN

National Council Licensure Examination–Registered Nurse

The NCLEX-RN is the current entry to practice examination to establish initial registration as a registered nurse. We wanted to take some time to tackle any questions you may have following the release of the preliminary results this past fall. Let's take a look at some of the myths and facts surrounding the NCLEX-RN:

Myth

The NCLEX-RN is an American exam.

FACT

The NCLEX-RN is neither "Canadian" nor "American"—it is a registered nursing exam. All of the exam's content has been reviewed by a Canadian team of nurses and clinical educators. As a nursing regulator, it's our responsibility to ensure the exam tests an applicant for basic competencies—competencies which are taught in Canada's nursing programs. A national Canadian practice analysis identified the knowledge, skills and abilities required of Canadian nurses in the first year of practice, and confirmed that the NCLEX-RN is a valid test of these competencies.

Originally published in the College of Registered Nurses of Manitoba Winter 2016 *NurseLink Issue.*

Myth

The French translations on the exam are poorly done.

FACT

A Canadian company uses federal translation standards to translate the exam from English to French. These translations are then reviewed by a panel of three to six Canadian bilingual nurses who practise in bilingual settings. All items that appear on an English version of the exam have been translated into French—any items not approved by the translation panels are removed from the French version of the exam.

Myth

Writers are failing the exam.

FACT

Many writers are passing the exam with pass rates varying among programs. Some programs will continue to have higher pass rates than others, as was the case with the former Canadian Registered Nurse Examination (CRNE). The preliminary NCLEX-RN results for the first six months of testing were released in September 2015. We cannot draw firm conclusions from these results yet because of the inconsistencies in the number of writing attempts across regulatory bodies and the small number of writers from some programs.

www.nanb.nb.ca

Make our website your first stop for accurate, up-to-date NCLEX-RN news. Check in at www.nanb.nb.ca for FAQs, resources and more.

Myth

Educators need to teach to the exam.

FACT

Educators should not teach to the exam; they should continue teaching to the required competencies. Because the NCLEX-RN tests competencies deemed necessary for a new RN to provide safe care, the same exam is used for Canadian and US entry to nursing practice. Those basic competencies are the same regardless of where the nurse is located, as shown by practice analyses of Canadian graduate nurses.

As the regulator, our requirement for this entry-to-practice exam is not to test all that educators have taught in a four-year curriculum. It determines if applicants have the competencies needed in their first year of nursing practice, such as pain management, medication administration, basic care and comfort, safety and infection control, and health promotion and maintenance.

Questions?

We're happy to answer any questions you may have about the NCLEX-RN. For more information, contact us at nanb@nanb.nb.ca or 1-800-442-4417.

Upcoming NANB and ANBLPN Joint Activity

The Nurses Association of New Brunswick and the Association of New Brunswick Licensed Practical Nurses are collaborating in the planning of joint on-site presentations targeting the long-term care setting, titled: *Intraprofessional Collaboration: RNs and LPNs Working Together.* This presentation aims 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.

A calendar of suggested dates for the different geographic areas of the province will be posted on both the NANB and the ANBLPN websites. Stay tuned and be the first ones to reserve a date in your area. ■

HALO (High Acuity, Low Opportunity)

February 8th and 10th 2016, NB Intensive Care Flight Nurses participated in an annual one-day training program called HALO (High Acuity, Low Opportunity)—airway management cadaver training. This training was offered at the Dalhousie University-Saint-John Campus. This education day (HALO) offers an in-depth airway training for health care professionals like Flight Nurses who participate actively with critically ill clientele requiring this type of advanced airway care. ■

Workplace Communications Network (WCN)

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

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

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

NANB would like to thank and acknowledge all our Workplace Representatives for keeping our members informed.

For a complete list of all NANB's Workplace Representatives visit www.nanb.nb.ca under *About NANB*. ■

Hours & Dates

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

NANB WILL BE CLOSED		DATES TO REMEMBER	
May 23	Victoria Day	May 9–15	National Nursing Week
July 1	Canada Day	June 20–22	CNA Biennial Convention
August 1	New Brunswick Day	October 19	NANB's AGM
September 5	Labour Day		

Looking for Work in a Digital Age

Exploring How Digital Tools can Improve Health and Healthcare

By ROB FRASER

According to the advice of Manager-Tools.com (career and management development tools), there are two major components to a successful career, delivering results and building relationships. Your results traditionally were captured by your resume, which was sent by mail and eventually email to potential employers. The relationships were built slowly over time with your classmates, colleagues, and others you met at meetings, conferences or other professional events. While the fundamentals of what make an individual career successful (results and relationships) is still the same, how we can go about tracking and sharing our results, as well as building relationships, has changed.

Sharing your experience

Social media profiles by nature have some degree of a social component. They require you to provide a username and information about yourself (biography, location, etc.). It was recommended in previous Connecting Nurses articles, that developing a document that contains your information (e.g. work history, personal statement) and quality image is helpful for setting up new profiles. This will help you take full advantage of the ability to provide professional information without taking a lot of time.

LinkedIn has become the standard for professional networking. Taking time to make sure you have your account up to date is important. Completing your relevant work history, at a minimum, provides others with insight into your general experience. The next level is to provide short builds of the outcomes or results you helped your employer accomplish. This is the best way to stand out. It shows that you not only had the same responsibilities as anyone else in that role, but you were able to go above and beyond. Perhaps by helping implement a new practice, improve the quality of services, or completing certifications relevant to your career.

Being prepared with your career experience will help you ensure your profile is up to date regardless of the service you are using. Your profile on sites like Mendeley or ResearchGate will help others understand your expertise. Having an up to date biography will also make it simple to change your information online when you come across a profile, you signed up for previously, and may not have used since changing jobs, or upgrading skills. Having this information up to date makes it more likely that others may connect with you in order to offer you opportunities or develop relationships.

Build relationships

The way we build relationships have changed as well; the way we communicate means we can maintain and begin relationships in new ways. Relationships are different than connections, a large or small number of connections on a social profile does not

create value in itself. Rather, having a healthy relationship is valuable to your career. Having others that know your interests, what you have accomplished, what you aspire to do, or that trust you, can help you advance your career.

A key part of relationships is maintaining them. The people you go to nursing school with, you may always have a deep connection to, however, if you do not stay in touch, you will lose that strong relationship. Connecting with your classmates, co-workers (even at a placement or short term contract), or those that you have met at conferences, will allow you the means to stay in touch. However, it is up to you to develop habits to actually reach out and stay in touch with others.

Online profiles also allow you and others to initiate relationships. This may seem odd for many, however, it is becoming much more common practice. Rather than being limited to those in your day-to-day encounters, it is possible to focus on other shared commonalities and interests to begin relationships. If you are interested in a certain area, you can use social networks to follow, connect, and engage with others that share the same interest.

Others may also reach out to you, based on your profile. Organizations looking to recruit, recruiters building their network for potential job placements, collaborators interested in expanding their network or those looking for a mentor. It is up to you to decide which opportunities to accept based on your interests and who you would like to develop a relationship with. There may not be an apparent issue accepting connections, however, notifications that you are not interested in and dilution of the connections you do value, has a cost.

Exploring Options

Beyond focusing on building your career, social media provides tools to research career options. Online tools can be used to conduct research on career opportunities, as well as evaluate organizations you are considering working at.

There are numerous online postings sites for jobs. Nursing associations are a great source for local nursing opportunities. Wider ranging job boards, provide additional insight into job availability as well as the organization. Indeed.com is a website that has job postings from across Canada, and the US. It allows you to look in your area as well as around the world.

Another resource for assessing organizations you may be interested in working for, is Glassdoor.com. This website provides insights into organizations from current and past employees. It allows you to share or view questions asked in the interview, salary listings as well as averages, and employee perceptions of the work environment, company direction and impressions of the CEO. This information can provide you with insights about the work environment or opportunity you are considering, and whether it is one you wish to pursue.

Summary

Career fundamentals are critical to career advancement, your day-to-day work and ability to work with others is critical. That said, there are many new tools that can help you create new opportunities by sharing your skills and developing relationships, which nurses can use to their advantage. ■

Defining the RN Role

By VIRGIL GUITARD

Here's what RNs had to say...

The NB health care environment continues to be in a state of transition, and now, more than ever, we must be able to work together as RNs in order to promote and move our profession forward. Registered nurses are the largest group of health care professionals in the province and are deployed across the spectrum of care. A significant body of research has demonstrated that the presence of RNs positively influences patient outcomes.[1] NANB strongly believes that RNs must contribute to support an efficient and effective healthcare system. In order to do so, we need to understand the unique contributions and value-added services that RNs bring to patient care and to the health care environment.

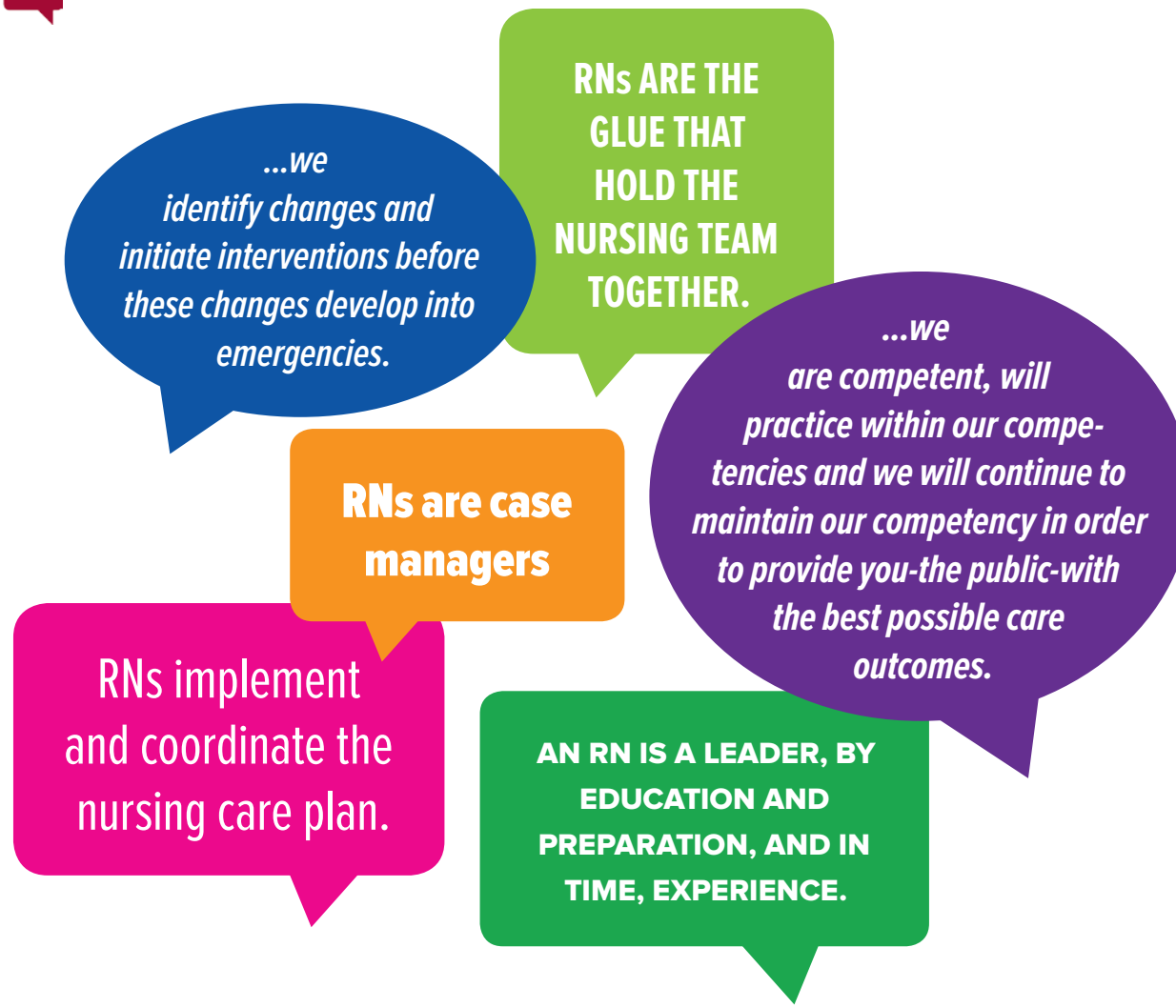
In November 2015, NANB launched a virtual discussion with its 8,900 members regarding the role of the RN. This virtual forum was intended to begin a dialogue on what makes RNs unique in the provision of nursing care and the contribution we make within the health care delivery system. We hope that the outcomes of these discussions will help you, as RNs, better articulate and re-affirm your roles in the health care system.

RNs are Leaders in Their Practice

Nursing leaders play a key role in shaping the nursing profession in being more responsive to our changing healthcare system. Important qualities of effective nursing leaders include being an advocate for quality care, collaborator, articulate communicator, mentor, risk-taker, role model and visionary.[2] Respondents stressed that the extensive, wide-ranging education that RNs receive allows them to fulfill the role of leader in all areas of practice. RNs wrote that being a registered nurse is more than performing tasks. RNs ensure patients receive optimal care and they advocate on their patient's behalf when required. Participants also told us that with their knowledge and expertise, RNs are "conductors" for the implementation of the nursing care plan and this ensures the best possible outcomes for patients.

RNs' Practice is Knowledge-based

Evidence-based education and knowledge is the corner stone of RN practice and is essential for optimizing patient outcomes, improving clinical practice, achieving cost-effective nursing care and ensuring accountability and



transparency in decision-making. It is also the hallmark of our profession and lends credibility in the eyes of our colleagues, collaborators and patients.

RNs told us that their education, knowledge and varying competencies enable them to practise at many levels, whether it be at the bedside providing direct care to patient or in coordinating the care that is required. RNs think critically, look at the "big" picture and coordinate care in a holistic manner. Participants also said they apply knowledge in different ways when evaluating, planning and assessing nursing care which is what makes them "unique" in the nursing care team.

RNs Deliver and Coordinate Nursing Care

Many participants described their role as being the key coordinator of nursing care. Regardless of their domain of practice, they told us that they were the "facilitators" for of the delivery of safe and competent nursing care. The Canadian Nurses Association's document titled: *Framework for the Practice of Registered Nurses in Canada*[3] (2015) states that: *RNs will increasingly lead collaborative teams of healthcare professionals and support staff and will lead and coordinate individuals and communities in managing their own health.* Participants said that they coordinate the delivery of the care plan by deciding which nursing team member is best suited to meet a patient's needs by considering the patient, the competency of available nursing providers and the environment. Because of the greater depth and breadth of foundational nursing knowledge, RNs described how their role changes when patient care becomes increasingly complex, moving from providing advice, to sharing or collaborating in care delivery or when required, taking over the patient assignment.

As I read the comments received, it was clearly visible that the RN role is very broad and that RNs play a part in most health care services delivered to our population. RN practice is based on knowledge and expertise that is acquired through formal education and by experience. RN practice is broad and "*consists of diverse yet interrelated domains of activity, including clinical practice, education, administration, research and policy. RNs with positions outside of direct client-centered care support those who provide it while bringing leadership to the health system, collaborative practice, health care planning, and patient safety and promoting system-wide efficiency and effectiveness*" (CNA, 2015). This "picture" of nursing practice in Canada was reflected by many participants in the forum. Although it is sometimes challenging to explain these different roles, this discussion clearly demonstrated that RNs have the language and must continue to take every opportunity to voice this information to other health care colleagues and patients. ■

Violence is Not Part of Your Job!

Horizon's Workplace Violence Prevention Program

By MARILYN BABINEAU

Workplace violence situations are an unfortunate reality in the industry of health care. According to a 2006 Statistics Canada survey, 30% of all nurses in New Brunswick reported that they had been physically abused and 42% reported emotional abuse from a patient. Literature has shown that workplace violence is one of the most complex and dangerous occupational hazards facing nurses working in today's health care environment.

The complexities arise in part from a culture resistant to consider that health care providers are at real risk for patient-related violence, combined with complacency that violence is seen as "just part of the job". Other contributing factors include the exposure to aggressive behaviours and the absence of strong violence prevention programs and protective regulations in the workplace. In 2014, Horizon Health Network (Horizon) formed a Workplace Violence Prevention Steering Committee dedicated to reducing incidents of workplace violence. The collaborative committee includes representation from senior leadership, front-line staff including nurses, a patient representative, and union partners.

The mandate of the Workplace Violence Prevention Steering Committee was to develop and recommend a framework to operationalize the Workplace Violence Prevention Policy, standardize reporting mechanisms, risk assessment processes, employee support programs and to make violence prevention a priority for all. The Steering Committee focused on five key areas: in-patient clinical areas, community/home care and clinic settings, staff support, staff education, and data collection and sustainability of the program going forward. The mandate was to create a safe and secure work environment, and reduce incidents of violence for employees, patients and their family members, and the public.

Safety must be a priority for all of us at Horizon; including employees and patients/clients. Our Workplace Violence Prevention Program identifies three actions, regardless of care setting, that will enable all of us to be better prepared when faced with workplace violence. The three actions are: *Anticipate*, *Respond* and *Report*. These three distinct actions have one common goal: **prevent workplace violence**.

Anticipate

This is the prevention and preparedness arm of the program. It is a call to action for everyone to do what they can to anticipate workplace violence situations and to reduce and/or mitigate potential situations BEFORE they occur. Each manager, working with their health care team is required to assess their work area to identify risks and develop plans to address these risks.

Respond

This action calls on each of us to possess the necessary capability, knowledge and skills to respond to cases of real or perceived situations of workplace

violence. Horizon provides core training and area-specific training to employees performing duties with an increased risk of workplace violence. These training opportunities address key elements relating to workplace violence and harassment policies, reporting and resolution initiatives, identifying suspicious behaviours, and providing the information employees need to understand roles and responsibilities. Education for staff, specific to the type of patient population they are working with, has been developed with a goal of enhancing the skills of the staff working in that particular area. Horizon's workplace violence prevention training addresses situations for staff working with agitated patients in mental health or emergency department settings, the elderly dementia patients in our medical beds, and those with a history of assault. This training also includes the importance of building plans by the care team, based on individual needs, recognizing that each patient is unique and that one size does not fit all.

Report

This action highlights the importance of reporting ALL instances of workplace violence, including near-miss situations where Horizon uses this information for the purposes of measurement and process improvement. Reporting is a foundational piece of Horizon's program and this will enable us to continually review our processes and seek process improvement opportunities. As patients and care settings are unique, reporting will take all of us working together to make the best informed decisions that hold safety in the highest regard. Each of us is responsible to report ALL observed or experienced behaviours of concern and acts of violence and/or near-miss incidents. In this program, reporting triggers a response from the Employee Health and Wellness team to provide support for an employee who was involved in an incident. It is the responsibility of all involved, including the manager, director or supervisor to ensure that appropriate services are offered to employees and at the appropriate time. This support may include medical care, defusing and/or debriefing and reassignment if required.

Everyone in Horizon Health Network has a role to play in the success of the Workplace Violence Prevention Program. Preventing violence is a coordinated approach where certain roles have key responsibilities. With this program, Horizon has committed to providing a safe workplace where violence is not part of the job. This program will continue to evolve and as it does additional tools including education will be developed to meet the needs of staff across the organization. ■

Violence in the Workplace
New Brunswick Nursing Home Toolkit

By DENISE PARADIS

The launch of the Nursing Home Workplace Violence Prevention Working Group was centered on a letter of intent adjoined to the last collective agreement between the New Brunswick Association of Nursing Homes (NBANH) and the New Brunswick Nurses Union (NBNU) to develop a Province-wide Workplace Violence Prevention Program.

Along with frontline representation, the committee quickly grew to include representatives from New Brunswick Continuing Care Safety Association (NBCCSA) and WorkSafeNB to combine resources and expertise to create a practical prevention toolkit for every nursing home in the province.

Nursing homes serve as a resident's home first in which a variety of services are provided, including medical care. This makes for a very unique work environment and requires a specialized approach to respect the needs of such a vulnerable population and protect workers at the same time.

Phase I of the kit is focused on bringing awareness to the increasing risks of workplace violence in today's nursing home. It is important that the message not only target frontline workers but to also reach board of directors, management, residents and their sponsors.

The first step is to get the issue out in the open and to define violence in a nursing home setting.

It is any incident in which a person is threatened, abused or assaulted, including all forms of physical, verbal, psychological or sexual harassment, bullying, intimidation, threats, robbery or other uninvited disruptive behaviours. Violence can be perpetrated by residents, visitors, workers and individuals who hold no relationship to the nursing home, its residents or the workers. This definition includes violence that arises out of a person's medical condition.

Every toolkit includes:

- Defined roles & responsibilities as well as Conduct Agreements designed specifically for board of directors, management, workers and residents (and sponsors).
- Posters and pamphlets encouraging workers to report all incidents of violence to their supervisors.
- "Safety Talks" monthly discussion cards with scenarios and conversation points around various topics relating to violence prevention.
- Access to an online Violence Risk Assessment tool

The Working Group has begun developing the direction for Phase II which will focus more on preventative training. Some of the initiatives coming forward include, creating webinars to help managers implement prevention programs, Dementia e-learning videos and Ufirst & Non-violent Crisis Intervention training for frontline staff.

For more information please visit: http://worksafenb.ca/nursing-homes. ■

REGION 3 VOTES!

Meet Your Candidates

Region 3
Susan McCully

Region 3
Amy McLeod

Region 3
Kathleen Sheppard

Region 1–*Acclaimed*
Joanne LeBlanc Chiasson

Region 5–*Acclaimed*
Thérèse Thompson

Region 7–*Acclaimed*
Lisa Keirstead Johnson

NANB practising members residing in Region 3 are eligible to vote for their region director.

Voting period begins Friday, April 15 at 9:00 am and ends Friday, April 29 at 5:00 pm.

acclaimed

Region 1:
Joanne LeBlanc-Chiasson

Education

1990: Bachelor of Science in Nursing, Université de Moncton

Additional Education

2014: Certificate in Contemporary Management, Continuing Education, Université de Moncton

2013: Certified as nurse navigator on breast health, EduCare Charleston, North Carolina

2004: Certification in clinical research, SOCRA

Present Position

Coordinator for the breast health program, Dr. Georges-L.-Dumont University Hospital Centre, Moncton, NB

Professional Activities

2014–present: NANB, Board of Directors, Region 1 Representative

2013–2014: Member, NB Breast and Women's Cancer Partnership Advisory Committee.

2013–2014: Member, Information Development and Distribution Sub-Committee of the NB Breast and Women's Cancer Partnership.

2012–2014: Member, Organizing Committee, Colloques francophones sur le cancer du sein

2012–2014: Member, Advisory Committee of the NB Breast Cancer Screening Service

2012: Excellence of Care Award as nurse manager

2007–2012: Member, Provincial GIS Advisory Committees (Department of Health) for outpatient care, nephrology, medical oncology

Nominated by

Monique Cormier-Daigle and Marise Auffrey

Reason for Accepting Nomination:

During my first mandate on the Board, I highlighted the importance and the extent of the diligent work and responsibilities our professional association carries out to fulfil its mandate of self-regulation, supporting practice and protecting the public.

I accept the nomination to the position of director for Region 1 on the Board of directors of our professional association for a second mandate in order to pursue my commitment to promoting the role of nurses and the delivery of safe and competent care.

More than ever, nurses must be at the forefront to guide the direction of health care in NB and ensure access to services and the sustainability of the system, and continue to advance the profession.

Our association plays a fundamental role in ensuring that nursing practice in this period of reform is safe, well-oriented and supporting progress. I would be honored to have the opportunity to contribute to this dimension of our practice during a second mandate.

voting

Region 3:
Susan McCully

Education

2006: Bachelor of Nursing, UNB, Fredericton

Additional Education

Memorial University of Newfoundland, Master of Nursing in Research, pending graduation this spring

2000: New Brunswick Community College, Pharmacy Technician

Present Position

Doctor Everett Chalmers Hospital-Neonatal Intensive Care, staff nurse; Clinical Research Coordinator

Pine Grove Nursing Home, staff nurse (casual); The Health Care Team-Wellness/Flu Clinic Coordinator

Professional Activities

In between working in my varied areas of clinical practice I enjoy time with my family consisting of my husband and three children aged 6, 4, and 3 which keeps me busy. In my spare time I am just in the process of finishing my masters of nursing in research. I also enjoy spending time at Crossfit Biometrics and running.

Nominated By

Julie MacDonald and Heather Horwood

Reason for Accepting Nomination:

I have accepted this nomination because I feel that I am at a point in my career that I can make a significant contribution. I have a few years of experience in nursing, and that experience is in varied practice settings. I am familiar with the nursing education system in New Brunswick, as well as the challenges associated with continuing education. I have experience as a hospital nurse, a nursing home nurse, and most recently a research nurse. I feel that my well rounded clinical practice would be an asset to the board of directors.

voting

Region 3:
Amy McLeod

Education

2010: Bachelors of Nursing, UNB Fredericton

1986: Nursing Program, A.J. MacMaster School of Nursing, Moncton, NB

Additional Education

Certified in BCLS, ACLS, TNCC and ENPC Athabasca University, Masters of Health Studies

2015: RNTTDC- Regional Nursing Trauma Team Development Course

2012: CNA Recertification ER Nursing

2008: SANE- Sexual Assault Nurse Examiner

2007–2008: Certificate from NB Critical Care Nursing Program, emergency stream

2007: CNA Certification ER Nursing

2005: Nursing Excellence Award for Advancing the Profession, Region 3 Corp.

Present Position

Nurse, Emergency Department, Upper River Valley Hospital, Waterville, NB

Professional Activities

Present: Horizon Standards and Policy Committee

2013–present: NANB, Board of Directors, Region 3 Representative

2010–present: Horizon Nursing Council

2010: Patient Flow Committee

2004–2010: Professional Practice Committee

2002–2014: Critical Incident Stress Management

2000–2002: Nursing Retention Steering Committee

Nominated By

Rebecca Kennedy and Leanne Pelletier-O'Hara

Reason for Accepting Nomination

I am seeking re-election to the Board of Directors at the NANB as Region 3 Director. I have been honored to represent Region 3 over the past three years and would love to continue in this role for another term. I have 30 years' experience with bedside nursing. In this time of rapid change in health care, I believe the opinion and expertise of front line staff at this level of decision-making is vital. Thank you for your consideration.

voting

Region 3:
Kathleen Sheppard

Education

1999: Bachelor of Nursing, UNB, Fredericton

Additional Education

2012: Masters of Nursing, Nurse Educator Stream, UNB

2015: BCLS Certification

2015: Lean Six Sigma White Belt

2013: Projects Management Workshop

2012: LEADS in a Caring Environment Learning Series

2012: Lean Six Sigma Process Owner Training

2011: HCS Supervisory Development Program

2005: Clinical Leadership for Staff Nurses

2005: Chemotherapy Administration Certification

Present Position

Nurse Manager of 3SW Family Medicine Unit and the Cardiac Care Unit – Dr. Everett Chalmers Regional Hospital

Professional Activities

2012-present: NANB Complaints Committee Member

2015: NCLEX-RN Panel of Judges Standard Setting Workshop

2015: Preceptor for UNB Masters of Nursing Student clinical practicum

2015: Horizon Engagement Summit

2007–2010: The Pediatric Lifestyle Management Program team member

2004–2005: Volunteer for the Second Story Clinic in association with Planned Parenthood

Nominated By

Darline Cogswell and Olena Roussel

Reason for Accepting Nomination

It would be a privilege to represent Region 3 on NANB's Board of Directors. I am a registered nurse with more than 15 years of experience. I work daily with nurses, patients and families allowing me to see many challenges and opportunities that exist in New Brunswick health care today. I have a long-standing passion for nursing and I would value the opportunity to work with NANB to positively influence the nursing profession, health care policies, the quality of patient care and work environments.

acclaimed

Region 5:
Thérèse Thompson

Education

1982: Diploma, Nursing, Collège communautaire de Bathurst

Additional Education

2006: Master of Nursing, University of New Brunswick

Concentration: Nursing (Nurse Practitioner Stream)

Report: What is the evidence that supports the addition of nurse practitioners to the health care teams working in Canadian heart failure clinics?

2004: Nurse practitioner, University of New Brunswick

2001: Certificate, Education of Adults, Université de Moncton

1992: B.N, Université de Moncton, Centre de Shippagan

Present Position

Nurse practitioner, Vitalité Health Network, Zone 5, Campbellton, NB

Professional Activities

2014–present: NANB, Board of Directors, Region 5 Representative

2011–2013: Member, Executive Committee, Secretary for the Canadian Association for Advanced Practice Nurses (CAAPN)

2013–present: Member, provincial working group on NP practice

2012–present: Member, provincial working group—shadow billing for nurse practitioner

2010–2012: Member, working group—chronic disease management, Vitalité Health Network

2010–2013: Member, Organizing Committee, Vitalité Health Network-Forum on chronic disease prevention and management (October 2010)

2010–present: Member, NP advisory committee, Vitalité Health Network

2010–2012: Chairperson, Nurse Practitioners of New Brunswick Interest Group

2010: Member, NPCC (Nurse Practitioner Council of Canada)

2009–2011: Member, Leaders Network, Vitalité Health Network

2009–2013: Board Member, Canadian Breast Cancer Foundation, Atlantic Provinces

2008–2013: Member, Primary Health Care Steering Committee

2011: Member, Primary Health Care Summit Organizing Committee, Fredericton, NB

2009–2012: Member, Canadian Heart Failure Network (CHFN) Nursing Committee

2008–2009: Member, New Brunswick Nurse Practitioner Initiative Roundtable

Nominated By

Nathalie Boissonneault and Jacqueline Levesque

Reason for Accepting Nomination

I am filled with enthusiasm and honoured to accept nomination as director for Region 5 on the Board of the Nurses Association of New Brunswick. I believe that the experience I have gained during my first mandate has allowed me to better understand the issues facing our profession and the extent of involvement NANB has, provincially, in helping shape our health care system. It would be a privilege to continue in this position and be a voice for nurses which support the Associations mission in protecting the public and advancing the nursing profession.

acclaimed

Region 7:
Lisa Keirstead Johnson

Education

1988: Bachelor of Nursing, University of New Brunswick

Additional Education

2015: Workplace Education Recertification (CPR)

2013: Confidentiality, WHMIS, Fire/ Disaster, safety, etc.

2011: NVCI (Non Violent Crisis Intervention-recert)

2010 : Graduate Certificate, Adult Education, University of New Brunswick

2010: Falls Prevention safety Facilitator

2010: Suicide intervention-ASSIST-recert

2007: Graduate Certificate, Education, Instructor Development Program, New Brunswick Community College

Present Position

Nursing Practice Coordinator, Miramichi Regional Hospital

Professional Activities

2014–present: NANB, Board of Directors, Region 7 Representative

2015–NANB Awards Committee Member

2011–2016: Current Certification, Canadian Nurses Association, Psychiatric Mental Health Nursing CPMHN(C)

Member, Fundraising Chair and Past President of New Brunswick Mental Health Nurses Group (NANB Interest Group)

Nominated By

Sharon Williston and Dawn Haddad

Reason for Accepting Nomination

I am pleased to accept this nomination and the possibility of returning for a second term on the Board of Directors. The past two years have provided a great experience and a new perspective through participation in a variety of events and complex challenges. I welcome the opportunity to represent my nursing peers and to continue working with this Board during this very interesting time in nursing in New Brunswick.

Do Nurses Need More Advance Directive Education?

By EMILY HART

Advance directives (ADs), or living wills, are documents that ensure individuals' values, autonomy, and dignity are respected; these concepts are exemplified by the Canadian Nurses Association *Code of Ethics for Registered Nurses* (2008). Unfortunately, current research indicates that North American nurses need to be provided with more support and preparation to effectively inform patients about ADs. The results of a short survey distributed to a small group of New Brunswick (NB) nurses support this conclusion.

After working five years in an intensive care unit, I began to see the importance of ADs and the need for families to discuss end-of-life care preferences. I have watched many family members make medical decisions for a loved one. In many cases, these family members were unaware of the ill relative's preferences or goals of care. These circumstances often left the family feeling guilty and occasionally caused tension among family members. I had limited knowledge about AD legislation or implementation and did not feel prepared to educate patients and their families about end of life care planning. As a result, I decided to learn more about ADs and the nurses' role with these documents through a Masters of Nursing practicum.

Due to changing legislation, an aging population, and modern medicine, there has been increased focus and increased attention in society on preparation for end-of-life needs. Since the Supreme Court of Canada ruled that it is no longer a criminal offence to assist someone in ending his or her life, the media have covered related issues from many perspectives. Recently, professional bodies have spoken out as well. The *Canadian Nurse* journal has published a three-part article series focused on the nursing ethical perspectives on end-of-life issues. Last year's *Info Nursing*'s spring issue itself, featured an article discussing the opinions of NB registered nurses (RNs) regarding the implications of the recent Supreme Court of Canada decision for nursing practice.

Ideally, education and discussions about end-of-life decisions take place outside of a health institution to ensure that individuals have sufficient time to consider the implications; however, most people are first exposed to this topic in an acute care setting (Duke, Yarbrough, & Pang, 2009). As a consequence, health professionals often find themselves playing the role of expert when educating patients about end-of-life topics and the challenging related legal documenta-

tion. Because RNs have consistent interaction with patients and their families, they are perfectly positioned to initiate living will discussions and education (Ryan & Jezewski, 2012). However, a Nova Scotian survey in the late 1990s concluded that while nurses had a good attitude towards living wills, they lacked a clear understanding of them (Downe-Wamboldt, Butler, & Coughlan, 1998). Current research indicates that North American nurses, in general, do not feel they have a good understanding of ADs nor do they have sufficient preparation to advocate for their patients (Jezewski et al., 2005; Briggs, 2002).

In response to such findings, I developed a short survey with the intention of learning about the level of knowledge and attitudes regarding ADs among nurses in NB. The survey, distributed to a small number of nurses, revealed that most participants did not agree that health care professionals always respected patient's medical wishes. Also notable, most indicated that they did not receive formal education regarding legal aspects of ADs during their nursing programs. Moreover, the majority of participants were unaware of provincial AD legislation and basic AD terminology, and less than half of participants indicated they felt prepared to educate patients about ADs. Though the survey sample size was small, the information provided by the nurses was relevant and confirmed the conclusions of broader research: the lack of AD knowledge among nurses is an issue that needs to be addressed.

Since there is no concurrent federal legislation on ADs in Canada to guide nurses, there is a need for practitioners to become aware of their provincial policies. In Canada, most provinces developed AD legislation from 1990 to 2000 (Garrett, Tuokko, Stajduher, Lindsay, & Buehler, 2008). However, NB is the only province still without such legislation and important legal guidelines for end-of-life care (Government of New Brunswick, 2008). Unfortunately, this means that New Brunswickers cannot indicate healthcare preferences in a legally binding living will. However, individuals in NB can have Power of Attorneys and can designate a proxy (substitute) decision maker. Therefore, while a designated proxy can make medical decisions for someone who is incapacitated, the directions and medical specifics communicated to a proxy decision maker by a donor only have moral force.

Two Categories of Advance Directives:

- instruction directives
- proxy directives

Instruction directive (living wills): outlines medical treatment and interventional preferences.

Proxy directive (Power of Attorney): written document that legally appoints someone to make decisions regarding property, financial affairs and/or personal care.

Donor or principal: person appointing a decision maker

Donee, agent, or health care proxy: legally appointed decision maker

Concepts to Guide Discussion:

- Definition of independence
- Self-sufficiency
- Dying preferences
- Family support
- Life sustaining measures
- Surrogate decision measures

Nurses can strengthen their patient advocacy abilities by understanding their provincial legislation and agency policies. Pursuing this knowledge can build personal and professional confidence in initiating end-of-life discussions and encouraging patients to consider a proxy decision maker. Downe-Wamboldt, Butler and Coughlan (1998) acknowledged this and stated, "Nurses and other health-care professionals need to be cognizant of current legislation regarding living wills, as well as policies concerning their use within agencies, to ensure that the client's right to choose is upheld" (p.162). Health care facilities have policies that support patients' right to make decisions should they become incapacitated .Examples are: Substitute decision maker; power of attorney for personal care; and resuscitation level policies. Nurses, by familiarizing themselves with their agency policies, can activate in-agency systems to ensure patients are given opportunities to consider these serious personal decisions.

RNs, in general, are not provided with enough formal training on ADs and are not required to assist patients in completing documents related to code status and end of life choice. However, there are resources available that can be accessed should a nurse require support regarding patient education. The Social Work Department and the Patient Advocacy Office are possible resources that could be approached if a nurse has questions about legal documentation and methods of discussing end-of-life options with a patient. Physicians can support nurses as well by discussing code statuses with patients. Nurses are often aware of family dynamics and are in a position to advocate for patients who are making important medical decisions. Nurses can initiate discussions with patients and their families if the circumstance is appropriate and have the responsibility, following a patient's decisions, to chart that person's preferences. While it is important for nurses to understand provincial/territorial legislation and agency policies, it is important for nurses to work towards improving the communication among patients and their families regarding end-of-life care decisions.

While reading about ADs, I became aware of several helpful questions outlined by Kroning (2014) that could stimulate and/or guide end-of-life discussions- questions I wish I had known when I was an intensive care nurse:

1. If you cannot make your health care decisions yourself, whom would you want to make them on your behalf?
2. What kind of medical treatment would you want or not want in your final days?
3. What would make you comfortable at the end-of-life?
4. What environment would you prefer to be in at the end-of- life?
5. What do you want your loved ones to know about your wishes?

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Congratulations!

50 RNs & NPs

NANB is pleased to announce the following NB nurses representing all regions of the province who will attend CNA's Biennial Convention—June 20–22 in Saint John, NB.

Babineau, Marilyn	Moncton
Basque, Marie Chantal	St-Irénée
Bernard, Giselle	Dieppe
Blanchet, Marie-Pier	Dieppe
Boudreau, Marilyne	Petit-Rocher
Branch, Phyllis	Riverview
Burkholder, Kate	St. Stephen
Cook, Colleen	Moncton
Corrigan, Margaret	Dalhousie
Cox, Polly	Lord's Cove
Cyr, Françoise	Saint-Basile
DeCourcey, Darlene	Rothesay
DeLong, Susan	Quispamsis
Dickinson, Krista	Hartland
Donovan, Paula	South Esk.
Doucet, Janet	Coles Island
Fenton, Dawn	Riverview
Fitch, Susan	Upper Kingsclear
Fogarty, Janet	Dieppe
Gilbert, Laurie	Wickham
Greechan, Kimberly	Islandview
Haché, Louise	Inkerman
Hindan-Ugabi, Phoebe	Rothesay
Hubbard, Michelle	Miramichi
Jones, Shelley	Salisbury

Kerry, June	Fredericton
Labrie, Nicole	Saint-Quentin
Lavallée, Angel	Eel River Crossing
Lewis, Loren	Moncton
Marquis, France	Edmundston
Martin, Susan	Hampton
Martin Cyr, Bernice	Saint-Léonard
McQuinn, Patricia	Moncton
Morin, Josée	Dieppe
Nevers, Dawn	Hartland
Pallot, Nathalie	Saint-Amateur
Ramsay, Cynthia	Bathurst
Robichaud, Paulette	Moncton
Smith, Louise	Oromocto
Snodgrass, Lisa	Hampton
Sprague Morris, Ellen	New Maryland
Steeves, Lisa	Riverview
Steeves, Carolyn	Grand Bay
Tarjan, Roxanne	Grand Bay
Torpe, Melissa	Oromocto
Tozer Johnston, Ann	Whitney
Vautier, Roberte	Fredericton
Vickers, Martha	North Tetagouche
Wallace, Marie	Dieppe
Wilkins, Adam	Saint John

Bonus Prize

Two of the above nurse winners will also be awarded an additional night stay and ticket to attend CNF's Reception announcing NANB's PhD Scholarship. Winners will be selected based on their initial answers to the self-regulation question. Answers will be published in the next issue of *Info Nursing*.

NANB CENTENNIAL CALENDAR

JANUARY

- **JANUARY 1:** Launch of NANB Centennial Facebook & Twitter pages

S	M	T	W	T	F	S
27	28	29	30	31	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31	1	2	3	4	5	6

FEBRUARY

- **FEBRUARY 11:** Premier's Centennial Declaration
- **FEBRUARY 17:** MLA Breakfast

S	M	T	W	T	F	S
31	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	1	2	3	4	5

MARCH

Special Centennial-themed *Info Nursing* with 12-month calendar, announcement of 50 sponsored RNs/NPs and keepsakes

S	M	T	W	T	F	S
28	29	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31	1	2

APRIL

11-Region Reception provincial tour begins:

- **APRIL 5:** Charlotte County, 5–7 pm, Algonquin Resort Hotel
- **APRIL 6:** Edmundston, 6–8 pm, UdeM Campus, Edmundston
- **APRIL 7:** Carleton-Victoria, 7–9 pm, Connell House, Woodstock
- **APRIL 19:** York Sunbury, 6–8 pm, NANB Headquarters
- **APRIL 20:** Moncton, 5–7 pm , Four Points Sheraton
- **APRIL 21:** Sussex, 5–7 pm, All Season's Restaurant

S	M	T	W	T	F	S
27	28	29	30	31	1	2
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MAY

NB Museum's Nurse Exhibit provincial tour begins (May–Dec)

Municipalities declaration

- **MAY 9–15:** National Nursing Week activities
- **MAY 11:** Time capsule and commemorative tree-planting at NANB

S	M	T	W	T	F	S
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15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	1	2	3	4

JUNE

- **JUNE 20–22:** CNA Biennial in Saint John, NB, attended by 50 sponsored RNs/NPs with NANB-hosted banquet and welcome ceremonies and CNF-hosted reception announcing NANB PhD scholarship

S	M	T	W	T	F	S
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26	27	28	29	30	1	2

NANB CENTENNIAL CALENDAR

JULY

S	M	T	W	T	F	S
26	27	28	29	30	1	2
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10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31	1	2	3	4	5	6

AUGUST

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21	22	23	24	25	26	27
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SEPTEMBER

Special Centennial-themed *Info Nursing* with keepsakes

11-Region Receptions provincial tour continues:

- **SEPTEMBER 27:** Miramichi, 6–8 pm, The Rodd Miramichi
- **SEPTEMBER 28:** Péninsule-Acadienne, 5–7 pm, Centre Congrès
- **SEPTEMBER 29:** Bathurst, 5–7 pm, Best Western Hotel

S	M	T	W	T	F	S
28	29	30	31	1	2	3
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11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	1

OCTOBER

- **OCTOBER 19:** Special NANB AGM; Lieutenant Governor's Reception NANB's Centennial commemorative painting unveiled

11-Region Reception provincial tour continues:

- **OCTOBER 26:** Saint John, 5–7 pm, NB Museum (Market Square)
- **OCTOBER 27:** Restigouche, 5–7 pm, Civic Centre

S	M	T	W	T	F	S
25	26	27	28	29	30	1
2	3	4	5	6	7	8
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16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31	1	2	3	4	5

NOVEMBER

S	M	T	W	T	F	S
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20	21	22	23	24	25	26
27	28	29	30	1	2	3

DECEMBER

- **DECEMBER 7:** Christmas Open House; NANB's Centennial stained glass window unveiled (Brunswick St)

S	M	T	W	T	F	S
27	28	29	30	1	2	3
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25	26	27	28	29	30	31

NANB Centennial Merchandise

Limited Quantities
Order online at www.nanb.nb.ca.

Donate a Souvenir to NANB's Time Capsule

Contributions must be received no later than April 29, 2016. Please include your full name, contact number, email address as well as a general description of the item and its significance. Time Capsule contributions can be sent to 165 Regent Street, Fredericton, NB, E3B 7B4.

Keep watch, Take Note and Enter to Win!

NANB has been promoting various historic facts and presidential quotes via the e-bulletin, twitter and facebook. A quiz will be profiled in September's *Info Nursing*—correct answers will be entered to win a framed print of NANB's Centennial Commemorative Painting.

Nursing
A Catalyst to Endless Career Opportunities

Meet Sharon A. O'Brien, RN (1960-present)

Looking back, I realize how narrow my view was of nursing as I entered the Saint John General Hospital School of Nursing in 1957! That all changed just three months before graduation when Anne D. Thorne, Director of Education approached me with an invitation to be a part of her teaching team. This included an offer of a full scholarship and bursary to a post-graduate nursing program from a Canadian university of my choice. In 1961, I graduated from McGill University School of Graduate Nurses. Little did I realize the impact that invitation would have on my nursing career.

I had the privilege of encouraging students and walking beside them in nursing schools in Saint John NB, and in Portland, Maine, celebrating their career achievements and even attending their 50th Anniversary Class dinners!

Having a personal mission statement taken from my CGIT days has shaped my career path—*"to cherish health, seek truth, know God, and serve others"*. In my quest for knowledge and with a desire to open new doors, I completed my Bachelor of Social Work degree at St. Thomas University in 1984, after five years of night classes, juggling a family of three and working part-time with VON and Public Health. During this time I was also a long-distance family caregiver for my parents.

My father had been a shoemaker and I witnessed firsthand the impact of his double amputation brought on by diabetes. This opened my eyes to the need of community resources in foot care and led me to Dr. Gerald Merry's Foot Care Management course in Kingston, Ont. in 1988, and to the beginning of yet another aspect of nursing. The end result was my development of a week long course for nurses here in Saint John with over 800 nurses from across Canada and US completing the course to date. A team of six professionals join with me twice a year to share expertise and to challenge nurses to apply knowledge and services in the prevention of complications of diabetes.

All of this opened doors for me in the field of aging and again I returned to school part-time (evening classes) and received a Certificate in Gerontology from St. Thomas in 1995. By this time, the vision was enlarging, and a friend, Jean E. Mowatt, and I had drawn on our resources to found Senior Watch Inc., a senior home care business. This quickly led to the realization of the need for formal training for those providing services in the home. Another door was opening and training programs were designed and copyrighted, and the Senior Watch name was trademarked. A 12-Module Home Care Curriculum has been developed to provide research-based knowledge and skill-building opportunities for both career and family caregivers.

Nursing, education, social work and business—a career spanning 57 years all started when a nursing education director took a chance on me! I have been fortunate to have career mentors all through my journey. Some have been head nurses like Mary I. Brown who demanded excellence, Lois M. Floyd, night supervisor who walked the high road in her care and took time to listen, and counsel. Then there were those who served on boards and committees—local, provincial, and national who encouraged me to carry the torch for nursing and raise the standards for home care.

In short, nursing has given deep meaning to my life. I would urge young nurses to stay true to their values, be willing to open new doors and not shy away from challenges. Dare to look deeply into the eyes of those placed in your care. It is an awesome privilege to touch another's soul.

1981—Star of Courage presented in Ottawa by the Governor General in recognition in saving a young boy from drowning in December 1979

1997—Women Entrepreneurs of the Year: Fundy Region Development

1999—Entrepreneur Achievement Award: Saint John Board of Trade

1999—Senior Watch Inc. Certificate of Recognition: Workforce Training for Excellence

2012—George Wakeling Award, St Thomas University, Third Age Centre: Recognition of outstanding work with NB Seniors over the years ■

Physician Assisted Dying

WHERE ARE WE NOW?

By DAWN TORPE

In February 2015, the Supreme Court of Canada rendered the *Carter*[1] decision which removed the legal barrier to physician assisted dying (PAD) in the *Criminal Code*. Direction from the Court stipulated that the decision was to come into effect on February 6, 2016, allowing federal, provincial and territorial governments to use the intervening year to establish how PAD would be implemented.

Work toward the development of new legislation made little progress in the immediate period following the *Carter* decision. The Conservative government created a three-member panel (the External Panel on Legislative Responses to *Carter*) in July of 2015 to consult Canadians and stakeholders. However, their work was impeded by the federal election in the fall of 2015 and they did not submit a report to the new Liberal government until December[2]. The report did not make recommendations, but does outline the many views that were voiced to the panel in the course of its mandate.

In August 2015, eleven provinces and territories appointed a nine-member Provincial-Territorial Expert Advisory Group on Physician Assisted Death. Included in the membership of this group was Karima Velji, the President of the Canadian Nurses Association. In November, their final report[3] was publically released and included significant policy and legislative recommendations. Of particular interest to the registered nurses (RNs) was their recommendation that "the federal government amend the *Criminal Code* to explicitly protect those health professionals who provide supporting services during the provision of physician-assisted dying"[4].

After the *Carter* decision, NANB initiated a virtual forum to open a dialogue with members regarding their thoughts and concern about PAD. Respondents spoke of the need to develop clear policy to safeguard those choosing this option at end-of-life and to ensure the right of clinicians to refuse to participate in PAD based on moral grounds. Members also expressed the opinion that "nursing practice already involves having difficult discussions with their patients and that discussions about physician assisted dying would be no different"[5]. Although this is certainly reflective of the "integral role in providing care to patients at the end of their lives and at any time when they contemplate end-of-life decisions" both NANB and the Canadian Nurses Protective Society (CNPS) have identified that it poses potential problems for RNs given the proposed changes to the *Criminal Code* suggested by the *Carter* decision:

> *Given the decision of the Supreme Court of Canada, the wording of the Criminal Code sections 14 and 241 unfairly place at risk of criminal prosecution nurses who, in the normal course of carrying out their duties in accordance with the standard of practice of their profession, provide end-of-life care to patients or engage in discussions with patients about end-of-life options and wishes.*[7]

Consequently, CNPS, after discussion with nursing regulatory bodies, made a submission to the External Panel on Legislative Responses to *Carter* proposing that:

The Criminal Code should be amended to expressly protect from the risk of criminal prosecution nurses who, in fulfilling in good faith their professional obligations, counsel, support and care for patients who inquire about or choose assisted death.[8]

In making this recommendation, CNPS pointed out that given "the level of nursing care required by individuals who experience debilitating and terminal medical conditions, nurses will inevitably be involved with the care of patients who requires medically assisted death"[9].

In January 2016, with a fast-approaching deadline looming and no definitive progress on proposed legislation, the new Liberal government petitioned the Supreme Court for a six month extension to allow for additional time to craft legislation. After deliberation, the Court agreed to extend the deadline for four months but created an exemption allowing for appeal to a judge if a person wanted access to PAD earlier. The federal government has appointed a special joint parliamentary committee to develop legislation on PAD. This committee was to begin its work on January 18, 2016.

NANB has been actively monitoring the progress toward PAD and is collaborating with other nursing regulatory bodies to ensure we have a thorough understanding of the implications of any proposed legislation. At a local level we have provided feedback to the provincial government regarding concerns for nursing practice and the desire to see a strong legislative framework to safeguard all those choosing this end-of-life option. At the same time, we have reiterated our belief that clinicians who conscientiously object to participating in PAD be granted this right. NANB will continue to provide members with information regarding PAD and will be prepared to offer guidelines for practice when legislation is finalized.

In the interim period, before legislation is finalized, NANB advises members that in the absence of *Criminal Code* amendments protecting RNs and NPs they cannot be involved in any activity that could be seen as assisting or counselling in physician-assisted death. All questions from patients should be directed to a physician.

REFERENCES

[1] https://scc-csc.lexum.com/scc-csc/scc-csc/en/item/14637/index.do

[2] http://www.justice.gc.ca/eng/rp-pr/other-autre/pad-amm/pad.pdf

[3] http://www.health.gov.on.ca/en/news/bulletin/2015/docs/eagreport_20151214_en.pdf

[4] Ibid, p. 5.

[5] Christie, T. (2015). Nursing practice and assisted death. INFO, 46(1), 27.

[6] Canadian Nurses Protective Society. (2015). Submission of the Canadian Nurses Protective Society on Options for a Legislative Response to Carter v. Canada. Ottawa: Author.

[7,8,9] Ibid

NURSING AND CLIMATE CHANGE

By FIONA HANLEY, BONNIE HAMILTON BOGART, MARG MILBURN, LISA STAFFORD

THE TIME TO ACT IS NOW!

The Paris climate talks saw a massive mobilisation of the health sector determined to put health on the agenda. The call has been made for all health professionals to heed the call for action. Nurses have the opportunity to take a lead in responding to this call, as nurses in the past have responded to health crisis. We cannot wait to wade in and bring our unique voice and expertise. It starts with each of us now...

Knowledge of the ecological determinants of health are not new. For thousands of years, Indigenous peoples have valued the sacred connection between the environment and the physical, emotional, mental and spiritual well being of all living things; what we do to the earth, we do to ourselves. If only we had heeded the advice of these elders. Today we find that basic ecological determinants of health, upon which we depend for survival, our water, food, soil, and even the air we breathe, are threatened by humankind's manipulation and exploitation of the earth's resources. Who would have thought 100 years ago that nurses would now be dealing with a public health crisis of global proportions? (Lancet, 2009). Nurses have a long history of caring for vulnerable patients and communities affected by poverty and injustice. Inaccessibility to clean water and sanitation, infectious diseases, health and safety concerns related to industrialization and urbanization are some examples of environmental health The most unfortunate reality of climate change, is that we as humans caused this crisis ourselves, which now affects us and all living things on planet earth. In fact, human influence has so radically changed the very structures and functioning of the planet that we have entered a new epoch that geological scientists are calling the Anthropocene.

Our changing climate is already having multiple effects on our health and well-being, in both subtle and less subtle ways. These effects are so serious that they risk undoing all the gains in health and development of the last half century (Wang & Horton, 2015). (See separate box for health effects) Direct effects are already more evident in certain segments of the population: in the elderly, those with chronic illnesses or other health challenges, children, pregnant women, and low-income people. Sadly, those who have contributed the least to climate damage are those most at risk: poor populations living in low-lying islands or coastal areas, in the sub-Sahara region of Africa, in countries where storms have devastated their homes and cities. "There may be no greater, growing threat facing the world's children-and their children than climate change. This mounting global crisis has the potential to undermine the gains we have made in child survival and development-and poses even greater dangers ahead" (Unicef, 2015).

In Canada, the Indigenous populations in Northern and remote areas, are those among the greatest risk for health effects from climate change. Their livelihood, and very survival are threatened by changes to their lands, to the wildlife populations, to the quality of their water, food and soil.

The most recent Lancet report (2015) called for collaborative action on climate change by all health professionals. They see climate action as the most important public health opportunity of the 21st century because actions taken to mitigate climate change will also have important health benefits. Improving public transport, safe bicycling, and walkable cities will not only reduce carbon, but contribute to a reduction in obesity, and chronic diseases caused by inactivity. The city of Bogota is a case in point, where extraordinary efforts by the city's mayor brought about radical rethink in city transport planning. The result is not only a reduction in hospital admissions due to traffic accidents, but reduced car traffic, safer cycling, increased use of city bus system and walking.

Increasing studies have demonstrated the importance of greening cities with trees and parks, not only in facilitating active lives, but also in enhancing happiness, well-being and decreasing depression. Alternative energy sources will help reduce fine air particles and increase respiratory health. Agricultural practices that reduce dependence on fossil fuels, improve land use, and move away from large scale meat production will also improve air and water quality, and bring other benefits to health from promoting a less meat-centred diet. Reduced carbon emissions will improve air quality and reduce the risk of cardiovascular, respiratory disease and allergies related to poor air quality and fine particles.

HEALTH EFFECTS OF CLIMATE CHANGE

New patterns of vector borne diseases (Lyme disease, malaria, West Nile virus etc.)
Heat stroke, heat exhaustion
Water borne infections and diarrhoeal diseases
Dehydration and malnutrition
Skin diseases, including melanoma
Exacerbation of chronic diseases: allergies, asthma, cardiovascular disease, respiratory disease
Food contamination: Diarrheal disease
Loss of homes, land, due to flooding, fires, ocean level rises
Injuries and deaths from extreme weather events
Mental stress, depression, desperation, loss of well-being
Disruption of social norms
Population migration and conflict
Aggravation of poverty and effects on vulnerable populations
Loss of connection to nature

WHAT NURSES CAN DO

Nurses focus on health of individuals, communities and populations. We understand the unique vulnerabilities of people at risk and we advocate for social justice and health equity. We can support global efforts of adaptation and mitigation of climate change. We can do this through speaking out, education, research, best practice, collaboration, and policy change.

Personal

Lead by example. Look at your personal life and assess actions you can take: use local public transport options instead of your car; use your bike for short trips instead of driving. Wear extra sweaters in the house and turn down the heat on those cold days; use draft stoppers on doors and windows; turn off lights, unplug electric devices when not in use; reassess your energy use. Pick one do-able thing at time, and go on to another. Join a local initiative working on climate action, or join an online community for ideas on action and organisation. Do your best, keep a sense of humour and optimism. Reducing heat: create shady areas around your home, use curtains or shades on sunny days, plant insect resistant trees. Join your municipality or your neighbours in planning climate mitigation and adaptation: green or white roofs, walkable streets, trees, parks, cool areas, community gardens. bike paths, public transport; walking groups.

Professional

Partner with organisations acting on climate change: (See resource list) Talk with your colleagues and get climate action on the agenda. Advocate for social justice and equity regarding health effects and climate change. Speak to local schools and get youth involved in climate initiatives. Teach prevention, signs of and treatments for heat exhaustion, heat stroke, heat cramps, particularly in elderly clients or those with chronic illness. Teach links between medications and heat susceptibility. Teach nursing students how to integrate climate into health assessments and teaching. (See resource list).

Speak with local media about your work. Start a blog, an advice column, speak at your community centres about actions to prevent and cope with climate effects.

Your Workplace/Health Care Organisation

Join the green team. Ensure the voice of nurses is part of planning. Partner with organisations like the Canadian Coalition for Green Health Care, Health Care Without Harm, Global Green & Healthy Hospitals. Get involved in issues related to reducing heat islands: tree planting; creating public transport/ bicycling options for employees; green purchasing; waste management. Do a lunch and learn, or Nursing Rounds talk on climate and health. Join the patients' committee and put climate on the agenda.

Client/Patients

Assess. What are the risks and needs of your patients/clients? Provide anticipatory guidance in relation to risks in your area. Find out the location of those who are more vulnerable to heat waves, extreme weather, floods, air quality related conditions, or other climate events. Teach simple ways of keeping

your house cooler and keeping the air quality fresh by your choice of curtains, blinds, plants, cleaning products and personal care products; and by vacuuming and damp-dusting to rid the home of dust containing air-borne particles of chemicals and heavy metals. Help organise a Trottibus for local school children (Canadian Cancer Society, 2016). Teach patients/clients about air quality and health and how to use the Air Quality Health Index for advice on outdoor activities.

Learn about risks for Lyme disease, West Nile virus or other vector borne diseases in your area. Teach precautions when walking in fields or woods where these risks are endemic: e.g. wear long pants, sleeves, use insect repellant.

Connect with local emergency response teams and become involved in education for prevention and action with extreme weather events.

Let us as nurses take up the challenge and be amongst those who lead the way in setting out on the path to health and restoration.

RESOURCES FOR NURSES

Canadian Cancer Society Trottibus: www.cancer.ca/en/prevention-and-screening/live-well/healthy-habits-for-families/trottibus-walking-school-bus-qc/?region=qc

CNA Position Statement on Climate Change and Health, (2009): cna-aiic.ca

Canadian Nurses Association (2009) The Role of Nurses in Addressing Climate Change: www.cna-aiic.ca/~/media/cna/page-content/pdf-en/climate_change_2008_e.pdf?la=en

David Suzuki: www.davidsuzuki.org/what-you-can-do/top-10-ways-you-can-stop-climate-change

Protecting Patients from Climate Change One Nurse at a Time: https://medium.com/@HCWH/protecting-patients-from-climate-change-one-nurse-at-a-time-eddee5c068ff#.42tx0p1gshttp:

A Residential Climate Change Intervention with Public Health Nurses (2014). Nurses for Cool and Healthy Homes: www.mha.org/mghc/docs/mghc_wan.pdf

Lyme Disease. Government of Canada (2015): www.healthycanadians.gc.ca/diseases-conditions-maladies-affections/disease-maladie/lyme/index-eng.php

Public Health Agency of Canada (2015). Climate Change and Public Health Factsheets: www.phac-aspc.gc.ca/hp-ps/eph-esp/fs-fi-a-eng.php.

Consumer Reports (2015). Drugs that can make you sensitive to heat: www.consumerreports.org/cro/2014/04/drugs-that-can-make-you-sensitive-to-heat/index.htm

WEBSITES

Alliance of Nurses for Healthy Environments: http://envirn.org

Canadian Nurses for Health and the Environment: www.cnhe-iise.ca

New Brunswick Children's Health and the Environment Collaborative: http://nben.ca/index.php/en/groups-in-action/working-together/new-brunswick-children-s-environmental-health-collaborative

Collaborative on Health and Environment: www.healthandenvironment.org

David Suzuki Foundation: www.davidsuzuki.org

Health Care Without Harm: https://noharm.org

Health and Environment Alliance: www.env-health.org

BMJ Infographic: Climate Change Health Impacts: www.bmj.com/infographics

Public Health Agency of Canada: www.phac-aspc.gc.ca

The Leap Project: http://leap-eu.org

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A CALL FOR PARTICIPATION

Rebuilding the New Brunswick Nursing Informatics Group

By KATE BURNS AND KAREN FURLONG

During the past two years, a group of registered nurses have been working together to rebuild the New Brunswick Nursing Informatics Group (NBNIG). Members of the Executive are pleased to report a number of key initiatives—these are essential steps in establishing a network whereby nurses within our province can share and perhaps expand their understanding of the important role of informatics in supporting nurses who work diligently to provide safe and comprehensive care.

- In February 2015, NBNIG was approved by NANB Board of Directors as a Special Interest Group. This status requires submission and approval of NBNIG By-Laws and a complete list of the NBNIG Executive. The Executive provides provincial representation and covers a broad spectrum of informatics expertise, including education, clinical implementations, and systems support. Executive bios are available on the NBNIG website: www.nbnig-giinb.ca

- Launching of a new NBNIG website occurred in 2015. A special acknowledgement to Lisa Totton, Executive Member for Public Relations and Membership Development. Lisa led the Executive in rebuilding this website during the past two years. A Members Only section is intended to offer nurses opportunities to enhance their competency in informatics knowledge and computer literacy. These informatics skill-sets are integral to nursing competence in the 21st century.

- The NBNIG Executive recently made a donation to the Dr. Kathryn J. Hannah Nursing Informatics Scholarship. This new informatics scholarship is a national initiative between the Canadian Nursing Informatics community and the Canadian Nurses Foundation, and will provide nurses with funding to pursue education opportunities in informatics.

The list below highlights a few NBNIG membership benefits. In addition, a link to NANB Continuing Competence Program (CPP) requirements is available within the Education section of the NBNIG website.

- Up to date information on the Nursing Informatics scene in NB and Canada
- Opportunity to share unique learning opportunities in Nursing Informatics
- Informatics Bursary and award opportunities
- Annual General Meeting
- Access to Nursing Informatics Journal Club
- Discounted membership to the Canadian Nursing Informatics Association

The NBNIG Executive is calling for nurses to become members of this timely and essential network. Through working together, nurses will become more engaged and subsequently improve their understanding of various health-care technologies. NBNIG is an organization prepared to guide nurses during these times of transition—we are also interested in being heard as a profession and in doing so want to represent the voices of nurses in responding to changes in healthcare delivery models. It is time to ensure technology and all information systems support nursing in improving the quality of care delivery.

On behalf of the NBNIG Executive, we encourage you to consider joining this group of nurses who are actively seeking opportunities to understand, improve and lead informatics initiatives.

For more information about NBNIG and advantages of becoming a member of this growing and innovative group, please visit the new NBNIG website www.nbnig-giinb.ca or contact one of the co-authors.

In addition, the NBNIG welcomes the opportunity to explore possibilities with nurses during the celebration of NANB's Centennial—scheduled to take place during the Canadian Nurses Association Biennial Convention from June 20–22, 2016 in Saint John, NB. Drop by the NANB booth to learn more about the NBNIG and fill out a ballet for a free one-year NBNIG membership and other great informatics related prizes. ■

BREAKING NEW GROUND FOR CANADA'S

Clinical Nurse Specialists

In June 2014, *Pan-Canadian Core Competencies for the Clinical Nurse Specialist* (CNS) was launched at the Canadian Nurses Association (CNA) biennial meeting, setting the foundation upon which academia could formally build a unified CNS curriculum. This publication would empower CNSs, as recognized advanced practice nurses, to move toward a designated protected title, similar to our nurse practitioner colleagues. In collaboration with and support from CNA, a group of CNS volunteers formed a steering committee in the spring of 2015 to develop an association that will provide a cohesive national strategy to support these goals.

On November 5th and 6th, 2015, CNA brought together CNS representatives from across Canada to help build and formalize the structure for a new sustainable, not-for-profit organization that will represent CNS' nationally.

Background

Historically, the CNS role has been interpreted by employers, educators and nurses in a variety of ways. Yet this variation also hindered the understanding and value of who the CNS is and what the CNS does. It was to address this lack of clarity, in fact, that CNA facilitated the development of the pan-Canadian core competencies for the CNS. After its publication in 2014, the challenge then arose as to how to infuse these competencies into all health authorities, educational programs and health-care environments to ensure a common understanding and recognition of CNS' value.

Work-to-Date

After two days of discussion and a sharing of its goals and vision, the CNS steering committee chose a name and finalized the mission for this emerging national CNS association. The name of the association is not yet confirmed, as a legal name search must still be completed.

Mission

The national CNS association provides a leadership platform through which Canadian CNS' influence cost-effective healthcare system change to support safe, quality care and superior outcomes.

Vision

The CNS is an essential component of a sustainable healthcare system. The vision was developed with the goal that Canadians will understand the importance of the CNS in the improvement of safety and health outcomes.

Governance

To prepare for the establishment of this new not-for-profit organization, the steering committee learned about the Canada *Not-for-Profit Corporations Act* and the articles of incorporation necessary to ensure that legal and financial implications are within the general framework required by law. As part of this conversation, the committee established membership criteria and drafted the organization's bylaws and constitution.

Next Steps

The CNS steering committee is now working on securing the name of the association, investigating a location for a central office, developing a draft budget, developing an operational policy and establishing financial safeguards, including establishing bank accounts. Upcoming activities include submitting a grant application to CNA for startup funds and an application to CNA's Canadian Network of Nursing Specialties to be considered an emerging group. In order to adequately represent the vast country and territories, we are planning to establish regional representation on the board. The regions will be aligned as follows: Atlantic Region, Quebec, Ontario, Manitoba/Saskatchewan/Nunavut, Alberta/NWT, and BC/Yukon. Additionally, a communication strategy that includes the creation of a website and various social media channels are future goals.

How can you help?

Please distribute this information to all your CNS networks. We would like to create a groundswell of interest. Then watch for updates in *Canadian Nurse* and from your representatives. We will also be looking for income sources to support this association. If you have ideas, connections or experience that will help launch the association, please share with your CNS provincial representative(s). The collective experience and knowledge of Canadian CNS' will make this association vibrant and successful. We need to partner with educators, employers and establish CNS groups.

Please plan to become a member once the new association has launched. Stay tuned and in touch with your current national CNS steering committee representative (New Brunswick):

Jacqueline Gordon
jacquelin.gordon@HorizonNB.ca

Julie Aubé Pinet
julie.aube-pinet@vitalitenb.ca

Canadian Nurses Protective Society

infoLAW®

Legal Risks of Email - Part 2
Practical Considerations

Vol. 22, No. 3,
December 2014

Practical Considerations

Email, in some cases, may be the preferred option to communicate with patients or others efficiently and expeditiously. Before using email, it is important for nurses to be aware of the risks and alternative ways to transmit information. In addition to the privacy and confidentiality considerations set out in the *infoLAW,* Legal Risks of Email – Part I, nurses may wish to consider the following practical issues relating to email use with patients and others in their practice.

Managing Expectations

Some nurses are using email to communicate directly with patients, both during and after hours. In addition to managing the privacy and security concerns associated with these communications, nurses should consider how to best manage patient expectations about the appropriate uses of these communications, how quickly they will respond to enquiries and what steps should be taken if a timely response is not forthcoming. Reasonable limits and response times may then be clearly communicated to patients.

Further, even when a patient has consented to email communication, a nurse may insist on an alternate mode of communication in certain circumstances. For example, if there is uncertainty as to the identity of the recipient, where the patient should be given an opportunity to ask questions, if it is necessary to ascertain whether the patient properly understood the information or if the information is simply too sensitive to be communicated by email, the nurse may consider a more traditional method of information exchange.

Documentation

Nurses are cautioned to maintain copies of all email messages to and from patients. These copies should be kept in the patient's electronic or paper chart. This acknowledges that such communications are professional and that they have potential clinical and legal implications.

Personal Use of Email at Work

Nurses using email at work for personal purposes should be aware of potential disciplinary consequences. In some cases, using an employer's email system for personal communication or including inappropriate language and jokes has resulted in disciplinary action by employers and even termination of employment. One example involved an employee whose employment was terminated after 26 years of service for accessing inappropriate material that had been emailed to him at work by others. He forwarded such emails to some of the company's employees, suppliers and contractors. The court concluded that the company's code of conduct allowed employees to use its computers for "limited" personal use but expressly prohibited sending pornographic, obscene, inappropriate, or other objectionable communications. The employee was found to have read, understood and accepted the terms of the code of conduct.[1]

Communicating by email:

Are your patients aware of the potential risks?

Use in Legal Proceedings

Generally speaking, most documents (including electronic documents like emails) are producible in legal proceedings if their content is relevant to matters in the proceeding. As such, emails with patients or other health care practitioners that contain clinical information or other information about a patient may need to be disclosed in the event of a patient request for access to personal health information, civil action or complaint to a regulatory body or investigation by another statutory body.

It is important to recognize that email has traditionally been seen, and used, as a manner of sending *informal* communications and less care may be taken drafting an email than would be taken if sending a letter or writing in a patient chart. Language used in emails tends to be less factual, less precise and less professional. For these reasons, caution should be exercised when communicating via email and nurses are reminded to use a professional tone and clear content for all email communications.

Nurses should also be aware that any email communications should be considered permanent. Although email programs have a delete function, IT professionals can retrieve deleted emails with relative ease, even years later. Multiple copies may continue to reside in back-up files, the recipients' email, or in the email of third parties to whom the email was forwarded.

Risk Management Considerations

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

- Let patients and other health care providers know when the use of email is appropriate, the turnaround time for received messages and what to do in the event that symptoms worsen or there is a delay in responding;
- Place emails of a clinical nature in the patient's chart;
- Be aware that when using an employer's email system, the employer has the ability to access the email communications;
- Use a professional tone, and generally take as much care as when using any other formal mode of communication or documentation; and
- Follow employer guidelines and policies regarding email communications.

Please contact CNPS at **1-844-4MY-CNPS** if you have any questions regarding legal risks in email and visit our website at **www.cnps.ca.**

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1. *Poliquin v Devon Canada Corporation*, 2009 ABCA 216 (CanLII).

Related infoLAWs of interest: Mobile Devices in the Workplace and Legal Risks of Email – Part 1. Available at **www.cnps.ca**

Get Involved! Play an Active Role in Your Association

Committee Members Needed

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

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

Public Members Needed

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

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

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

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

Committee Members

Name

Address

Registration No.

Current Area of Practice

Telephone No.

Email

Language ❒ English ❒ French

Areas of interest (please check):

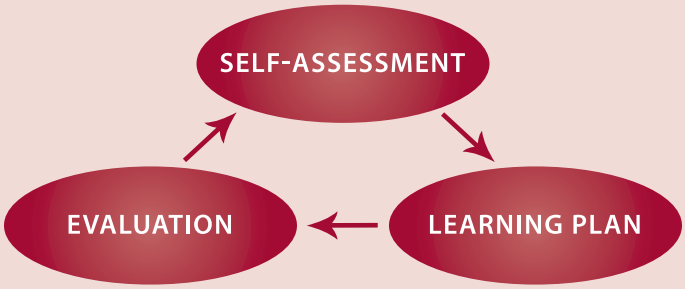
❒ Nursing Education Advisory Committee

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

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

❒ Other

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



CCP Audit Results

By ODETTE COMEAU LAVOIE

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

This past fall, 391 members (383 registered nurses and 8 registered nurse practitioners) were required to complete a CCP Audit questionnaire prior to renewing their registration. Members completed an online questionnaire related to their CCP activities for the 2014 practice year. The completed questionnaires were examined and assessed for compliance with the program. NANB was looking for evidence of the following three steps of the CCP:

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

What did members report?

SELF-ASSESSMENT

Indicators

In 2014, the RN CCP worksheets were based on the NANB *Standards of Practice for Registered Nurses* (2012). RNs chose these two knowledge-based practice indicators more frequently than any other:

- 2.1 – I maintain and enhance my knowledge and skills.
- 2.3 – I recognize and practise within my level of competence and seek additional knowledge and assistance when needed.

NPs assessed their practice based on the NANB *Standards of Practice for Primary Health Care Nurse Practitioners* (2010) and chose a variety of indicators.

LEARNING PLAN

Learning objectives

RNs and NPs included their main learning objective on the audit questionnaire. RNs included learning objectives such as:

"to recognize signs and indicators of any type of abuse to my elderly clients in a nursing home setting"

"to learn more about adolescents with mental health and addiction issues"

"to improve my knowledge of pharmaceutical and non-pharmaceutical pain management"

"to understand how social media affects patient privacy and confidentiality"

"to enhance my leadership skills to allow me to mentor/preceptor new students and staff"

One NP included the following learning objective:

"to update my knowledge on current standards of care for common illnesses and presentations I encounter in my daily NP practice"

Most popular learning activities

Reading articles/books; Accessing the Internet; In-services/Workshops

Most popular CCP tools

Self-Assessment Worksheet; Learning Plan Worksheet

EVALUATION

Members commented on the impact of their learning on their nursing practice and included statements such as:

"My learning has had a great impact on my nursing practice by making me even more aware of the importance of always exercising privacy & confidentiality"

"Accessing information on palliative care has really increased my comfort level personally and professionally with the whole topic of death and dying. Understanding the signs and symptoms of pain and discomfort for the client during the dying process helps to formulate

appropriate plans of care to alleviate suffering and maintain that dignity"

"I am more relaxed and confident in a mentorship/teaching role than I was before. I can see that I am more effective. I look forward to the next group of students who will be sharing their clinical experience with us"

"This learning experience has increased my confidence in public speaking. With increased learning and confidence, I will be able to participate in more teaching sessions within the community"

"By expanding my knowledge on dementia care including behaviour issues, long term care issues and general health care of the aging adult I am more able to identify potential risks to our aging population and be an advocate for our frail elderly patients"

"I have a greater understanding of my patients' health. I am more aware of what to assess for and what to be on the lookout for. It has improved my critical thinking skills. As I acquire more knowledge about my clinical area the more improved my care is for that population"

"I now find myself actively reflecting on how the information and situations are perceived from the family/client view. By working with fellow team members to always bring the voice of the client/family forward, I feel that my daily nursing practice has become more client centered"

"I was able to expand my knowledge in different cultural backgrounds, and further increase cultural awareness. This allowed me to enhance my nursing skills to work with a diverse population"

Results

As a result of the audit, 16 RNs required follow-up by an NANB Consultant to obtain clarifications on the information they had submitted on their audit questionnaire. It was subsequently determined that all members had met the CCP requirements.

What's next?

The next CCP Audit will be conducted in the fall of 2016. At that time, a random sample of approximately 400 RNs and 10 NPs will be audited on their CCP activities for the 2015 practice year. These members will be required to complete the online CCP Audit questionnaire prior to the fall registration renewal.

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

TABLE 1 *Language*

	RN	NP
English	253	5
French	130	3

TABLE 2 *Areas of practice*

	RN	NP
Direct care	324	7
Administration	38	0
Education	16	1
Research	3	0
Other	2	0

TABLE 3 *Employment setting*

	RN	NP
Hospital	247	2
Community	75	5
Nursing Home	42	0
Educational Institution	9	1
Other	10	0

391 Members Audited

Important CCP Facts

- CCP Worksheets are updated yearly prior to registration renewal
- Online interactive CCP module is available via My Profile
- Annual CCP requirements are mandatory for all RNs and NPs
- Recent graduates are ONLY exempt when they renew their registration the first time
- Members on extended leave MAY be exempt
- Self-assessments are to be completed EARLY in the calendar year
- Examples of completed CCP Worksheets are available on the website

Ask a
PRACTICE
CONSULTANT

By DAWN TORPE

YOU'VE ASKED

What is meant by patient abandonment?

The practice of registered nurses (RNs), is guided by standards which outline the expected conduct of members of the profession. The *Standards of Practice for Registered Nurses* in New Brunswick state that an RN "is responsible for practising safely, competently and ethically and is accountable to the client, employer, profession and the public". This is demonstrated when they act in accordance with relevant legislation, NANB standards, and the Code of Ethics.

The concept of abandonment is directly related to the therapeutic nurse-client relationship, which is formed for the purpose of meeting the client's health care needs. The relationship is planned, time-limited and goal directed and RNs enter into the relationship with a commitment to provide quality service. Once care of a patient has been undertaken, an RN has the ethical and legal responsibility to provide care for the assigned period of time. Abandonment occurs when an RN has engaged with a client or has accepted an assignment and then discontinues care without:

- negotiating a mutually acceptable withdrawal of service with the client; or
- arranging for suitable, or replacement services; or
- allowing the employer a reasonable opportunity for alternative or replacement services to be provided.

An RN, who discontinues care without meeting the above conditions, could face disciplinary action from their employer as per policy and/or contractual stipulations, and this could also include a complaint being lodged with NANB for professional misconduct.

RNs are accountable for their actions, decisions and professional conduct and are responsible for appropriately establishing, maintaining and terminating the therapeutic nurse-client relationship. In most circumstances, this relationship ends when the episode of care ends. However, there may be circumstances (e.g. serious threat of harm to the RN, a conflict of interest that compromises the RN's duty) that require an RN to terminate the relationship before the episode of care has ended. When handled appropriately this is not considered abandonment, however, this should not be undertaken lightly and should only occur when all other avenues have been considered. Further guidance can be found in the Standards for the *Therapeutic Nurse-Client Relationship*.

Situations Which Could Be Considered Abandonment

leaving in the middle of a scheduled shift without notifying your supervisor and without transferring care to another appropriate care provider

being unavailable to provide care due to other activities (e.g. phone, gaming, sleeping)

refusing to care for a client after accepting responsibility without transferring care to another nurse or allowing your manager to find a replacement

Situations That Would Not Be Considered Abandonment

refusing to work extra hours or shifts beyond the posted work schedule when you've given proper notice

withdrawing from care due to fitness to practice concerns (personal health issues, including fatigue) with appropriate notice

Voting By PROXY

What You Need to Know

Anyone who does not plan to attend the 2016 annual meeting can make their views known through a process called proxy voting. Simply put, it is a way of voting at annual meetings by means of a proxy or person that you have entrusted to vote on your behalf. Please read the following information carefully to make sure that your opinions are counted.

What is a proxy?

A proxy is a written statement authorizing a person to vote on behalf of another person at a meeting. NANB will use proxy voting at the annual meeting, **October 19, 2016**, in Fredericton.

By signing the proxy form on page 48, practising members authorize a person to vote in their place. Nurses attending the annual meeting may carry up to four proxy votes as well as their own vote.

What the Association Bylaw Says About Proxy Voting

NANB bylaw 12.07 states:

- Each practising member may vote at the annual meeting either in person or by proxy;
- The appointed proxy must be a practising member;
- No person shall hold more than four (4) proxies; and
- The member appointing a proxy shall notify the Association in writing on a form similar to the following or any other form which the board shall approve. Proxy forms shall be mailed to members approximately one (1) month prior to the date of the annual meeting. This completed form shall be received at the Association office by the Friday immediately preceding the annual meeting.

Information for Nurses Who Give Their Vote Away

Nurses holding NANB practising memberships may give their vote to another practising member. They should, however, keep the following in mind: (a) know the person to whom they are giving their vote, (b) share their opinion on how they wish that person to vote for them, (c) realize that the person holding their proxy may hear discussions at the meeting that could shed a different light on an issue (so discuss the flexibility of your vote), (d) fill out the form on this page accurately (the blank form may be reproduced if necessary), and (e) send the form to the NANB office. All forms must be received at the office by **October 14, 2016 at 1300 hrs**.

When proxy forms are received at the Association office, staff members check that both nurses named on the form hold practising membership and that the information on the form is accurate. Occasionally a form has to be considered void because the name does not coincide with the registration number on record. A form is also void if it is not signed, if it is not completely filled out or if there are more than four forms received for one proxy holder. Since one nurse may hold only four proxies, a fifth form received for that nurse is void. Also no forms are accepted if received after **October 14, 2016 1300 hrs**. Forms sent by FAX will be declared void.

Information for Nurses Who Carry Proxies at the Meeting

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

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

Clarification

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

Proxy form is available on page 48.

APRIL 5–7, 2016

Regional Receptions

April 5: Charlotte County
April 6: Edmundston
April 7: Carleton-Victoria

APRIL 12, 2016

Defeating the Dark Shadow of Alzheimer's Disease and Dementia Through Person Centered Care

- Fredericton, NB
- » www.alzheimer.ca/en/nb

APRIL 14–15, 2016

The 2016 Canadian Women's Heart Health Summit

- Ottawa, ON
- » http://cwhhc.ottawaheart.ca/summit

APRIL 18, 2016

2016 NCLEX Conference for Canadian Educators

- Toronto, ON
- » www.ncsbn.org/8366.htm

APRIL 19–21, 2016

Regional Receptions

April 19: York Sunbury
April 20: Moncton
April 21: Sussex

APRIL 22–24, 2016

2016 NENA Annual Conference: *Unleash the Power of ED Nurses*

- Montréal, QC
- » http://nena.ca/conferences/nena-conference-2016

MAY 9–15, 2016

National Nursing Week: *Nurses: With You Every Step of the Way*

MAY 20–21, 2016

Canadian Association of Nurses in HIV/AIDS Care (CANAC): *Out on the Edge: LGBTQTS Health, Wellness and HIV*

- Halifax, NS
- » http://canac.org/annual-conference

MAY 31–JUNE 1, 2016

NANB BoD Meeting

- NANB Headquarters, Fredericton, NB
- » www.nanb.nb.ca

JUNE 7–8, 2016

Queen's Health Policy Change Conference: *Transforming Canadian Healthcare through Innovation*

- Toronto, ON
- » www.queenshealthpolicychange.ca/index.html

JUNE 20–22, 2016

CNA's 2016 Biennial Convention: *Nurses Driving the Shift to Primary Health Care*

- Saint John, NB
- » www.cna-aiic.ca/events/2016-cna-biennial-convention

SEPTEMBER 27–29, 2016

Regional Receptions

September 27: Miramichi
September 28: Péninsule-acadienne
September 29: Bathurst

OCTOBER 17–18, 2016

NANB BoD Meeting

- NANB Headquarters, Fredericton, NB
- » www.nanb.nb.ca

OCTOBER 19, 2016

NANB's AGM

- Delta Hotel, Fredericton, NB
- » www.nanb.nb.ca

OCTOBER 24–26, 2016

The 6th Conference on Recent Advances in the Prevention and Treatment of Childhood and Adolescent Obesity

- Ottawa, ON
- » http://interprofessional.ubc.ca/Obesity2016/

OCTOBER 26–27, 2016

Regional Receptions

October 26: Saint John
October 27: Restigouche

OCTOBER 26–28, 2016

5th International Conference on Violence in the Health Sector

- Dublin, Ireland
- » www.oudconsultancy.nl/dublin_5_ICWV/index.html

TO PROGRESS IS TO EMBRACE CHANGE

Meet Dawn Torpe, Nursing Practice Consultant

Having joined NANB almost three years ago, what aspects of the Association did you find surprising?

I was lucky to have served on the Board of Directors prior to joining the staff of NANB. That experience provided me with an understanding of the breadth and depth of the work that the Association undertakes on the part of RNs and NPs to ensure the quality of nursing care in the province. So I wasn't surprised at the collegial spirit that lives within the organization, instead I was grateful to join a team committed to developing quality tools and resources for members in a collaborative way.

NANB provides a number of services to members. What would you consider most advantageous in supporting nursing practice?

Every business day, I or one of my colleagues in the Practice Department are on-call to answer questions from members, other health professionals or the public. When we talk with members we sometimes receive very factual questions that have a concrete answer but more often the questions fall into a "gray" zone. These types of questions require a discussion about their particular situation and we help our members apply or interpret the standards, guidelines and ethical principles that are relevant. I believe this confidential one-on-one consultation service is one of the greatest supports we offer our members and I would encourage them to reach out and contact one of us with their questions.

Research, development and document revision are key areas of your Department's responsibility. What process do you follow to remain current and include best practices?

Our work usually begins with a literature review. We actively seek out the newest research on the topic and review any guidelines or standards that have been published by experts within the field. As well we conduct a jurisdictional review to see what other nursing regulators have developed to support nursing practice in the particular area. This information is then evaluated and synthesized into guidance for our members. This can take various forms – standards, guidelines or position statements. Once we have a good solid draft we seek feedback from members who have experience with the topic. This feedback is evaluated and edits are made as required. The next step in our process is consultation with general membership. We randomly select 10% of members to receive a survey asking

page 49

REPRIMANDED

On December 15, 2015, the NANB Discipline Committee reprimanded registrant number 024983, for professional misconduct and conduct unbecoming a member as demonstrated by a breach of patient confidentiality and failing to protect the patient's right to privacy. The Committee ordered that the member must meet conditions within 60 days of the date of the Order. The Discipline Committee also ordered that the member pay a portion of the costs of the Complaint in the amount of $500 within 60 days of the date of the Order and to pay a fine in the amount of $500 within 180 days of the date of the Order.

REPRIMANDED

On December 15, 2015, the NANB Discipline Committee reprimanded registrant number 027243, for professional misconduct and conduct unbecoming a member as demonstrated by a breach of patient confidentiality and failing to protect the patient's right to privacy. The Committee ordered that the member must meet conditions within 60 days of the date of the Order. The Discipline Committee also ordered that the member pay a portion of the costs of the Complaint in the amount of $500 within 60 days of the date of the Order and to pay a fine in the amount of $500 within 180 days of the date of the Order.

REPRIMANDED

On December 15, 2015, the NANB Discipline Committee reprimanded registrant number 027228, for professional misconduct and conduct unbecoming a member as demonstrated by a breach of patient confidentiality and failing to protect the patient's right to privacy. The Committee ordered that the member must meet conditions within 60 days of the date of the Order. The Discipline Committee also ordered that the member pay a portion of the costs of the Complaint in the amount of $500 within 60 days of the date of the Order and to pay a fine in the amount of $500 within 180 days of the date of the Order.

REPRIMANDED

On December 15, 2015, the NANB Discipline Committee reprimanded registrant number 027677, for professional misconduct and conduct unbecoming a member as demonstrated by a breach of patient confidentiality and failing to protect the patient's right to privacy. The Committee ordered that the member must meet conditions within 60 days of the date of the Order. The Discipline Committee also ordered that the member pay a portion of the costs of the Complaint in the amount of $500 within 60 days of the date of the Order and to pay a fine in the amount of $500 within 180 days of the date of the Order.

REPRIMANDED

On December 15, 2015, the NANB Discipline Committee reprimanded registrant number 027025, for professional misconduct and conduct unbecoming a member as demonstrated by a breach of patient confidentiality and failing to protect the patient's right to privacy. The Committee ordered that the member must meet conditions within 60 days of the date of the Order. The Discipline Committee also ordered that the member pay a portion of the costs of the Complaint in the amount of $500 within 60 days of the date of the Order and to pay a fine in the amount of $500 within 180 days of the date of the Order.

REPRIMANDED

On December 15, 2015, the NANB Discipline Committee reprimanded registrant number 028149, for professional misconduct and conduct unbecoming a member as demonstrated by a breach of patient confidentiality and failing to protect the patient's right to privacy The Committee ordered that the member must meet conditions within 60 days of the date of the Order. The Discipline Committee also ordered that the member pay a portion of the costs of the Complaint in the amount of $500 within 60 days of the date of the Order and to pay a fine in the amount of $500 within 180 days of the date of the Order.

REPRIMANDED

On December 15, 2015, the NANB Discipline Committee reprimanded registrant number 020005, for professional misconduct and conduct unbecoming a member as demonstrated by a breach of patient confidentiality and failing to protect the patient's right to privacy. The Committee ordered that the member must meet conditions within 60 days of the date of the Order. The Discipline Committee also ordered that the member pay a portion of the costs of the Complaint in the amount of $500 within 60 days of the date of the Order and to pay a fine in the amount of $500 within 180 days of the date of the Order.

REPRIMAND ISSUED

On December 15, 2015, the NANB Discipline Committee reprimanded registrant number 026127, for professional misconduct and conduct unbecoming a member as demonstrated by a breach of patient confidentiality and a disregard for the patient's right to privacy. The Committee ordered that the member must meet conditions within 60 days of the date of the Order. The Discipline Committee also ordered that the member pay a portion of the costs of the Complaint in the amount of $500 within 60 days of the date of the Order and to pay a fine in the amount of $1000 within 180 days of the date of the Order.

REPRIMAND ISSUED

On December 15, 2015, the NANB Discipline Committee reprimanded registrant number 018405, for professional misconduct and conduct unbecoming a member as demonstrated by a breach of patient confidentiality and a disregard for the patient's right to privacy. The Committee ordered that the member must meet conditions within 60 days of the date of the Order. The Discipline Committee also ordered that the member pay a portion of the costs of the Complaint in the amount of $500 within 60 days of the date of the Order and to pay a fine in the amount of $1000 within 180 days of the date of the Order.

REPRIMAND ISSUED

On December 15, 2015, the NANB Discipline Committee reprimanded registrant number 018390, for professional misconduct and conduct

unbecoming a member as demonstrated by a breach of patient confidentiality and a disregard for the patient's right to privacy. The Committee ordered that the member must meet conditions within 60 days of the date of the Order. The Discipline Committee also ordered that the member pay a portion of the costs of the Complaint in the amount of $500 within 60 days of the date of the Order and to pay a fine in the amount of $1000 within 180 days of the date of the Order.

REPRIMAND ISSUED

On December 15, 2015, the Discipline Committee reprimanded registrant number 022717, for professional misconduct and conduct unbecoming a member as demonstrated by a breach of patient confidentiality and a disregard for the patient's right to privacy. The Committee ordered that the member must meet conditions within 60 days of the date of the Order. The Discipline Committee also ordered that the member pay a portion of the costs of the Complaint in the amount of $500 within 60 days of the date of the Order and to pay a fine in the amount of $1000 within 180 days of the date of the Order.

REPRIMAND ISSUED

On December 15, 2015, the NANB Discipline Committee reprimanded registrant number 026257, for professional misconduct and conduct unbecoming a member as demonstrated by a breach of patient confidentiality and a disregard for the patient's right to privacy. The Committee ordered that the member must meet conditions within 60 days of the date of the Order. The Discipline Committee also ordered that the member pay a portion of the costs of the Complaint in the amount of $500 within 60 days of the date of the Order and to pay a fine in the amount of $1000 within 180 days of the date of the Order.

REPRIMAND ISSUED

On December 15, 2015, the NANB Discipline Committee reprimanded registrant number 025715, for professional misconduct and conduct unbecoming a member as demonstrated by a breach of patient confidentiality and a disregard for the patient's right to privacy. The Committee ordered that the member must meet conditions within 60 days of the date of the Order. The Discipline Committee also ordered that the member pay a portion of the costs of the Complaint in the amount of $500 within 60 days of the date of the Order and to pay a fine in the amount of $1000 within 180 days of the date of the Order.

REPRIMAND ISSUED

On December 15, 2015, the NANB Discipline Committee reprimanded registrant number 025773, for professional misconduct and conduct unbecoming a member as demonstrated by a breach of patient confidentiality and a disregard for the patient's right to privacy. The Committee ordered that the member must meet conditions within 60 days of the date of the Order. The Discipline Committee also ordered that the member pay a portion of the costs of the Complaint in the amount of $500 within 60 days of the date of the Order and to pay a fine in the amount of $1000 within 180 days of the date of the Order.

REPRIMAND ISSUED

On December 15, 2015, the NANB Discipline Committee reprimanded registrant number 024052, for professional misconduct and conduct unbecoming a member as demonstrated by a breach of patient confidentiality and a disregard for the patient's right to privacy. The Committee ordered that the member must meet conditions within 60 days of the date of the Order. The Discipline Committee also ordered that the member pay a portion of the costs of the Complaint in the amount of $500 within 60 days of the date of the Order and to pay a fine in the amount of $1000 within 180 days of the date of the Order.

REPRIMAND ISSUED

On December 15, 2015, the NANB Discipline Committee reprimanded registrant number 016561, for professional misconduct and conduct unbecoming a member as demonstrated by a breach of patient confidentiality and a disregard for the patient's right to privacy. The Committee ordered that the member must meet conditions within 60 days of the date of the Order. The Discipline Committee also ordered that the member pay a portion of the costs of the Complaint in the amount of $500 within 60 days of the date of the Order and to pay a fine in the amount of $1000 within 180 days of the date of the Order.

REPRIMAND ISSUED

On December 15, 2015, the NANB Discipline Committee reprimanded registrant number 025606, for professional misconduct and conduct unbecoming a member as demonstrated by a breach of patient confidentiality and a disregard for the patient's right to privacy. The Committee ordered that the member must meet conditions within 60 days of the date of the Order. The Discipline Committee also ordered that the member pay a portion of the costs of the Complaint in the amount of $500 within 60 days of the date of the Order and to pay a fine in the amount of $1000 within 180 days of the date of the Order.

REPRIMAND ISSUED

On December 15, 2015, the NANB Discipline Committee reprimanded registrant number 017978, for professional misconduct and conduct unbecoming a member as demonstrated by a breach of patient confidentiality and a disregard for the patient's right to privacy. The Committee ordered that the member must meet conditions within 60 days of the date of the Order. The Discipline Committee also ordered that the member pay a portion of the costs of the Complaint in the amount of $500 within 60 days of the date of the Order and to pay a fine in the amount of $1000 within 180 days of the date of the Order.

REPRIMAND ISSUED

On December 15, 2015, the NANB Discipline Committee reprimanded registrant number 027378, for professional misconduct and conduct unbecoming a member as demonstrated by a breach of patient confidentiality and a disregard for the patient's right to privacy. The Committee ordered that the member must meet conditions within 60 days of the date of the Order. The

Discipline Committee also ordered that the member pay a portion of the costs of the Complaint in the amount of $500 within 60 days of the date of the Order and to pay a fine in the amount of $1000 within 180 days of the date of the Order.

CONDITIONS IMPOSED

In a decision dated November 25, 2015, the NANB Discipline Committee ordered that conditions be imposed on the registration of Derek David Clifford Schriver, registrant number 027703. The Committee found that the member failed to meet the standards of nursing practice regarding communication and medications administration and documentation during a night shift in June, 2015 and that he demonstrated honesty in informing his employer of his acts and omissions. The Committee ordered the member is eligible to apply for a conditional registration. The Discipline Committee further ordered the member to pay costs to NANB in the amount of $1000 within 12 months of returning to the active practice of nursing.

SUSPENSION LIFTED, CONDITIONS IMPOSED

On October 8, 2015, the NANB Review Committee ordered that the suspension imposed by the Complaints Committee on February 13, 2015, on the registration of Cynthia Ann Lidster (former name Hickox), registration number 027666 be lifted. The Review Committee found the member to be suffering from ailments or conditions rendering her unfit and unsafe to practise nursing at the time of the complaint and that the member demonstrated professional misconduct, conduct unbecoming a member, dishonesty and a disregard for the welfare and safety of patients. The Review Committee ordered that the member is eligible to apply for a conditional registration The Committee also ordered that she pay costs to NANB in the amount of $3000 within 12 months of returning to the active practice of nursing.

REGISTRATION SUSPENDED

On January 21, 2016, the NANB Discipline Committee found that Nadine Pearl Bulmer (former name Rountree), registration number 024721 is responsible for her conduct, acts and omissions and that she demonstrated incompetence, professional misconduct, conduct unbecoming a member, a lack of honesty and integrity and a disregard for the welfare and safety of patients. The Committee found that the member failed to meet the standards of nursing practice regarding medication administration and documentation and that she did not comprehend the potential consequences of her actions. The Discipline Committee ordered the suspension of 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 $3500 within 12 months of returning to the active practice of nursing.

REVOKED, REMOVAL FROM REGISTER CONTINUED

On January 25, 2016, the Registrar of the Nurses Association of New Brunswick, removed from the NANB register, the name of Loretta Christine Huffman, registration number 027400, as a result of being suspended or otherwise disqualified from practicing nursing in other jurisdictions and is therefore not entitled to be registered under Section 14 of the Nurses Act. The member is no longer registered and is not entitled to practice nursing or use any designation indicating she is a nurse. On January 27, 2016, the NANB Review Committee found Loretta Christine Huffman responsible for her conduct, acts and omissions and that she demonstrated professional misconduct, conduct unbecoming a member and dishonesty as shown by her failure to report the suspensions and revocation in other jurisdictions. The Review Committee revoked her registration until conditions are met, after which she will be eligible to apply for registration. The member was ordered to pay to the Association a portion of the cost of the proceedings in the amount of $6000 within 24 months of her return to the active practice of nursing. ■

NANB Proxy Voting Form 2016 (Please Print)

I, _____ , a practising nurse member of the Nurses Association of New Brunswick, hereby appoint _____ registration no. _____ , as my proxy to act and vote on my behalf at the annual meeting of the Nurses Association of New Brunswick to be held October 19, 2016, and any adjournment thereof.

Signed this the _____ day of _____ , 2016.

_____ _____

Signature Registration No.

To be received at NANB offices before October 14, 2016, at 13:00 hrs.
Proxies sent by fax will be declared null and void.

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

Meet Dawn Torpe

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their feedback on the draft. Once this feedback is reviewed final edits are made and the document is submitted to the Board of Directors for approval.

What is trending in nursing and on the horizon for projects/initiatives within your Department over the coming year?

Physician-assisted dying and the legislative framework that will be developed to support it is being monitored closely because of the significant role nurses play with patients at end-of-life and potential implications for nursing practice when patients choose this option. The resources required to support nursing practice will be developed when the legislative direction is clearer. Another trend we are monitoring and evaluating for relevance to NB is the move to RN prescribing occurring across the country. Work is currently underway on the establishment of methadone prescriptive authority for NPs. A working group is examining the educational requirements necessary for safe practice and are developing clinical guidelines that will ensure evidence informed practice by NPs.

2016 is a significant milestone year for the NANB. What career reflections are you most proud of as a registered nurse and what would you say is your vision for the profession over the next 100 years?

This year, as NANB celebrates its' centennial, I celebrate my 35th anniversary as an RN. If I look at these two milestones in parallel, I see change as a common theme. I started my career after graduating from a three-year diploma program in Montreal. Along the way I've worked in three different provinces, in hospitals and homecare, in frontline and managerial roles and have gone back to school to earn a BN and an MN. Change has been a constant in my life - but I've tried to take the best from each new situation in order to improve and grow as a person and as an RN. I see this reflected in our profession which has continually adapted and changed to meet the needs of those we serve. George Bernard Shaw said that "progress is impossible without change...." and it is my hope for the profession that we continue to change and progress.

Advanced Directive Education

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Helpful Resources for End-of-Life Decisions

- **NB Power of Attorney Information:** www.legal-info-legale.nb.ca/en/powers_of_attorney
- **Discussion Paper on NB Directive Legislation:** www.gnb.ca/legis/Promos/Public_Hearings/28/PDF/HealthCare-e.pdf
- **End of Life Law and Policy in Canada:** http://eol.law.dal.ca/?page_id=231
- **Infirm Persons Act:** www.canlii.org/en/nb/laws/stat/rsnb-1973-c-i-8/latest/rsnb-1973-c-i-8.html

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*Kate Sheppard – preceptor and mentor

MLA BREAKFAST

On Wednesday, February 17th, NANB hosted an MLA Breakfast providing the Board of Directors and nursing staff an opportunity to discuss key priorities for healthcare and how RNs and NPs are poised and eager to participate in the development and introduction of innovative health models that would improve access and health management needed in New Brunswick.

1. NANB continues to campaign for enhancement of primary health care.
2. Nurse practitioners were first introduced in 2003; are positioned throughout the province and are demonstrating their effectiveness daily in patient health management.
3. Optimization of nurse practitioners and registered nurses may be one of the most effective and cost reducing models for health care delivery in New Brunswick.

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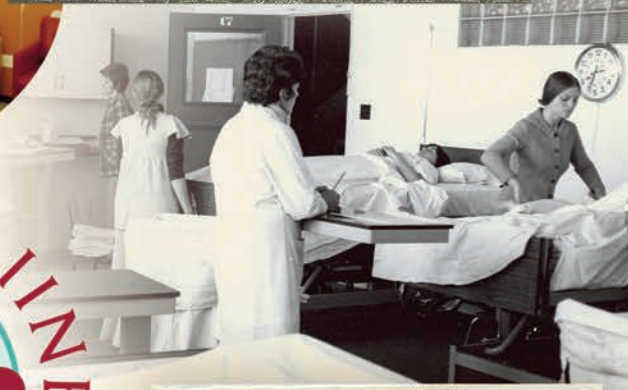
*Nationally, 90% of all of our clients who belong to a professional or an alumni group (underwritten by SECURITY NATIONAL INSURANCE COMPANY) or an employer group (underwritten by PRIMMUM INSURANCE COMPANY) that have an agreement with us and who insure a home (excluding rentals and condos) and a car on July 31, 2015 saved $415 when compared to the premiums they would have paid with the same insurer without the preferred insurance rate for groups and the multi-product discount. Savings are not guaranteed and may vary based on the client's profile.



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