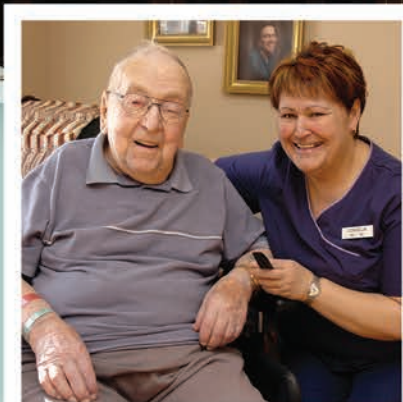
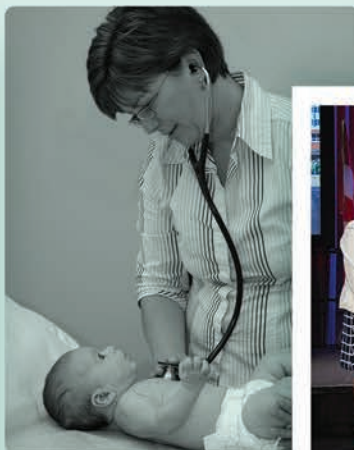


INFO NURSING

VOLUME 47 ISSUE 2 FALL 2016



NANB's Centennial Celebrations Continue ~ 25

13 YOU ARE INVITED:
NANB'S 100TH AGM

15 REGISTRATION
RENEWAL OPENS
OCTOBER 1ST

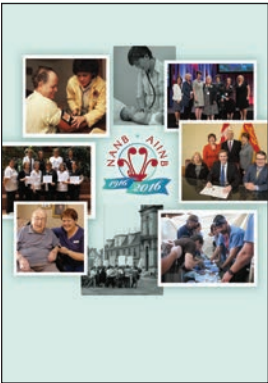
51 NANB LAUNCHES
STRATEGIC PLAN
2017-19



Nurses Association
OF NEW BRUNSWICK



On May 11, Marilyn Quinn, President of NBNU joined NANB to participate in a Centennial Time Capsule and Commemorative Tree Planting Ceremony during National Nursing Week.

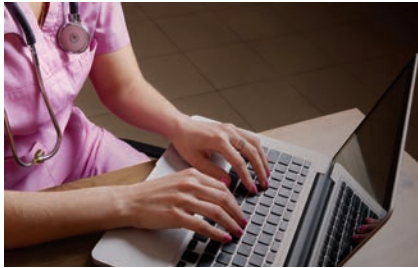


Cover

NANB's Centennial Celebrations Continue. Complete a centennial quiz to win a commemorative framed print, and see what events are still to come on **page 25**.



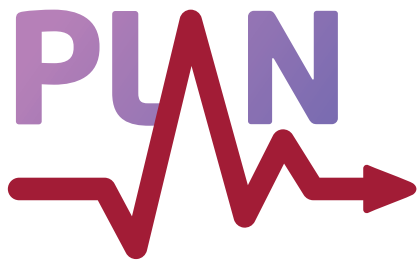
13 You Are Invited: NANB's 100th AGM



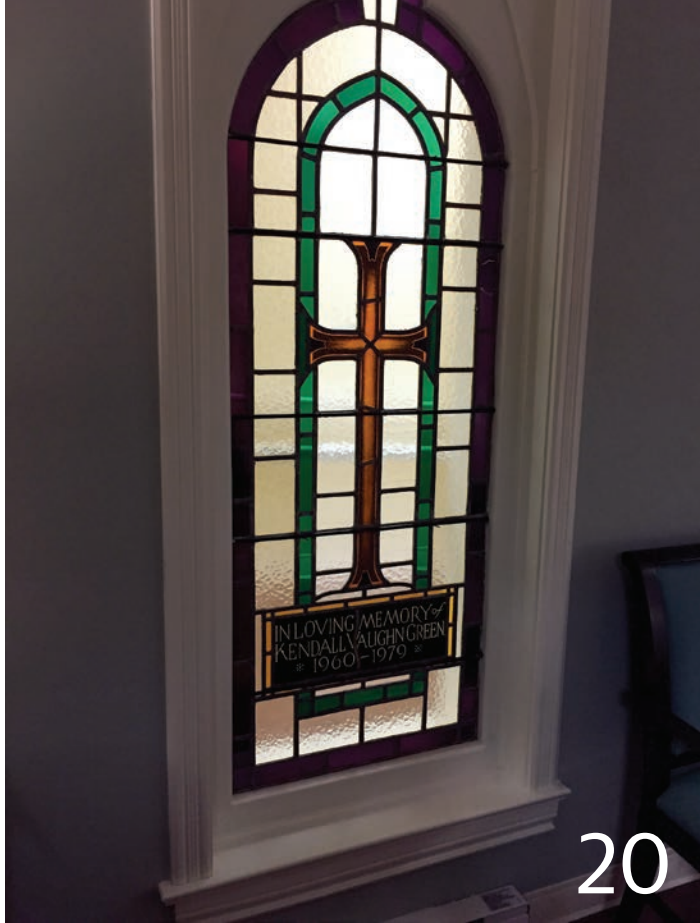
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Nurses Association of New Brunswick

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

..... The NANB Board of Directors



Brenda Kinney
President



Karen Frenette
President-Elect



**Joanne
LeBlanc-Chiasson**
Director, Region 1



Jillian Ring
Director, Region 2



Amy McLeod
Director, Region 3



France Marquis
Director, Region 4



Thérèse Thompson
Director, Region 5



Annie Boudreau
Director, Region 6



**Lisa Keirstead
Johnson**
Director, Region 7



Rebecca Butler
Public Director



Joanne Sonier
Public Director



Edward Dubé
Public Director

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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.

DESIGNER ROYAMA DESIGN

TRANSLATION JOSÉ OUIMET

EDITOR JENNIFER WHITEHEAD

Tel.: (506) 458-8731; Fax: (506) 459-2838;
1 800 442-4417; Email: jwhitehead@nanb.nb.ca

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Executive Office

LAURIE JANES
Executive Director
Email: ljanes@nanb.nb.ca

PAULETTE POIRIER
Executive Assistant, Corporate Secretary
459-2858; Email: ppoirier@nanb.nb.ca

Regulatory Services

ODETTE COMEAU LAVOIE
Interim Director of Regulatory Services/Registrar
459-2859; Email: ocomeau@nanb.nb.ca

LORRAINE BREAU
Regulatory Consultant: Professional Conduct Review
459-2857; Email: lbreau@nanb.nb.ca

MINDY PANASKY
Administrative Assistant: Regulatory Services
459-2866; Email: mpanasky@nanb.nb.ca

STACEY VAIL
Administrative Assistant: Registration
459-2851; Email: svail@nanb.nb.ca

ERIKA BISHOP
Administrative Assistant: Registration
459-2869; Email: ebishop@nanb.nb.ca

Practice

LIETTE CLÉMENT
Director of Practice
459-2835; Email: lclement@nanb.nb.ca

VIRGIL GUITARD
Nursing Practice Consultant
783-8745; Email: vguitard@nanb.nb.ca

SUSANNE PRIEST
Nursing Practice Consultant
459-2854; Email: spriest@nanb.nb.ca

DAWN TORPE
Nursing Practice Consultant
459-2853; Email: dtorpe@nanb.nb.ca

JULIE MARTIN
Administrative Assistant: Practice
459-2864; Email: jmartin@nanb.nb.ca

Corporate Services

SHELLY RICKARD
Manager, Corporate Services
459-2833; Email: srickard@nanb.nb.ca

MARIE-CLAUDE GEDDRY-RAUTIO
Corporate Services Assistant
459-2861; Email: mcgeddry@nanb.nb.ca

Communications and Government Relations

JENNIFER WHITEHEAD
Manager, Communications and Government Relations
459-2852; Email: jwhitehead@nanb.nb.ca

STEPHANIE TOBIAS
Administrative Assistant: Communications
459-2834; Email: stobias@nanb.nb.ca



Respect and Appreciation for Nurses Highlights Centennial Celebrations

A sense of pride continues to resonate amongst nurses as we celebrate NANB's Centennial year. From kicking-off our regional reception tour around the province; to burying a centennial time capsule and commemorative tree planting; to hosting CNA's Biennial in Saint John with over 600 colleagues from across the country, to a year still packed with celebrations (visit NANB's website for information and see page 28 for a calendar of activities)!

The NB Museum's Nursing History Exhibit, now open to the public, was a backdrop to NANB's Welcome reception showcasing New Brunswick's nursing history. I encourage all of my colleagues to visit this extraordinary interpretation of the nursing profession and its evolution over the years. The Canadian Nurses Foundation hosted a reception announcing NANB/TD Meloche Monnex Centennial Doctoral Scholarship—the first of its kind in our province and an achievement through many years of financial planning, as a Board, we are honoured to see it become a reality. To add to our excitement,

the provincial government announced matching our contribution establishing a second PhD scholarship available to NB nurses (details available on page 28).

It has indeed been a privilege for me, and all nurses, to experience firsthand the great respect and appreciation that has been shown to us by the public all across NB and indeed Canada as we celebrate this special year. Equally uplifting is the sense of fellowship and pride that I have encountered from each one of you; as an RN we are honoured to advocate, support and care for excellence in patient care.

Looking forward to NANB's next chapter, and what remains of Centennial celebrations, on behalf of the Board of Directors, we thank our outgoing Public Directors, Fernande Chouinard and Wayne Trail, for their dedication and commitment to representing the public's interest, and welcome Rebecca Butler and Joanne Sonier, as well as interim Region 4 director, France Marquis, whom all began their mandate on September 1, 2016. ■

A handwritten signature in black ink that reads "Brenda Kinney". The signature is fluid and cursive.

BRENDA KINNEY
President
president@nanb.nb.ca



Beth Arsenault



Jennifer Donovan



Virgil Guitard



Sandy Johnson



Stéphanie Maillet



Jean Sloat

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.....

SANDY JOHNSON

Chief Executive Officer,
Hospice Greater Saint John

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.....

STÉPHANIE MAILLET, BA, D.Ps.
Assistant Professor, Department of
Administration, UdeM, Moncton

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.....

JEAN SLOAT, BPR, MBA
Executive Director,
Hospice Fredericton

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JENNIFER DONOVAN, RN, MN
Clinical Research Coordinator,
York Care Centre

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BETH ARSENAULT, BSc, BA
Program Coordinator, Collaborative for
Healthy Aging and Care

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.....

VIRGIL GUITARD, RN
Nursing Practice Consultant, NANB

29

.....

KAYLA THOMPSON
Nursing Student, UNB Saint John

LISA COLLIN

Nursing Student UdeM,
Campus Shippagan, Bathurst site

THE BOARD OF DIRECTORS MET ON MAY 31 AND JUNE 1, 2016 AT NANB HEADQUARTERS IN FREDERICTON.

Policy Review

The Board reviewed policies related to:

- *Ends*
- *Governance Process*
- *Executive Limitations*

The Board also approved amendments to certain Executive Limitations policies proposed NANB Rule amendments.

Board of Directors Appointments and Vacancies

2016 Election

An election was held for Director position in Region 3, candidates in Region 1, 5 and 7 were elected by acclamation:

- Joanne LeBlanc-Chiasson, RN
Region 1 Director
- Amy McLeod, RN
Region 3 Director
- Thérèse Thompson, NP
Region 5 Director
- Lisa Keirstead Johnson, RN
Region 7 Director

Director Region 4

The Board approved the appointment of

France Marquis, RN, as Interim Region 4 Director for the period of September 1, 2016 to August 31, 2017 to complete the term of the position that had recently become vacant.

Public Director Vacancies

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

The term of two public directors, Fernande Chouinard and Wayne Trail, will expire August 31, 2016.

The Lieutenant-Governor in Council appointed Rebecca Butler (Fredericton) and Joanne Sonier (Tabusintac) as Public Directors on the NANB Board for the period of September 1, 2016 to August 31, 2018.

NANB Committee Appointments and Vacancies

The Board approved the following appointments to NANB Committees:

NANB Finance Committee

The Board established an NANB Finance

Committee represented by the President, Executive Director, two Board Directors, and Manager of Corporate Services. The Board appointed the following Directors:

- Amy McLeod, RN, *Region 3*
- Edward Dubé, *Public Director*

Executive Committee

The President and the President-Elect are members of the Executive Committee along with two region directors and one public director. The Board appointed the following directors for a one-year term effective September 1, 2016 to August 31, 2017:

- Joanne LeBlanc-Chiasson, RN
Director, Region 1
- Lisa Keirstead Johnson, RN
Director, Region 7
- Edward Dubé, *Public Director*

Nursing Education Advisory Committee

September 1, 2016 to August 31, 2018

- Marissa Babin
Staff nurse, Moncton (new)

- Angela Snyder
Public health nurse, Fredericton (new)
- Lucie-Anne Landry
Nurse educator, Moncton (new)
- Kathleen Mawhinney
Nurse educator, Saint John (re-appointment)

Complaints Committee

- Monique Mallet-Boucher
Nurse educator, Moncton (new)
- Marius Chiasson
Discharge planning coordinator, Bathurst (new)
- Julie Boudreau
Nurse educator, Moncton (new)
- Erin Corrigan
Staff nurse, Campbellton (re-appointment)
- Acholia Theriault
Nursing practice coordinator, Fredericton (re-appointment)
- Roland Losier
Moncton (re-appointment)
- Aline Saintonge
Fredericton (re-appointment)

Discipline/Review Committee

- Odette Arseneau (chair)
Mental health nurse, Bathurst (re-appointment)
- Nathaniel Wickett
Clinical access coordinator, Fredericton (new)
- Louise Thibodeau
Public health nurse, Bathurst (new)
- Edith Côté Leger
Staff nurse, Moncton (new)
- Catherine Pellazar
Mental health nurse, Moncton (new)
- Eric Chamberlain
Nurse manager, Moncton (new)
- Heidi Mew
Nurse educator, Saint John (re-appointment)

NANB Board of Directors 2015–2016

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

- Jacqueline Savoie
Public health nurse, Miramichi (re-appointment)
- Sharon Smyth Okana (vice-chair)
Surgical program director, Moncton (re-appointment)
- Carolyn Steeves
Nursing practice coordinator, Saint John (re-appointment)
- Charles Flewelling
Moncton (new)
- Gerald Pelletier
Robertville (new)
- Marguerite Levesque
Edmundston (new)
- Gérald RJ Bourque
Moncton (new)
- Elisabeth Goguen
Fredericton (re-appointment)

The Nurse Practitioner Therapeutics Committee

The Board approved the appointments of Dr. Timothy Snell and Dr. Naomi White to the Nurse Practitioner Therapeutics Committee, for the term commencing September 1, 2016 through August 31, 2018.

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

Nursing Education Advisory Committee

The Board approved the 2016 reviewed Nursing Education Advisory Committee terms of reference.

UdeM Program Approval: Review Team Selection

The Board accepted the recommendation that Sylvie Larocque, Marilyn MacDonald and Cécile Michaud be selected as team members for the UdeM Baccalaureate in Nursing Program Approval Review Team. Also, that Denise Moreau be selected as an alternate team member with Sylvie Larocque to serve as team leader.

Registered Nurse Re-entry Program Approval: Review Team Selection

The Board accepted the recommendation that Monique Mallet-Boucher and Stéphanie Roy be selected as team members for the Registered Nurse Re-Entry Program Approval Review Team.

Please note subsequent to the Board meeting, the President approved the



Be a Nursing Leader

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

Call for Nominations:

President-Elect &
Directors, Region 2, 4 and 6

Qualifications

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

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

Role

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

Position	Chapter	Term
President-Elect		2017-19
Director, Region 2	Saint John Charlotte County Sussex	2017-19
Director, Region 4	Edmundston	2017-19
Director, Region 6	Bathurst Acadian-Peninsula	2017-19

Please complete the nomination form on page 43.
The deadline to submit nominations is:
January 31, 2017.

Elections 2017

Nominations for the 2017 elections are now being accepted.

Why should I run for office?

This is your opportunity to:

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

How can I become a candidate?

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

Nomination Restrictions

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

Candidate Information and Election Results

Information on candidates will be posted on the NANB website in March 2017. Voting will take place either online or by telephone.

The names of the elected candidates will be announced at the 2017 Annual Meeting and will be published in the September edition of *Info Nursing*.

For More Information

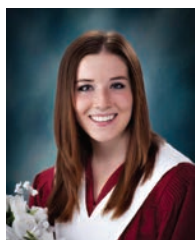
Please contact NANB headquarters at 1-800-442-4417 (506-458-8731) or email to nanb@nanb.nb.ca.



VPH Nurses Alumnae Bursary Awarded



Brogan Miner



Savannah Miner

The 2014–15 Victoria Public Hospital Nurses Alumnae bursary was awarded to two sisters, Brogan and Savannah Miner. At that time, Brogan was in her fourth year of her nursing degree at UNB Fredericton, and Savannah was in her third year of nursing at UNB Moncton campus. Each student received \$1,000.

Savannah Miner was the sole recipient of the VPH Alumnae bursary for 2015–16, receiving \$2,000 to help her with expenses in her final year of her nursing degree.

To apply for the bursary, please contact Sheila Currie Harvey and Gwen Dorcas Ferguson with info about your nursing studies and your VPH connection at sheila.currie8@gmail.com or gtuttle@unb.ca.

NANB's 2016 President Award Recipients

The President's Award (\$250) is presented to an outstanding nursing graduate representing each program site.

Congratulations to the following recipients:

- Isabelle Wallace, UdeM Edmundston
- Malérie Savoie, UdeM Moncton
- Mélanie Chantale Haché, UdeM Shippagan
- Emily Fitzpatrick, UNB Fredericton
- Skylar McIntosh, UNB Moncton
- Brendon Graves, UNB Saint John
- Emily Whalen, UNB Bathurst

New NANB Staff: Mindy Panasky

Mindy Panasky, Oromocto, has accepted the position of *Administrative Assistant: Regulatory Services* with the Nurses Association of New Brunswick (NANB), effective April 25, 2016.

Ms. Panasky is bilingual and has over ten years experience as an administrative assistant in real estate and legal office settings. In this position, Ms. Panasky will provide support to the Regulatory Consultant in Professional Conduct Review and to the Regulatory Services Department.



Protect your patients. Protect yourself.

The best protection against seasonal influenza is the flu vaccine. If you are immunized, you reduce the risk of passing on seasonal influenza to others – your patients, your colleagues and your family.

Get the flu vaccine.

Protégez vos patients. Protégez-vous.

La meilleure protection contre la grippe saisonnière est le vaccin antigrippal. Lorsque vous vous faites vacciner, vous réduisez le risque de transmettre la grippe aux autres : vos patients, vos collègues et les membres de votre famille.

Faites-vous vacciner.





National Nursing Week Competition Winners

Dr. Georges L-Dumont Hospital nursing staff participated in a Nursing Week competition by creating banners that depicted this year’s theme—*Nursing: with you every step of the way.*



Hours & Dates

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

NANB WILL BE CLOSED		DATES TO REMEMBER	
October 10	Thanksgiving Day	October 18–19	NANB Board of Director’s Meeting
November 11	Remembrance Day	October 19	NANB’s 100 th Annual General Meeting
December 26, 27 & 28	Christmas Holidays	November 30	Registration Renewal Deadline
January 2	New Year’s Day	January 31	Deadline for NANB Election & Award Nominations
		February 14–15	NANB Board of Director’s Meeting



AGENDA

1230–1400	Registration
1400	Call to order Introductions Announcements Centennial Theatre Presentation
1430	Resolutions Submission Deadline
1430–1500	Approval of Agenda, Rules & Privileges 2015 Annual Report
1500–1515	Break
1515–1600	Auditor's Report Resolutions Committee Report Voting on Resolutions Election Results New Business President's Remarks Invitation to the 2017 Annual Meeting Adjournment

Wednesday, October 19, 2016
Delta Fredericton Hotel
225 Woodstock Road
Fredericton, NB

Please RSVP no later than October 12, as seating is limited. Register online via www.nanb.nb.ca or by calling 506-458-8731 (1-800-442-4417).

Members are asked to refrain from wearing scents as some participants may be sensitive to perfume or aftershave.

A photographer will be circulating taking pictures at our Annual Meeting. Photos may be used in future NANB communication materials.

Resolution Submitted by Fourteen Practising Members From Two Chapters

(MIRAMICHI AND SAINT JOHN)

WHEREAS in February 2016, the Department of Social Development announced publicly that the existing composition of the nursing staff in New Brunswick nursing homes will be modified from the current 20/40/40 (20% RNs, 40% LPNs, 40% unregulated care providers) to 15/15/70 or 15/20/65 based on 2.89 hours of care/resident/day;

WHEREAS the acuity levels and complexities of care requirements for current residents in New Brunswick nursing homes are high and expected to increase;

WHEREAS this increased level of acuity requires a greater demand, oversight and leadership of professional Registered Nurses in the provision of safe, competent and knowledge-based care of nursing home residents;

WHEREAS Registered Nurses in New Brunswick nursing homes are recognized as being “in charge” when at work. “In charge” denotes assigned responsibility for the operation of a specific nursing unit and for assigned managerial duties which could include but not limited to case management, performance appraisals of other nursing staff, and other supervisory functions;

WHEREAS the proposed changes in composition of nursing staff in nursing homes substantially increase the percentage/number of unregulated care providers such as Resident Attendants, for which the Registered Nurse will be accountable for providing adequate supervision in the delivery of safe nursing care to residents;

WHEREAS there are no provincial

standards or minimum training required, for unregulated care providers such as Resident Attendants;

WHEREAS previous research by RNAO has demonstrated that “deskilling” the workforce in healthcare results in a correlated increase in morbidity and mortality rates in those receiving the care;

THEREFORE BE IT RESOLVED that the Nurses Association of New Brunswick lobby the Department of Social Development to reconsider the proposed changes to the staffing ratio skill mix in nursing homes, and in the future, provide evidence, including appropriate comparisons with similar care jurisdictions, supporting any staffing ratio changes/skill mix for resident care in New Brunswick nursing homes.

Where can NANB members turn for legal support?



The Canadian Nurses Protective Society is here for you!

How the CNPS can help you:

- confidential, free legal advice to support you in your nursing practice
- risk management and educational services
- assistance with legal proceedings

Call us: 1-844-4MY-CNPS (1-844-469-2677)

Visit us: cnps.ca

Follow us:  /CNPS.SPIIC  /CNPS_SPIIC

More than liability protection. For nurses, by nurses.





2017 ONLINE REGISTRATION RENEWAL

OPENS ON OCTOBER 1, 2016
AND CLOSES AT 4:00 PM ON
NOVEMBER 30, 2016.

In early October, members will receive an email reminder to renew their registration online. If your email address has changed, please contact Registration Services at 1-800-442-4417 or 1-506-458-8731.

Payroll Deduction Deadline: November 15, 2016

Members participating in employer payroll deduction of registration fees must renew online by November 15, 2016. After November 15, payroll deduction fees must be returned by NANB to the employer and members will have to use their debit or credit card to renew online.

Avoid the Late Fee: Renew Your Registration Early

Registrations that are renewed after December 1, 2016 will be subject to a late fee of \$57.50. Any nurse, who practises while not being registered, is also in violation of the *Nurses Act* and may be charged an additional unauthorized practice fee of \$287.50.

Renew online via your “My Profile” account

Registration renewals are to be completed online via your “My Profile” account.

Log in to your secured “My Profile” account or create your profile at Create my profile.

Reminder: your USER NAME is your Registration Number.

Payment options online for those not on payroll deduction

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

Continuing Competence Program (CCP)

To renew registration for the 2017 practice year you must have:

- completed a self-assessment to determine your learning needs;
- RNs assess their practice based on the NANB *Standards of Practice for Registered Nurses*; and
- NPs assess their practice based on

NEW THIS YEAR

REGISTRATION YEAR DATE AND RENEWAL DEADLINE

Members’ registrations expire on November 30, 2016. If you intend to practise after November 30, 2016 you must renew your registration prior to December 1, 2016.

The 2017 Registration fees reflect the change in HST that went into effect July 1, 2016.

NURSE PRACTITIONER CCP WORKSHEETS

The 2017 Continuing Competence Worksheets for NPs are based on the updated *Standards for the Practice of Primary Health Care Nurse Practitioners* (2015).

the NANB *Standards of Practice for Primary Health Care Nurse Practitioners*;

- developed and implemented a learning plan that outlines learning objectives and learning activities;
- evaluated the impact of your learning activities on your practice; and
- reported on the registration renewal form that you have completed the CCP requirements for the 2016 practice year.

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

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

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

CCP Audit

Compliance with the CCP is monitored through an annual audit process. In

August 2016, a randomly selected group of RNs and NPs received notification to complete a CCP Audit Questionnaire related to their CCP activities for the 2015 practice year. These members are required to complete the online questionnaire by September 30, 2016, prior to registration renewal.

Verification of Registration Status for Employers and Members

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

1. go to the NANB website at www.nanb.nb.ca;
2. select Registration from menu at the top of the screen;
3. select Registration Verification.

This login page will allow you to:

- Access your nurse registration list if you are currently registered as an

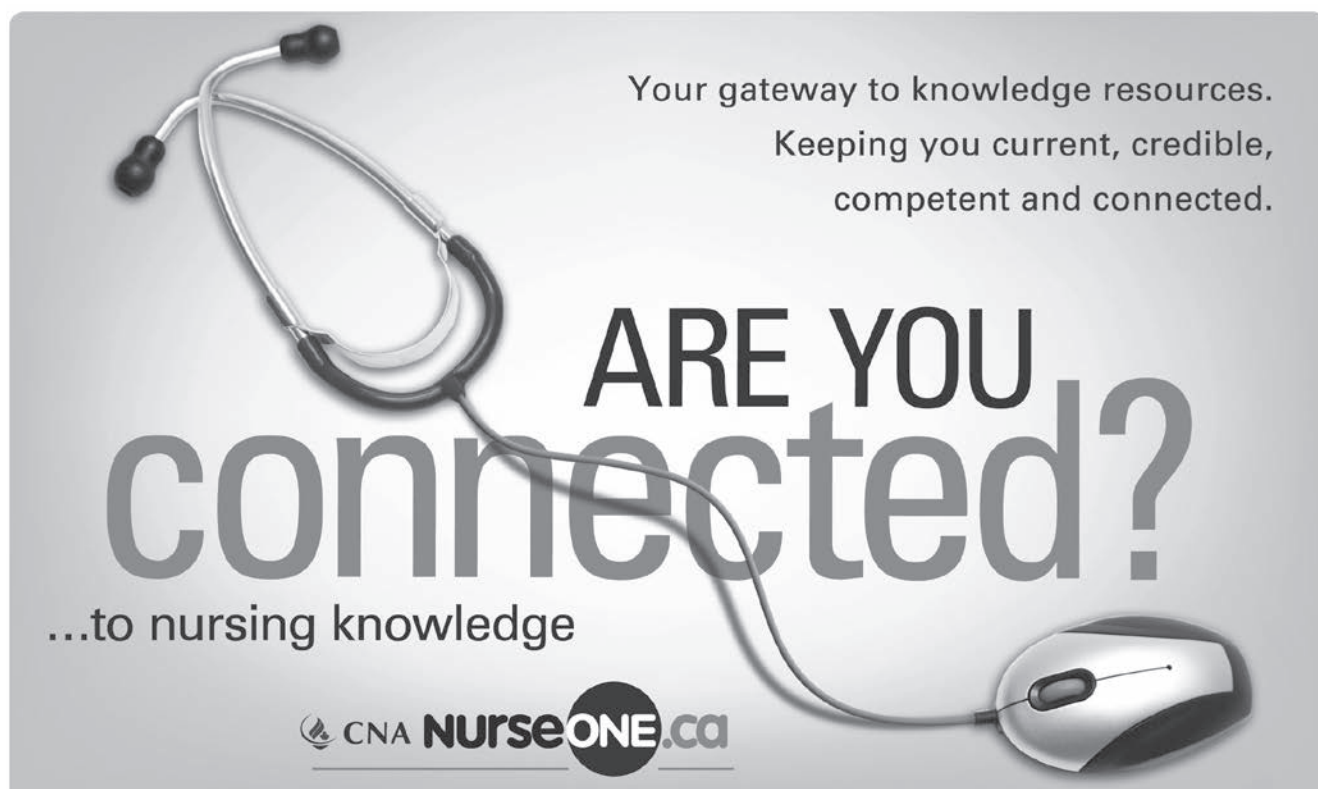
employer with NANB. Enter your user ID and password to verify the registration status of your nurse employees. You may verify registration of a nurse for the first time by entering her name or registration number and adding it to your list;

- Register as an employer with NANB if you have not done so previously. Once approved, you will be able to create and save a list of your nurse employees with their registration status;
- Verify the registration status of an individual nurse without having to use a password.

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

Office Hours


The NANB office is open Monday to Friday 08:30 to 16:30. For assistance with any registration issue please contact NANB Registration Services at 1-800-442-4417 (toll-free in NB) or 1-506-458-8731. ■



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NANB Awards

Call for Nominations



Biannually, the NANB recognizes nurses whom are nominated by their peers at an Awards Gala Banquet.

Please consider nominating a nursing colleague you feel deserves recognition for their dedication to the profession and healthcare of New Brunswickers.



NANB IS KEENLY AWARE OF THE contributions made by current and former members to the health care system in New Brunswick and also to public members who have performed meritorious services on behalf of RNs/NPs and Nursing as a profession.

Since 1955, NANB has been recognizing members and members of the public with various awards, including: Life Membership Award; Honorary Membership Award; Excellence in Clinical Practice Award; Entry Level Nurse Achievement Award; and four Awards of Merit (in Nursing Practice, Research, Education and Administration).

The *NANB Awards Handbook* was created by the Practice Department at NANB to be used as a reference on how to successfully nominate RNs and NPs, as well as members of the public for NANB Awards. In the document you will find the criteria for each award, the nomination form and the direction on how to nominate a person for each award. You may find this document on the website at www.nanb.nb.ca under the tab *About NANB*.



The deadline for nominations is January 31, 2017 and an awards banquet will take place in early June 2017.



Bobby's HOSPICE

With SANDY JOHNSON

EDITOR'S NOTE: In an effort to highlight hospice care in New Brunswick, we approached both Bobby's House (Greater Saint John) and Hospice House Fredericton to share their journeys to conception and care services provided to patients and families.

.....

Briefly share your Hospice House journey- from conception, to opening its door, to caring for patients and families in the community.

Hospice Greater Saint John has provided valuable palliative care services to our region for 33 years. In the beginning, we provided a volunteer visiting and support service as well as community grief support services to families coping with loss.

The vision of Bobby's Hospice was launched with the release of the Senate Report, "Quality End of Life Care: The Right of Every Canadian" in 2000. After ten years of research and development, we proudly opened Atlantic Canada's first 10-bed residential hospice in the former St. Joseph's Convent on November 1,

2010. Our home is named *Bobby's Hospice* in honour of a 20-year volunteer, Catherine "Bobby" Lawson, who provided a significant donation to help us achieve our dreams of an in-patient residential hospice.

Since opening nearly six years ago, Bobby's Hospice has:

- Provided quality, in-patient palliative care to 610 patients who could no longer stay at home and did not require acute hospital services;
- Freed up 16,500 hospital bed days at the Saint John Regional Hospital;
- Provided the NB Government with over \$13M in reduced in-patient palliative care costs.

Today, Hospice Greater Saint John owns and operates both Bobby's Hospice, and The Hospice Shoppe, a second-hand retail store that helps to fund care at Bobby's Hospice. In addition, we continue to offer comprehensive grief support services to persons in the community coping with the loss of a

loved one. We have a staff of over 35 dedicated healthcare and retail professionals and a team of over 170 volunteers dedicating their time and talents to both Bobby's Hospice and The Hospice Shoppe.

Hospice is a shining example of what can be achieved with innovative partnerships between government, charities and communities. Our partnership with the Department of Health provides \$730,000 in funding and our generous community donates \$1M every year to help us provide care at Bobby's Hospice.

How does hospice care differ from palliative care units in the hospital setting?

A residential hospice offers a non-institutional, home-like environment which has a significant amount of space dedicated to family use. We welcome family to be here 24-hours a day and provide them with full kitchen, living room, bedroom and bathroom facilities.

The focus of Hospice care is on comfort, not cure—and on life, not death. At Bobby's Hospice, our motto is

“It’s your journey, *your way*.” Our goal is to make each person’s last weeks and months of life as comfortable as possible while also providing support to family members and friends.

Hospice is about dignity, respect, comfort, peace and hope. It is about celebrating life and enhancing the quality of living. At Bobby’s Hospice, we help to make a patient’s last wishes come true, like spending a weekend at the camp, or taking a special trip with loved ones, etc.

What would RNs and/or other health providers benefit most knowing about hospice care?

100% of us will die at some time and in some way. Less than 10% of us will die a sudden death from an accident, heart attack, stroke, etc, leaving over 90% of us in need of palliative care at the end of life.

A community residential hospice is a cost effective way to provide quality, in-patient palliative care to the 50–70% of people dying from advanced illness who need 24-hour medical and nursing care outside of the hospital setting. The cost of care in a 10-bed residential is \$465/day compared to \$1,000/day in a hospital setting. Government’s cost is \$200/day with the community funding the additional \$265/day through donations and support.

Our care is in keeping with Canadian

standards. It does not include physician assisted death, nor does it hasten or prolong death. We aim to relieve suffering and improve the quality of life with expert pain and symptom management, education and comprehensive support and care.

If you or a loved one cannot stay home through the end of life, a residential hospice offers a home away from home with high quality, personalized care and support. At Bobby’s Hospice, we provide compassionate care that celebrates life and serve as a very cost effective approach to in-patient palliative.

How would an RN go about helping a patient seek hospice care?

Bobby’s Hospice is a 24-hour/7-day a week admitting facility. Patients are admitted by a physician, either through a family physician if the patient is at home or through the Palliative Care Unit if the patient is in hospital. Extra-Mural is often the conduit in the community between family physicians and Bobby’s Hospice, helping to facilitate direct admissions and avoiding unnecessary hospital visits. Nurses are always welcome to call Bobby’s Hospice if their patient is in need of in-patient hospice services. Our specialized team can help fast-track admissions.

In what areas does hospice care specialize vs. other health care institutions?

Hospice palliative care is specialized end of life care. Physicians and nurses who work at Bobby’s Hospice have specialized training and expert skills in advanced pain and symptom management, prognostication, advance care planning, psychosocial/spiritual care, grief and bereavement and self-care to prevent compassion fatigue.

Many people falsely believe that ending lifesaving treatments and entering a hospice palliative care program will hasten death. Often, the opposite is true. In fact, medical research has shown that patients receiving early hospice palliative care had a better quality of life and lived longer than those who received standard, less aggressive care at the end of life, according to a study published in the New England Journal of Medicine in 2010.

We have repeatedly seen evidence of that here at Bobby’s Hospice. Patients have been admitted with short life expectancies and with the expert pain and symptom management and comprehensive support provided by our specialists, the patient lives longer and better.

At Bobby’s Hospice, we had a patient admitted with a life expectancy of two months or less. Within 24 to 48 hours, our experts had his pain and symptoms under control and he had improved quality of life, so much so that he was able to take his wife on a second honeymoon to Niagara Falls, Ontario two months after being admitted to Bobby’s Hospice. His life expectancy turned out to be 10 months of quality time with loved ones.

Hospice care can’t always add days to life, but we can relieve suffering and add life to days! In the end, it is what we all want for our loved ones and ourselves. ■

At Bobby’s House, patients receive visitors from organized children’s groups.



EDITOR’S NOTE: The NANB received a tour of the newly opened Hospice House Fredericton, providing an opportunity to witness firsthand the amenities and services available to patients and families, as well as the nurses’ role in supporting patient care.

.....

Briefly share your Hospice House journey—from conception, to opening its door, to caring for patients and families in the community.

Hospice House opened its doors on April 19, 2016. Similar to that of Bobby’s House, Hospice Fredericton became a reality because of the community. From the moment the decision was made to move forward, the results of our efforts to make Hospice House a reality, proved yet again that Margaret Meade was accurate in her declaration, “Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it’s the only thing that ever has.” Prior to opening, Hospice Fredericton offered a volunteer visiting and support service as well as community grief support services to families coping with loss.

The programs of Hospice Fredericton and the reality of Hospice House are the results of a grassroots initiative. We cannot say enough to thank the many individuals who created the vision of community hospice services as well as those who first believed that a residential Hospice House was possible.

Both Bobby’s House in Saint John and Hospice House Fredericton offer residential hospice services as well as a grief support program. Hospice Fredericton also owns and operates its own Hospice Boutique. It is located near the corner of Prospect and Hanwell and has become a favorite shopping destination for many. In fact, it brings in 25% of the \$800,000 Hospice Fredericton must raise annually to support its operations.

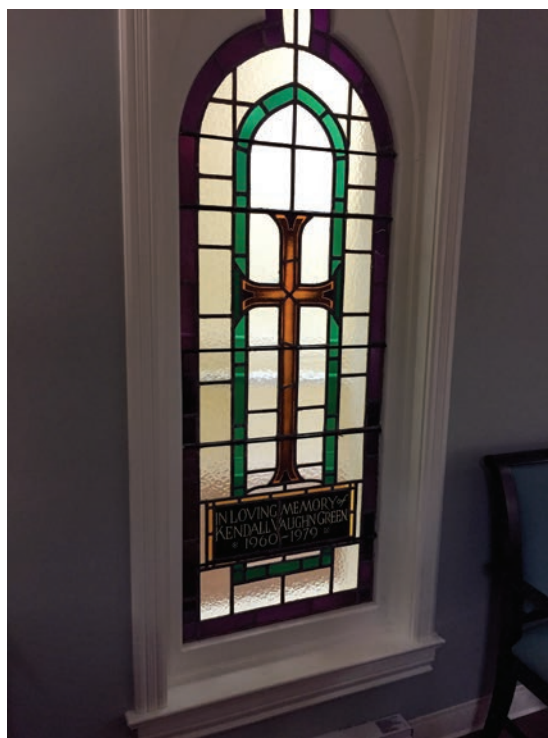
There are however a few notable differences in the programs we offer. Hospice Fredericton continues to offer a Community Hospice Program. More than 75 volunteers serve the needs of Hospice House and the hospice needs of our community.



FREDERICTON’S HOSPICE HOUSE

With JEAN SLOAT

Pictured below is a regular volunteer at Hospice House Fredericton, a peak inside the Chapel, a patient's room, as well as the nurse's station.



This picture is of the spa-like bathing facilities available to patients.



Hospice Fredericton is offering new services this fall:

The J.T. Clark Family Adult Day Program

The J.T. Clark Family Adult Day Program opened on September 7, 2016 and will serve clients with physical and/or cognitive impairment. This program provides full time, part-time and/or drop in services (depending on availability) 3–5 days a week to both private clients as well as those referred through the Provincial Department of Social Development. For further details, interested parties are invited to call Hospice Fredericton’s main line 506-472-8185.

River Valley Lodge

Our River Valley Lodge provides accommodation to anyone making a medically related visit to Fredericton. Whether visitors want to be close to loved ones admitted to Chalmers Hospital or the Stan Cassidy Centre or are just coming to town for a doctor’s/ dentist appointment, River Valley Lodge provides clean, comfortable accommodation at the reasonable price of \$65 per

night (no tax) and free parking. There is also a kitchen and lounge where visitors can make meals and watch television. Each room also has its own full-washroom and television. But the best news is that every cent raised by River Valley Lodge supports the services of Hospice Fredericton! Please come and enjoy our hospitality. Call 506-206-6455 to make your reservation!

While we have made different choices and done some things differently, Hospice Fredericton has benefitted greatly from the early learning experiences of Hospice Greater Saint John. I am especially grateful to Sandy Johnson and her team who have been so open with their information and knowledge.

Hospice Fredericton hopes to carry on the tradition of frank and open communication to help other communities establish their own hospice programs. To this end, Hospice Fredericton recently undertook a “readiness assessment” and hopes to share the results of this study, possibly through publication, with others who might benefit from our learning experience.

What would RNs and/or other health providers benefit most knowing about hospice care?

Sandy’s statistics are necessary and relevant, important information for us all to understand the issues affecting health and health care in this province. They demonstrate that Hospice is a better and cheaper alternative to hospital stays especially when those hospital stays serve only to provide end-of-life care.

Pain management is one of the single most important issues in providing palliative care. No one wants to see their loved one suffer and once the focus changes from medical care and treatment to palliative care, there is so much that can be done through proper medication to alleviate pain and suffering. We still have a lot of work to do to educate health care providers about the value of palliative care and the role of hospice.

End-of-life is a poignant and meaningful time in the life of an individual and in the shared experience of their family. Hospice has the notable honour of serving them in their time of need.

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Defining Healthy Aging in New Brunswick

PITCH TO CABINET DURING INNOVATION WEEK

By BETH ARSENAULT

NouLAB, New Brunswick's public and social innovation lab, spearheaded by New Brunswick Social Policy Research Network (NBSPRN) and UNB's Pond-Deshpande Centre (PDC), asked the Collaborative for Healthy Aging and Care to join the multi-sector lab team in exploring the ways in which provincial stakeholders can address NB's challenges in a different way.

Six members of the Collaborative representing the province's senior information centres, the not-for-profit sector, government and academia, came together to take advantage of the opportunity and formed the healthy aging lab.

The sessions pushed lab members to move beyond the symptoms of the challenge they were grappling with to rediscover the problem underneath. Once rediscovered and better understood, each lab explored how to intervene and address the problem in an actionable way that will eventually lead to better outputs and outcomes.

The Lab process wrapped up during NB's Innovation Week, and the healthy aging lab was one of four labs invited to pitch their problem and solution to Members of Cabinet. Read the pitch transcript in its entirety below.

Baby boomers. They're not babies anymore. And we hear in the news, as far reaching as MacLean's Magazine that New Brunswick is going to fall off of the fiscal cliff, as baby boomers begin to retire. Our expenses are going to go up, as our revenues go down.

Many have bought into this storyline, because if it's in MacLean's Magazine, then it must be true. But it's not just a financial problem of checks and balances. It's much more complex than that.

[Transcription]

The healthy aging lab, as a member of the Collaborative for Healthy Aging and Care and the newly appointed Council on Aging, has been grappling with this problem for four years now. And through the social lab process, we were able to dig deeper, and really tunnel in—because aging and aging well is a complex issue. The social determinants of health that have the greatest impact on healthy aging. After income, the five determinants having the greatest impact on how a person ages are food security, adequate housing, transportation and access to primary health and long term care. The social labs present are dealing with the majority of these – either directly or indirectly. We can't isolate this stuff because they all impact the other and are intricately connected. And to make things even more complex, each NB community is different. They each have a different mix of challenges based on unique socioeconomic, cultural and historical factors. Because of this, it's next to impossible to create a top-down policy approach that is going to succeed in the transition we are facing as a province. We won't solve the problem through policy alone.

Communities are a key foundation of society, and they are part of the solution in solving the challenges we face as a province. The approach is to arm communities in meeting government halfway.

Some communities are doing some of this type of work already. The Village of Gagetown's Transportation Project is but one example where the community took a proactive approach in meeting the needs of its aging population using the assets they have—an available bus and a handful of volunteer drivers. When there is a will there is a way.

The Healthy Aging Lab will be creating a readiness tool kit that assists communities in understanding where they are—not what their needs are, because this leads to a discussion of wanting more, but in rediscovering their assets. What do they bring to the table that can help solve problems with more autonomy? How can they leverage their assets for the betterment of the community as a whole?

We plan to do something cheap and simple by prototyping a community readiness tool kit, and do limited trials in a number of communities to iron out the kinks before wide dissemination. We believe that with a few successes using this approach, communities will begin learning and copying each other. This will then create systemic and cultural change in how we perceive our communities, and how we define and manage aging for the citizens of NB.

Beth Arsenaault, is the Program Coordinator of the Collaborative for Healthy Aging and Care. The New Brunswick Collaborative for Healthy Aging and Care is a growing coalition representing 50+ stakeholder organiza-

Nursing:
100 Years of Caring



La profession infirmière :
100 ans de soins



2016 NANB Centennial *Celebrations*

Balance & Sensitivity

THE ART OF NURSING

By STEPHANIE WEIRATHMUELLER

After completing my Bachelor of Fine Arts degree at Mount Allison University in 2005, I began painting professionally. Since my earliest exhibit, subject matter has reflected day to day life: painting images of places and familiar people.

Becoming a registered nurse was as challenging and rewarding as I hoped, both the science and the art. An RN is not only expected to understand and assess physical pathology, but is also expected to care about the emotional, mental and spiritual wellbeing of patients. This balance, this sensitivity, is the art of nursing.

Painting and nursing may seem very different; painting is solitary, nursing is collaborative, nursing is providing care for the sick, painting is creating a decorative object. But they both require attention and reflection and time to grow from novice to expert. Both require critical thinking, and creativity. In nursing this is applying the nursing process, assessment to intervention, to different facets of health. In painting this is observing life around you, and rendering it on canvas with paint and brushes.

My painting and nursing work also has a synergetic relationship. Art is a way to meditate on my experience as a nurse through imagery, reflections which in turn adds depth to my nursing practice. A reassuring hand on some-

one's back, for example, is a way to visually represent the nurse's role to provide empathy, connection, and support to patients. Reflecting on this care is reflecting on a fundamental part of nursing. Nurse theorist Jean Watson, who developed the Theory of Human Caring, reflects, "It is when we include caring and love in our work and our life that we discover and affirm that nursing...is more than just a job, but a life-giving and life-receiving career (Watson, p.2)".

I am grateful for the opportunity to create a lasting, historical painting to commemorate NANB's Centennial representing New Brunswick nursing's past, present, and future. The first panel is of a nurse involved in the delivery of a baby, a historical image showing a nurse's presence at the very beginning of life. The third panel shows a nurse providing care to an elderly patient, a contemporary image showing a nurse's presence at the end of life. The central panel, of patient and nurse clasping hands, meant to convey a feeling of caring connection between the patient and the nurse. This image looks to the future, emphasizing how caring will always be a fundamental part of a nursing.

The Centennial paintings will be unveiled at a reception hosted by the Honourable Lieutenant-Governor in October.

Win an NANB
Centennial
Commemorative
Framed Print!

NANB has commissioned Stephanie Weirathmueller (www.gallery78.com/sweirathmueller.htm), a New Brunswick artist and registered nurse, to create a unique commemorative painting that captures an interpretation of the essence of caring while portraying a proud and evolving history.

All you have to do is submit correct answers to the questions below. Answers can be found on NANB's facebook page and e-bulletins distributed in 2016 (available on nanb's website). Correct quizzes will be entered for a random draw and **1 winner selected!** Don't miss your chance to own a piece of NANB's Centennial. **Contest closes October 19, 2016.**

Quiz questions can be found on page 27. **Answers can be submitted online via NANB's website**, by email nanb@nanb.nb.ca, or fax 506-459-2838. The winner will be contacted by NANB.



Question 1

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

- A. Brenda Kinney
- B. Katherine MacLaggan
- C. Sue Ness
- D. Ruth Lyons

Question 2

In _____, the NB public health nursing service was established within the framework of the three year old Department of Health.

- E. 1951
- F. 1981
- G. 1941
- H. 1921

Question 3

In 1930, the 205 members of the NBARN who paid the \$10 compulsory dues received _____.

- A. a nursing cap
- B. a handshake
- C. a printed membership card
- D. a group photo

Question 4

Which NANB president said: *"First, loyalty to the institution in which you serve. The patient is the most important person in the entire institution."*

- A. Nicole Brideau
- B. Joan Kingston
- C. A. Jean McMaster
- D. Darline Cogswell

Question 5

Which NANB president said: *"Change is not always a negative thing, and can certainly wreak havoc with our comfort level, but it encourages personal growth. Become informed, be the change! I have learned that sometimes you just have to take that big leap, and go for it!"*

- A. France Marquis
- B. Martha Vickers
- C. Irene Leckie
- D. Fonda Kazi

Question 6

Which NANB president said: *"Nurses have the expertise to provide preventative care in the community and primary care in the health centres which decreases the need for hospitals, saves government dollars and prevents loss of earning potential for many citizens."*

- A. Judith Oulton
- B. Monique Cormier-Daigle
- C. Betty MacWilliam
- D. Margaret Murdoch

Question 7

Nurses' caps made at _____ shop on Charlotte Street gave caps uniformity; they were later created by folding men's linen handkerchiefs into a box like shape; nurses added a _____ on graduation day. Nurses received their caps at a candlelight capping ceremony, a ritual adopted by many New Brunswick schools of nursing.

- A. Miss Hetherington's, red band
- B. Mr. Roger's, blue band
- C. Miss Harrington's, blue band
- D. Miss Hetherington's, black band

Question 8

Which NANB president said: *"The nurse gives impressions about nurses and nursing through her appearance, attitude, actions, and speech and through expert nursing service."*

- A. Beth Sparks
- B. Harriett Hayes
- C. Grace B. Stevens
- D. Gertrude Williams

Question 9

Which NANB president said: *"Our future successes as a professional group are directly linked to our competence, to our expertise and to our contribution to the health care system. All facets of our professional infrastructure- education, practice, research and administration—must ensure that nursing continues to respond to transformational paradigms in these changing times."*

- A. Roxanne Tarjan
- B. Yolande Cyr
- C. M. Jean Anderson
- D. Simone Cormier

Question 10

In _____, public studies recommended that schools of nursing be transferred from hospital-based services to educational settings.

- A. 1932
- B. 1942
- C. 1972
- D. 1992





NB Nurses Eligible for Two PhD Scholarships

The provincial government is contributing \$350,000 matching the commitment from the Nurses Association of New Brunswick (NANB) to establish two PhD scholarships intended for nurses from New Brunswick to help further support nursing education.

A first of its kind in New Brunswick, the PhD scholarships recognize the government and Association's commitment to research and post-secondary education in the province. An endowment fund of \$350,000 is required to be self-sustained granting the successful recipient \$10,000 per year.

A sincere thanks for the overwhelming support from the provincial government, along with corporate sponsors TD Insurance Meloche Monnex, Stewart

McKelvey Law Firm, and gift contributor the New Brunswick Nurses Union. This level of support and financial contribution demonstrates the vast impact nursing has on our patients, their families and communities in New Brunswick.

Additionally, the Association supports two fully-funded Master's level scholarships which are merit-based to nurses registered with the NANB. Scholarships are currently managed and administered through the Canadian Nurses Foundation (CNF) on behalf of NANB.

Applications will be accepted starting in December 2016 through March 31, 2017. Additional information can be found on CNF's website at <http://cnf-fic.ca>.

NANB CENTENNIAL CALENDAR

September 20—Region Reception
Fredericton, 7–9 pm, Brewbakers

September 27—Region Reception
Miramichi, 6–8 pm, The Rodd Miramichi

September 28—Region Reception
Péninsule-Acadienne, 5–7 pm,
Centre Congrès

September 29—Region Reception
Bathurst, 5–7 pm, Bathurst
Heritage Museum

October 19—NANB 100th AGM
Lieutenant Governor's Reception;
NANB's Centennial commemorative
painting unveiled (By Invitation)

October 26—Region Reception
Saint John, 5–7 pm, NB Museum
(Market Square)

October 27—Region Reception
Restigouche, 5–7 pm, Civic Centre

December 7—Christmas Open House
NANB's Centennial stained glass window
unveiled (Brunswick St, By Invitation)



INSPIRED to Be the Best Nurse I Can!

By KAYLA THOMPSON

*Nursing Student,
UNB Saint John*

Pictured above are
keynote speakers: Sheila
Tlou, Tim Porter-O'Grady
and Jann Arden.

In today's world, our career and level of patient care depends on our ability to further our education and skills. The CNA Biennial Convention provided an opportunity to network with other nurses, expand education and skills development while highlighting to nurse's recent advancements and trends in the profession.

I am so grateful, that only after my first year of studies in my journey to becoming a nurse, I was selected by the NANB to represent nursing students at this Convention. The Convention was a true eye-opener; whether you are a nurse or not! I met so many innovative nurses and heard them speak about

their professional experiences and views on how we can improve health care delivery.

The speakers and presentations were absolutely captivating. Hearing Sheila Tlou and listening to former president Karima Velji really confirmed that I made the right career choice, to become a nurse. To these amazing men and women, nursing isn't just a career or a job they go to everyday, it is who they are. Speaking directly to the presenters, it was evident, they love what they do, leaving a lasting impression that truly inspires me to be the best nurse I possibly can.

Thank you.

By LISA COLLIN

*Nursing Student,
UdeM Shippagan, Bathurst Site*

I was very surprised to learn that I would attend the Canadian Nurses Association's Biennial Convention in Saint John from June 20 to 22, 2016. When I started my studies, I was 26 years old and my son was only six, and it took me a lot of courage to go back to school. But here I am, finishing my third year and soon starting my last.

It was an honour for me to have the opportunity to attend this great convention. I had the good fortune of meeting great people and hearing incredible speakers. What surprises me the most was to see so many people together who care about the well-being of others. I felt I belonged to a big family. People were discussing with me even if they didn't know me, they asked me questions, and some even tried to guide me into the future. What a welcome!

The opening ceremony at the Museum was incredible. To see these nursing artifacts from the past and how it all began left me speechless. It was a very different experience. I was most impressed by the hemoglobinometer, and I'm still trying to figure out how it works. I have an idea, but it would have been interesting to try it to better understand it, although I was surprised that they even checked the hemoglobin level in those days. Also, it was really amazing to see the evolution of uniforms and equipment.

I very much liked the first speaker of the evening, Tim Porter-O'Grady. He really motivated me on several levels. He made me understand something that I've known for a long time and that people don't want to see. Most people don't like change, and as he said so well, until we stop carrying papers in one hand just in case and electronic data in the other, we will never progress. It is so true, not only in hospitals, but also in university.

I liked the other speakers too, but since I'm not in the workforce yet, it was difficult to conjure a mental image of what was discussed in the sessions. But it was very motivating for the future. I know what I need to do and should not

do, and I also learned of a number of avenues to explore in order to improve myself in the near future.

I would like to take a minute to thank the Canadian Nurses Association for offering me such a great opportunity. I had two very rewarding days.



Pictured above: Karima Velji, President of CNA participates in armchair discussion with the Honourable Jane Philpott, Minister of Health.



NANB's Taste of
New Brunswick
Reception
pre-Awards Gala.



NANB's Welcome
Reception to kickoff
CNA's Biennial
Convention at the NB
Museum in the Hall of
Great Whales.



As part of the
Opening
Ceremonies at the
CNA Biennial
Convention NANB
former presidents
were invited to be
flag bearers.



decision-making collaboration
 trust regulated professionals patient safety
 skill nursing **RNs & LPNs** legislation
WORKING TOGETHER RN
 LPN BRINGING THE BEST OF BOTH PROFESSIONS team
 care delivery model TO PATIENT CARE ability respect
 scope-of-practice critical thinking
 knowledge predictability

NANB WEBINAR



WEBINARS

- RNs & LPNs Working Together: Bringing the Best of Both Professions to patient Care
- 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

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Turnover Intentions Among New Brunswick Nurses

A study of psychological work climate and job satisfaction

By STÉPHANIE MAILLET

This article presents the results of a doctoral thesis which had as its objective to better understand the nature of the relationship between psychological work climate and both organizational and occupational turnover intentions among Francophone nurses practicing in New Brunswick. Furthermore, the study sought to examine the mediatory role job satisfaction plays in the explanation of this relationship.

This research objective is highly relevant given the multiple challenges the nursing profession is currently facing and the negative consequences flowing from them—most notably, an ongoing and perilous nursing shortage; a significant deterioration of workplace environments in healthcare facilities; an increasing workload for nurses; as well as significant absenteeism and turnover rates among these professionals (Baumann et al., 2001; Dussault et al. 2001; Hayes et al. 2012). Add to this the growing demand for healthcare services

among an aging workforce and general population, numerous retirements, and the increased tendency for nurses to leave not only the organizations in which they work but also the profession itself (Hasselhorn et al., 2005; Hayes et al., 2012; Lavoie-Tremblay et al., 2008).

These challenges compromise the ability of healthcare facilities to create and maintain a healthy and satisfying psychological climate, as well as the possibility of recruiting and retaining a stable, qualified nursing workforce to meet current and future needs of healthcare system users.

Psychological Work Climate and Job Satisfaction

As a concept, “psychological work climate” refers to an individual’s perception of various dimensions of the work environment that are particularly meaningful to her, as outlined in Table 1 (Gagnon et al., 2008; Jones & James, 1979; Parker et al., 2003). “Job satisfaction”, meanwhile, refers

rather to the emotional reaction that flows from these perceptions (Jones & James, 1979; Krauz et al., 1995; Lévesque, 2007; Price & Mueller, 1981). In this connection, a positive evaluation based on one's psychological work climate perceptions should engender feelings of satisfaction, whereas a negative evaluation should evoke feelings of dissatisfaction (Irvine & Evans, 1995; Paillé, 2012; Parker et al. 2003).

Furthermore, it is believed that the concept of job satisfaction will trigger a cognitive process that would explain the mechanism by which individuals move from a negative perception of psychological work climate (that is to say, a negative perception of the psychological work climate dimensions) to either organizational or occupational turnover intentions. More specifically, in response to a work situation that is perceived as satisfactory, the individual should be inclined to develop a lasting relationship with her organization and her profession. On the other hand, one of the reactions an individual will have in response to dissatisfaction at work should be the intention – and the eventual decision – to leave (Blau, 2007; Griffeth et al., 2000; McCarthy et al., 2007; Lu et al., 2002; Parry, 2008).

Turnover intentions

Turnover intention is defined as the conscious and deliberate willingness to leave an organization or a profession in the near future (Blau, 2007; Tett & Meyer, 1993). When turnover intention culminates in overt turnover behaviour, harmful repercussions follow. Firstly, when nurses leave an organization, the perception of scarcity intensifies among directors, decision makers, administrators, managers, healthcare providers and beneficiaries, and all other stakeholders because of the time required to fill vacancies and the increased workload that results. Efficiency and productivity decrease in the supply of healthcare. Cohesion and morale among the remaining workforce deteriorate, while organizational costs relating to recruitment, welcoming and integrating new nurses increase considerably (Hayes et al., 2012; Tai et al., 1998). Furthermore, nurses who decide to leave the profession leave with expertise and knowledge that are essential to the stability and quality of healthcare (CCCSI, 2002). This results in a perma-

nent loss of knowledge not only for healthcare facilities, but also for the profession as a whole (Parry, 2008).

Summary of the Main Results of the Study

Of the 201 nurses who voluntarily participated in the study by completing an online survey, a majority reported having a favourable perception of the psychological work climate dimensions and did not report any intention to leave their organization or the nursing profession. However, only a little over half of respondents reported experiencing job satisfaction. More specifically:

- 22.4 % reported an intention to leave their organization;
- 8.5 % reported an intention to leave the profession;
- 55.3 % reported experiencing job satisfaction;
- 76.6 % reported a favourable perception of leadership;
- 84.5 % reported a favourable perception of teamwork;
- 56.2 % reported a favourable perception of workload;
- 58.7 % reported a favourable percep-

tion of organizational cooperation.

In regard to the relationship between psychological work climate dimensions and organizational turnover intention...

- Only workload has a significant and negative influence on organizational turnover intention. In other words, the more an individual has a negative perception of her workload, the more inclined she will be to leave her organization, regardless of her level of job satisfaction. Conversely, a positive perception of one's workload can reduce organizational turnover intention.

This result is not surprising since an excessive workload is a firmly established phenomenon in the nursing profession (Boivin et al. 2009). In fact, an excessive workload—which refers to demands and obligations which exceed the time and resources available to the nurse (Loubes, 1997)—is a source of tension frequently cited by these professionals (O'Neil & Seago, 2002; Simmons et al., 2001). They mention crushing workloads (Shields & Wilkins, 2006), as well as a lack of resources and time, which limit their ability to effectively accomplish their work (Dionne & Rhéaume, 2008; Loubes, 1997). In fact, nurses say they are not able to provide patients with all necessary care

TABLE 1 Perceptions of the work Environment

Perceptions of leadership	In a positive climate, employees maintain a trusting and supportive relationship with their manager. They are regularly informed by their manager of their work goals and areas for improvement. They can count on their manager to facilitate their work when necessary.
Perceptions of teamwork	In a positive climate, employees are members of a team characterized by positive human relationships. They are proud to belong to their work team. They experience a high degree of cooperation within the team.
Perceptions of workload	In a positive climate, employees experience a balanced workload. They have sufficient resources and time to carry out their work effectively.
Perceptions of organizational cooperation	In a positive climate, employees feel encouraged by the organization to innovate. They have a sense of fairness regarding decisions that directly affect their work and their role. They know the organization seeks to promote job satisfaction and quality of work life.

Perceptions of...

Leadership

Teamwork

Workload

Organizational
Cooperation

Job Satisfaction

Organizational
Turnover
Intention

Occupational
Turnover

Postulated relationships between psychological work climate dimensions, job satisfaction and turnover intentions

because they have too many tasks and responsibilities (Aiken et al., 2001). Consequently, nurses feel less productive and effective, they have difficulty feeling proud and satisfied with the quality of care they manage to offer, and they are more likely to leave their organization (Dussault et al. 2001; Gillis et al. 2004; O'Neil & Seago, 2002; Simmons et al., 2001; Thomson et al., 2002).

- The results did not confirm a significant relationship between the three other psychological work climate dimensions—those being the quality of leadership, the quality of teamwork and the quality of organizational cooperation—and organizational turnover intention. These results suggest that a negative perception of these dimensions does not constitute sufficient reason to leave an organization.

In regard to the relationship between psychological work climate dimensions and occupational turnover intention...

- The results did not show any significant relationship between psychological work climate dimensions and occupational turnover intention. These results suggest that a negative perception of psychological work climate does not constitute sufficient reason to leave the nursing profession.

In regard to the relationship between job satisfaction and turnover intentions...

- A significant and negative relationship was identified between job satisfaction and organizational turnover intention, as well as between job satisfaction and occupational turnover intention. So, the more individuals are satisfied at work, the less they will harbour the intention to leave their organization or the profession. Indeed, these results are not surprising since it is widely acknowledged that low job satisfaction is a precursor to both organizational and occupational turnover intentions (Blau, 2007; Parry, 2008; McCarthy et al., 2007; Griffeth et al., 2000; Lu et al., 2002).

In regard to the mediatory role job satisfaction plays in the relationship between psychological work climate and turnover intentions...

- The results obtained in the mediatory analyses allow to conclude that job satisfaction plays a mediatory role between each of the psychological work climate dimensions and organizational turnover intention, and between each of the psychological work climate dimensions and occupational turnover intention. So, the more individuals have a positive perception of the psychological work climate dimensions, the more they experience job satisfaction and, consequently, the less likely they are

to leave the organization and the nursing profession. The concept of job satisfaction therefore seems to explain the mechanism by which an individual moves from a negative perception of the psychological work climate dimensions to turnover intentions.

In light of the results presented above, it seems essential that healthcare facilities ensure a work environment that creates a positive psychological work climate and job satisfaction among nurses. Indeed, the results suggest that a positive perception of psychological work climate can foster job satisfaction and reduce intentions to leave both an organization and the nursing profession. Conversely, negative perceptions of psychological work climate can lead to dissatisfaction with one's job, which can then lead to a desire to leave an organization or even the nursing profession. When an organization fosters conditions that favour the creation and maintenance of a positive and satisfying psychological climate, it is also increasing its ability to recruit and retain a stable and sufficient nursing workforce.

REFERENCES

References are available on NANB's website.



By JENNIFER DONOVAN

In recent years, antipsychotic medication use has been ever increasing, specifically, within the older adult (65 years and older). These medications have been given to the older population to treat behavioural symptoms occurring either at home, in hospital or in long-term care. According to the Canadian Institute of Health Information (CIHI), one in three long-term care (LTC) residents in Canada takes antipsychotic medications without diagnosis of psychosis. Although commonly prescribed to treat behavioural symptoms of dementia, research shows antipsychotic medications are: minimally effective in managing behavioral issues (Barton, 2005); associated with worsening cognitive functioning (Vigen, 2011); result in serious adverse events when used long term, especially in the elderly (Gareri, 2014) and non-pharmacological, patient-centered care approaches, should be tried first (Zuidema, 2015).

York Care Centre recognized the increase in antipsychotic medication use in our older adult population and was interested in looking further into this issue. York Care Centre came across the Canadian Foundation for Healthcare Improvement (CFHI) initiative, the objective of which is to improve care for people with dementia by reducing inappropriate prescribing of antipsychotics in long-term care. CFHI had put a call out for various LTC organizations using the Minimum Data Set (MDS) to apply and be a part of a 14-month pan-Canadian spread collaborative reducing antipsychotic medication use in LTC. In the spring of 2014, York Care Centre was chosen to be part of this collaborative. York Care Centre is one of 15 different organizations in seven provinces and one territory to be a part of this initiative. The collaborative was to officially begin in September 2014 and be completed by November 2015.

During the implementation and

rollout of this initiative, CFHI committed to support the organizations involved with training through 14 webinars and two face-to-face workshops, resources (e.g. titration tools to guide gradual reduction of medication use and funding), coaching with content and improvement experts across North America and cross-team sharing in the online learning community and through peer review. Key change strategies included team-based approach to improvement design and spread, staff education and training in person-centered care approaches (PIECES, Gentle Persuasion Approaches), improvement techniques, change management and spread practices; and to use the MDS data to inform and monitor the care planning.

York Care Centre began the initiative in September 2014 in Birch Grove, a 24 bed dementia unit. York Care Centre has a total of five units and is one of the largest LTC facilities in NB, with a total

of 214 beds. This unit was chosen to begin the initiative since it is a smaller unit and the staff were well trained previously in education that helps staff understand and deal with responsive behaviours. Our aim for the improvement initiative was to reduce inappropriate medication by 25% by September 2015. Out of the 24 residents, 11 were eligible for the study. Within the first six months, six out of the 11 residents saw a successful reduction. By the third quarter of the initiative, we were able to see a 46% reduction in antipsychotic medication with the eligible population in Birch Grove. After beginning to see success in Birch Grove, we then implemented the project from unit to unit. We began moving through the “Tower” units, units 1, 2 and 3 then finally moved to our biggest unit, Dixon.

The spread was a slow and steady process. We began with discussions up front with the staff prior to beginning the spread, addressing people’s concerns, discussing the process and encouraging the staff for the feedback and input along the way. We reassured staff that we would go slow with one or two residents at a time and if a reduction was not successful after a few weeks, the medication could be increased and this was not a failure, but an attempt that can potentially be revisited at a later time. Engaging staff upfront was pivotal to ensure everyone was comfortable with the initiative as the frontline staff were truly the drivers of the collaborative. Being able to contribute, provide input and give observations of the target resident’s reduction process allowed the frontline staff to take charge and get all

the other key players involved, such as other frontline workers, care staff and family. Meetings with the staff and continuous education huddles allowed to keep the improvement initiative moving forward.

By third quarter (April-June 2015), it was evident that there was success in the improvement of quality of life of the residents. We had residents, who prior to the initiative, no longer fed themselves and sat without interacting with others, progress to being able to feed themselves again and “awakening” to be involved in discussion and interacting with loved ones again during visits. Most residents did not see any changes in their mood or behaviour and this was a success as well. Staff were also able to see that even during the reduction, there was little to no change in the amount of care provided to the target residents during the reduction. The success stories are truly the reason why we took on such an initiative, to help better the lives of our residents. As well, seeing our staff work together, building staff capacity, and allowing each eligible resident the time to see benefits of the reduction was a wonderful benefit to this initiative.

This initiative was made possible by the tremendous effort of the staff on each of the units. It was wonderful to see all the staff involved from nursing staff, to activity, to cleaning and kitchen staff. This collaborative work was what made our Birch Unit and subsequent units see the success. Activity coordination was key in being able to help the improvement of various programs with each eligible resident to help in resident

engagement and quality of life. Changes in the activity coordinator scheduling, allowed for the residents to have someone in the evening and weekends to promote therapeutic activity and engagement. This slight change was beneficial to not only the residents, but also to the care staff. Having the staff involved in the collaborative and being able to provide insight into each of the resident’s involvement and response allowed for team building among each of the units.

By October 2015, York Care Centre was able to see significant results from the improvement initiative. Fifty-five residents or 26% of York Care Centre’s resident population became eligible for this study. Of the fifty-five residents, 25% of the eligible resident population (14 residents) were completely discontinued from antipsychotic medication with an additional 24% of the eligible population (13 residents) reduced antipsychotic medication by 50% or greater. These numbers accounted for 13% of York Care Centre’s total resident population during the September 2014- October 2015.

With the success in these numbers, York Care Centre management saw how this initiative could be beneficial to all the LTC facilities in New Brunswick. A discussion took place with our CFHI partners and they too saw the benefit this could have for our province. With CFHI coming to the Annual Symposium held by York Foundation and York Care Centre, opportunity to meet with the NB Association of Nursing Homes (NBANH) and key stakeholders to help make this provincial rollout happen were invited to the table in September 2015. After presentations and hearty discussions, the government and NBANH saw the strong need and potential for this initiative to roll out to all the NB nursing homes. Through collaboration, partnership and discussion, the provincial rollout was announced in May 2016, with the first 15 homes to be involved in the first year wave of the rollout announced. The rollout, NB Appropriate Use of Antipsychotics (NB-AUA) initiative is to be a two year rollout to the nursing homes with support from CFHI in partnership with NBANH. York Care Centre serves as resource supports for the collaborative.



How has the nursing profession evolved throughout your career?

Having been active in health care and nursing for 56 years, I have witnessed numerous changes in the health system and, therefore, in the nursing profession.

In the early days, you were educated as a nurse in a nursing school that was under the umbrella of a hospital. Even as students, we were included in the health care team, which was made up mostly of nurses and physicians. As time went by, other health care professionals joined the care team so that eventually, multidisciplinary teams were formed. It was a time of reflection for the profession, as care was reorganized and the role of the nurse diversified.

In the last 20 years, nursing seems to have made a shift towards community care, specialties and expanded roles, be it as nurse practitioners in community clinics or as nurses in hospital settings where, in addition to basic care, they play an increasing role in care management.

I am currently witness to the special expanded role of nurses as I am receiving specialized care from a team that includes nurses and other professionals who provide me with very much appreciated care at the hospital and follow-up in my home.

Briefly take us through your nursing journey, from your first position to where you are now.

Born in Néguaç, I went to high school at the Académie Sainte-Famille in Tracadie, a boarding school run by the Religieuses Hospitalières de Saint-Joseph. After graduation, I joined this congregation, whose mission was two-fold: health care and education. I chose nursing in great part because of my high school education and the many contacts I had with nurses within my own family. It is because of those experiences that I attached a lot of importance to basic nursing care and continuing education throughout my nursing career.

Following graduation, in 1960, I worked for a year at the Hotel Dieu



A Profession Built on Basic Nursing Care and Continuing Education

Meet Sr. Ernestine LaPlante, RN (1960–present)

Hospital in Campbellton as a hospital supervisor and as a teacher at the Nursing School, and then I accepted a three-year position as a bedside nurse at that hospital. In 1964, I started my experience in management in several hospitals throughout the province. From 1964 to 1987, I held positions as head nurse and director of nursing care.

Meanwhile, I felt the need to improve my knowledge. On several occasions, I took certificate programs and other courses. In 1964, I obtained a certificate in administration/care unit, and in 1973, a certificate in psychiatric care. I also pursued training in bioethics and theology. Like many graduate nurses, I wanted to further my knowledge in nursing. In 1971, after three years of university-level studies, I obtained a baccalaureate of nursing from the Université de Moncton.

In 1988, I reoriented my career. I accepted a two-year position at the Bathurst Nursing School as coordinator, and then I became assistant director, where I stayed until 1996.

After retiring from the public service, I turned to parish nursing. It came about

when I was reading an article in the *Canadian Nurse* journal on parish nursing, which resonated with me; this is a community service whose main mission is spirituality, health promotion and disease prevention. This kind of service appeared as a necessity to me, considering the many needs in the community. In 1998, I enrolled at the University of Wisconsin, from which I obtained a certificate in parish nursing. With the essential help of a few nurses, a parish nursing program was implemented in New Brunswick in 1998. Since 1996, I have held various positions at different times: parish nurse, regional coordinator and executive director. Currently, I am coordinator of the education program.

During my career, I sat on several regional and provincial committees, including in the area of mental health, on the board of directors of nursing homes, at the Société Santé en français and others. I was also active in my professional association, which I think plays a leading role in developing and maintaining standards and advancing our profession. I wanted to be an active member and contribute to the best of my knowledge.

Upon reflecting on your career, who would you recognize as nurse leaders/mentors that played a significant role in shaping and defining you professionally?

The Religieuses Hospitalières de Saint-Joseph had an influence on me from the start, through their behavior and their vision of nursing care. One mentor in particular comes to mind, Sister Victoria Branch. As head nurse, she inspired me by her professionalism, her availability and her approach with patients and their families. She taught me the importance of being a source of help and advice to the nursing staff, the patients and their families.

In conclusion, I firmly believe that my various nursing experiences have enriched me in several ways. I am convinced that nursing is the best profession and that it offers opportunities in several areas, such as basic care, administration, education and research. ■



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Communicating with the Police

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Nurses interact with the police in a number of different ways. They may be asked to respond to inquiries from police or provide a copy of a patient's chart because they have assessed and treated patients who are alleged victims or suspected perpetrators of crimes. In some instances, a nurse's *own* conduct or the conduct of her colleagues may be the subject of a police investigation. In addition, there are times when a nurse may, in the interest of the patient or others, consider initiating contact with police to report information about a particular patient. In these situations, nurses find themselves balancing their obligation to maintain patient confidentiality with their commitment to the public good.

The criminal justice system is complex and its intersection with health care can lead to challenging legal, professional and ethical issues. Nurses should therefore understand their ongoing obligation of patient confidentiality, when they may disclose personal health information (PHI) to police, how much information to disclose, when they need to refer a police inquiry to higher authority and when it would be prudent to decline to respond to police inquiries.

Duty of Confidentiality

Nurses are well aware that they owe a duty of confidentiality to their patients. Disclosure of a patient's PHI without patient consent may lead to a civil action against the nurse, a complaint to his or her employer, or a complaint with the nurse's regulatory body or the privacy commissioner.

Nurses who provide professional services as employees of health care establishments may not be authorized to make decisions about disclosing PHI to police. Typically, privacy legislation deems health care professionals to be "custodians" or "trustees" of PHI, except when they are employees of other custodians/trustees, such as hospitals. The authority to disclose information to police normally rests with the custodian, which authority may be delegated to a privacy officer or specific employees (typically, managers). Nurses who practice as employees and who are not designated by their employer to respond to requests for access to PHI should consult with those individuals when considering a disclosure of PHI to police. Nurses who are custodians¹ of PHI or who have the authority to make decisions about access to PHI on behalf of a custodian should be satisfied that they clearly understand the circumstances in which information can be disclosed under privacy legislation, as well as any relevant employer policy or directive.

**When do I
talk to the
police?**



**More than
liability
protection**



**Know the
duty of
confidentiality
and its
exceptions.**

Exceptions to Duty of Confidentiality

There are select exceptions that authorize the disclosure of PHI in the absence of express patient consent. Nurses who provide their services as employees should ensure they understand how these exceptions apply in their jurisdiction and that they have authority before relying on them. These exceptions include:

Court Orders (search warrants and subpoenas)

A search warrant is a written order issued by a judge or justice of the peace granting police the legal authority to enter a specified place during a specified timeframe to search for and seize evidence, which may include health records. A health care provider who has custody and control of the information covered by a search warrant is legally required to turn over the requested portions of the records. Only the specific information or records listed in the warrant should be disclosed and the custodian generally retains a copy of the PHI disclosed pursuant to a warrant so that a complete record remains available for treatment purposes.

A subpoena is a written command or summons requiring the attendance of someone as a witness at a legal proceeding. The subpoena document will specify a place and time when testimony on a certain matter will be required. Failure to obey a subpoena may result in legal consequences for the nurse, including arrest. A subpoena generally does not permit a nurse to disclose PHI without patient consent, before providing testimony in the legal proceeding.

Public Safety

In the course of carrying out their duties, nurses may gain access to information that they might consider relevant to law enforcement. There are limited circumstances in which it is permissible for health care professionals to act upon this information. For instance, health privacy legislation generally permits custodians/trustees to disclose PHI where there are reasonable grounds to believe that the disclosure is necessary to eliminate a risk of death or serious bodily harm. For example, in Alberta, the *Health Information Act* permits disclosure where there is a "clear and imminent threat of serious bodily harm or death". This exception is also recognized at common law² and in professional codes of ethics for nurses.³ Although now well recognized, this exception is one that can be most difficult to apply. Disclosure beyond the strict circumstances set out in the governing act can lead to a complaint of breach of privacy and loss of a patient's therapeutic trust. Failure to disclose can lead to a complaint that not enough was done to prevent a devastating event. When time permits, it is prudent to seek legal advice before deciding whether to disclose PHI to prevent harm to an individual. Employer policies may also provide guidance.

Legislative Duties

Legislation governing PHI includes provisions expressly permitting the disclosure of PHI when mandated by other legislation.⁴ The provisions contained in other legislation may require disclosure to police or lead to police involvement.

For instance, health care facilities in some jurisdictions also have a duty to report select information regarding patients presenting with gunshot wounds and/or stab wounds to the police. The obligation to report typically rests with the health care facility, not the individual health care provider. Nurses who are employees should ensure that they follow institutional policies with respect to these mandatory reporting obligations.⁵

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Most Canadian provinces and territories have also adopted legislation requiring health care professionals to report suspected cases of child abuse and neglect. This duty to report is personal to the health care professional. It is generally triggered when a person has a reasonable suspicion or belief that a child has suffered or may suffer abuse or neglect. Whether there is a duty to report also depends on the age of the child and what is considered abuse or neglect; criteria which are jurisdiction specific. While the report must typically be made to a governmental agency (e.g. Children's Aid Society), nurses should be prepared for an ensuing police investigation initiated by the governmental agency involved.⁶

Police Investigation Involving a Patient

Health privacy legislation in some provinces/territories may *require* or *allow* custodians to disclose PHI related to a police investigation. It is generally a condition that the investigation be *authorized by legislation*, which would limit the type of police investigations in which disclosure is permissible or required. However, general information such as whether a patient is in the facility, the location of the patient in the facility and the general status of the patient (fair, poor, critical, etc.) can generally be disclosed, provided the patient does not object. Reporting the discharge of a patient to police is not contemplated or specifically permitted in the health privacy legislation. If employed, nurses who are approached during the course of a police investigation are encouraged to consult a privacy officer or manager who has authority to make such decisions on behalf of the health care establishment. Legal advice or intervention may be necessary to ascertain if the particular investigation is authorized by legislation or if the police request appears to be overreaching. Where disclosure is permitted but not required, employer policies generally provide guidance as to when and how disclosure is made.

Police Investigation of the Nurse

Examples of criminal charges laid against nurses include theft of narcotics, theft of patient or institutional property, assisted suicide, criminal negligence, threatening harm, physical assault, sexual assault and homicide. Typically, a nurse would be the subject of a police investigation prior to the laying of charges. This, however, may not always be apparent. During an investigation, the police may seek to interview nurses about their conduct, the conduct of their colleagues or the circumstances surrounding a particular incident. They may also request a statement. It can often be difficult to delineate this information from patient information which can only be disclosed without patient consent in specific circumstances. Moreover, information given to the police by an individual may be introduced as evidence against that individual at a subsequent trial. It is therefore prudent to seek legal advice before answering questions or providing statements to police and it is appropriate to request that inquiries be deferred for that purpose.

Limiting Disclosure

Even when nurses consider it in the public interest to disclose PHI in these circumstances, confidentiality should be preserved to the maximum possible extent. Both the amount of information disclosed and the number of people to whom disclosure is made should be restricted to the minimum amount necessary to prevent the feared harm.

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www.cnps.ca

Consider the Following When Interacting With Police

- The confidentiality of PHI must be maintained, unless disclosure is expressly authorized by patient consent or legislation;
- Police may ask questions or seek evidence; however, they may not have the right to receive the requested information;
- Police are not likely, nor are they qualified, to provide you with legal advice regarding your obligations or ability to disclose PHI;
- Consider asking police to obtain a search warrant or to identify the legal authority allowing the disclosure of PHI;
- If employed, nurses should know who at their health care establishment has the authority to make disclosure decisions, including after hours;
- Consider whether a court order, warrant or subpoena provides sufficient authority for the information being sought and consult with legal counsel, if necessary;
- When required to release PHI to police, provide a copy of the information rather than the original; if disclosure of the original is required in a search warrant or subpoena, retain a copy for health care purposes;
- Document any oral or written disclosure in accordance with the requirements contained in the applicable provincial or territorial health privacy legislation;
- Where a nurse has been charged with a crime or is the subject of an investigation, refrain from making any statement to police before obtaining legal advice; and
- Be polite and professional at all times.

CNPS beneficiaries with questions about disclosing PHI to police are encouraged to contact CNPS for advice.

-
1. Nurses may be custodians, for instance, if they are self-employed, if they operate a clinic or if they provide occupational health services.
 2. *Wenden v Trikha* (1991), 116 AR 81 (QB), aff'd (1993), 135 AR 382 (CA).
 3. Canadian Nurses Association, *Code of Ethics for Registered Nurses*, Ottawa: Canadian Nurses Association, June 2008.
 4. For example, Ontario's *Personal Health Information Protection Act, 2004*, SO 2004, c 3, ss 43(1)(e) and (h), Nova Scotia's *Personal Health Information Act*, SNS 2010, c 41, s 38(1)(l) and Manitoba's *The Personal Health Information Act*, SM 2008, c 41, CCSM c P33., s 22(2)(o).
 5. For example, Ontario's *Mandatory Gunshot Wounds Reporting Act, 2005*, SO 2005, c 9 and Manitoba's *The Gunshot and Stab Wounds Mandatory Reporting Act*, SM 2008, c 21, CCSM C G125.
 6. For example, Ontario's *Child and Family Services Act*, RSO 1990, c C.11, s 72 and Nova Scotia's *Children and Family Services Act*, SNS 1990, c 5, s 24.

Related infoLAW® of interest: The Nurse as a Witness. Available at www.cnps.ca

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Nomination Form

ELECTIONS 2017

(To be returned by chapter member)

The following nomination is hereby submitted for the 2017 election to the NANB Board of Directors. The nominee has granted permission to submit her or his name and has consented to serve if elected. All of the required documents accompany this form.

Position

Candidate's Name

Registration Number

Address

Telephone

Home

Work

Chapter

Signature

Registration No.

Chapter Position

Signature

Registration No.

Chapter Position

Nomination forms must be postmarked no later than **January 31, 2017**. Return to:

Nominating Committee

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

Acceptance of Nomination

ELECTIONS 2017

(The following information must be returned by nominee)

Declaration of Acceptance

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

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

Signature

Registration No.

Biographical sketch of nominee

Please attach separate sheets when providing the following information:

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

Reason for accepting nomination

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

Photo

For publication use, please forward an electronic self-image to jwhitehead@nanb.nb.ca. Return all of the above information, postmarked no later than **January 31, 2017**, to:

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

YOU'VE ASKED

Are complementary therapies considered nursing practice?

Complementary therapies can be defined as “non-traditional” interventions used for health promotion and therapeutic treatment i.e. therapeutic touch, reflexology, visualisation. The list of what is considered to be complementary and alternative medicine changes continually, as those therapies that are proven to be safe and effective become adopted into conventional healthcare and as new approaches to healthcare emerge. (CPSA)

RNs or NPs may legally offer service that fall within the practice of nursing, as defined by the *Nurses Act*, and which does not infringe upon the legislated exclusive practice of another health discipline. To practise as a registered nurse or a nurse practitioner in New Brunswick and to use the title RN or NP, an individual's name must appear on the Nurses Association of New Brunswick (NANB) register.

A member may only use the title RN/ NP and accrue hours of nursing practice for the purpose of registration when providing activities recognized as the practice of nursing.

It is not enough to say that because an RN/NP is employed in a particular position or role that the service being offered is nursing. Furthermore, the fact that nursing knowledge helps to inform or deliver a particular service or type of work does not mean that the practice is registered nursing. Complementary therapies are not usually taught in basic nursing programs, are not specific to any one discipline and are often offered by individuals who are not health care

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By themselves, complementary therapies do not constitute nursing practice. It is when complementary therapies are performed within the context of the nursing process that they fall within the realm of nursing practice.

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professionals. By themselves, complementary therapies do not constitute nursing practice. It is when complementary therapies are performed within the context of the nursing process that they fall within the realm of nursing practice. As an example, an employer may ask RNs in a palliative care department to offer therapeutic touch as a modality to help relieve pain. This would be supported by policy in the organization

and the RNs in the department would be required to receive education and training to develop competence in this intervention.

After assessing clients, RNs on the unit can then incorporate therapeutic touch as part of the plan of care for appropriate clients and it would be provided as part of the overall plan of nursing care for those clients. *Standards of Practice for Registered Nurses* would need to be met and the treatment would be documented in the same manner as other nursing activities.

While there are many types of complementary therapies that are of value and benefit to the public, the determination of what constitutes nursing practice rests with the Nurses Association of New Brunswick. For information about what constitutes nursing practice, contact NANB at 1-800-442-4417 or by email at nanb@nanb.nb.ca.

NANB Resources

- Nurses Association of New Brunswick (2012). *Standards of Practice for Registered Nurses*. Fredericton: Author. www.nanb.nb.ca/media/resource/NANB-StandardsOfPractice-RegisteredNurses-2012-E.pdf
- Nurses Association of New Brunswick (2015). *Guidelines for Self-employed Registered Nurses*. Fredericton: Author. www.nanb.nb.ca/media/resource/NANB-GuidelinesSelfEmployedRNs-E.pdf

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.

REGISTRATION SUSPENDED

On February 25, 2016, the NANB Complaints Committee suspended the registration of registrant number 023137 pending the outcome of a hearing before the Review Committee.

SUSPENSION LIFTED, CONDITIONS IMPOSED

On March 16, 2016, the NANB Review Committee found Mélanie L'Anglais, registration number 026694, to be suffering from ailments or conditions rendering her unfit and unsafe to practise nursing at the time of the complaint. The Discipline Committee also found the member responsible for her conduct and actions and that she demonstrated professional misconduct, conduct unbecoming a member of the Association, dishonesty and a disregard for the welfare and safety of patients by continuing to practice nursing while incapacitated by her ailments or conditions. The Review Committee ordered that the suspension imposed on the member's registration by the Complaints Committee on May 27, 2015 be lifted. The Review Committee ordered that the member is eligible to apply for a conditional registration. The Committee further ordered that the member pay costs to NANB in the amount of \$3,000 within 24 months of returning to the active practice of nursing.

CONDITIONS LIFTED

The conditions imposed on the registration of registrant number 027559, have been fulfilled and are hereby lifted effective March 30, 2016.

CONDITIONS IMPOSED

In a decision dated March 30, 2016, the NANB Discipline Committee ordered that conditions be imposed on registrant number 028207. The Committee further ordered that, within 12 months of the date of the Order, the member must meet the imposed conditions and that she pay costs to NANB in the amount of \$1,500.

REGISTRATION SUSPENDED

The Nurses Association of New Brunswick hereby gives notice that the registration of Joseph Fernand Richard, registrant number 018467, is suspended effective March 22, 2016, pending the outcome of a hearing before the Discipline Committee.

CONDITIONS LIFTED

The conditions imposed on the registration of registrant number 025198, have been fulfilled and are hereby lifted effective May 30, 2016.

REPRIMAND ISSUED

In a decision dated July 7, 2016, the NANB Discipline Committee reprimanded Elizabeth Paulette Wallace (née Belliveau), registrant number 017250, for not adhering to the practice standards of medication administration and standards of documentation. The Discipline Committee found that the member is responsible for her conduct, actions and omissions and that she demonstrated professional misconduct, a lack of judgment and communication and failed to exhibit proper regard for the welfare and safety of patients by not writing a verbal order or informing the other RN on duty about the order. The Discipline Committee ordered that the member meet conditions within 1 year of the date of the Order. The Committee further ordered the member to pay costs to NANB in the amount of \$6,000 within 24 months of the date of the Order.

REPRIMAND ISSUED, CONDITIONS IMPOSED

In a decision dated July 7, 2016, the NANB Discipline Committee reprimanded Joseph Sylvain Pelletier, registration number 019560, for not adhering to the standards of practice for registered nurses and the standards for medication administration and for documentation. The Discipline Committee found that the member is responsible for his conduct, actions and omissions and that he demonstrated a lack of insight in that he put patients'

safety at risk by practising beyond his scope of practice and by his lack of communication and documentation. The Committee found that the member demonstrated incompetence, professional misconduct, a lack of judgment and communication and a disregard for the welfare and safety of patients. The Discipline Committee ordered that conditions be imposed on the member's registration. The Committee further ordered that conditions he pay costs in the amount of \$6,000 within 24 months of the order.

CONDITIONS IMPOSED

The Nurses Association of New Brunswick hereby gives notice that conditions have been imposed on the registration of registration number 027703, effective July 14, 2016.

OCTOBER 13, 2016

CNPS Webinar: *Fall 2016 Update on the New Law of Medical Assistance in Dying*

» www.cnps.ca

OCTOBER 18–19, 2016

NANB BoD Meeting

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

OCTOBER 19, 2016

NANB's Annual Meeting

- Fredericton, NB
- » www.nanb.nb.ca

OCTOBER 20–23, 2016

CANO 2016 Conference: *Future ready: Together, Towards Tomorrow*

- Calgary, AB
- » www.cano-acio.ca/conference-events

OCTOBER 21–23, 2016

2016 CAPWHN National Conference: *Reaching the Highest Peaks*

- Calgary, AB
- » www.capwhn.ca/en/capwhn/2016_National_Conf_p4685.html

OCTOBER 22, 2016

National Brain Tumour Conference: *Join the Movement to End Brain Tumours*

- Toronto, ON
- » www.braintumour.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

NANB Centennial 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

OCTOBER 27–29, 2016

CANNT 2016 Conference: *Changing the Face of Tomorrow*

- London, ON
- » www.cannt.ca/en/news_events/index.html

OCTOBER 28, 2016

Hospice Palliative Care Conference: *Living Well, Dying Well*

- Saint John, NB
- » www.hospicesj.ca/living_dying_conference.shtml

NOVEMBER 7–8, 2016

Horizon Health Network's inaugural Patient and Family Centred Care Experience Conference: *Partnering Towards Exceptional Care, Every Person, Every Day*

- Moncton, NB
- » www.pfccexperience.ca

NOVEMBER 16–18, 2016

The 5th Health and Wellbeing in Children, Youth and Adults and Developmental Disabilities Conference

- Vancouver, BC
- » <http://interprofessional.ubc.ca/HealthandWellbeing2016/default.asp>

FEBRUARY 14–15, 2017

NANB BoD Meeting

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

NANB POLL QUESTION

In your opinion, who is best suited to regulate the nursing profession?

- ☐ The nursing profession should not be regulated because each individual nurse knows what their responsibilities are.
- ☐ Government should be responsible for the regulation of nursing practice in the interest of the public.
- ☐ Regulation is best when registered nurses are involved.
- ☐ It doesn't really matter who regulates the profession of nursing.

Please submit your answer online at www.proprofs.com/polls/poll/?title=self-regulation.

Boardroom Notes
continued from page 8

following change: that Stéphanie Roy be selected as team leader and that Julie Boudreau be selected as team member.

NANB Document Review/Approval
The Board approved the following:

- Revised Document(s)
• Guidelines for Supporting Learners in the Workplace
• NANB Awards Handbook

All NANB documents/position statements are available on 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 June 1, 2016. Joint meetings are scheduled biannually to discuss issues of mutual interest and concern.

Centennial & CNA Biennial Update
The Board received an update on

centennial activities and promotional marketing initiatives that occurred between February and June, as well as events and receptions to occur during the remainder of the year.

A detailed itinerary of the CNA Biennial and highlights of the Awards Banquet reception, CNF reception and NANB welcome reception were discussed.

Next Meeting

The next Board of Directors meeting will be held at the NANB Headquarters on October 18 and 19, 2016. Followed by NANB's Annual General Meeting on Wednesday October 19 at the Delta Hotel Fredericton.

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

Paulette Poirier
Executive Assistant-Corporate Secretary
ppoirier@nanb.nb.ca
506-459-2858 (1-800-442-4417)

Healthy Aging in NB
continued from page 24

tions whose programs support New Brunswick's senior population. It focuses its efforts in collaborating with organizations and individual citizens interested in healthy aging and care. Specifically, the Collaborative meets to determine the ways in which NB stakeholders can work together to shape aging in our communities by developing unique partnerships to build system capacity, impact culture and affect needed policy.

If you would like to learn more, get involved, join the conversation, or receive Neighbours in Aging, our quarterly newsletter, please contact us by visiting our website www.nbcollab.ca, facebook CHAC / CVSS, twitter @CHACCVSSNB or by email admin@nbcollab.ca.

Notice of Annual Meeting

In accordance with Article XIII of the bylaws, notice is given of an annual meeting to be held May 31st, 2017 at the Delta Fredericton, Fredericton, NB. The purpose of the meeting is to conduct the affairs of the Nurses Association of New Brunswick (NANB).

Practising and non-practising members of NANB are eligible to attend the annual meeting. Only practising members may vote. Confirmation of membership will be required for admission. Nursing students are welcome as observers.

Resolutions for Annual Meeting

Resolutions presented by practising members according to the prescribed deadline, February 10, 2017, will be voted on by the voting members. During the business session, however, members may submit resolutions pertaining only to annual meeting business.

Voting

Pursuant to Article XII, each practising nurse member may vote on resolutions and motions at the annual meeting either in person or by proxy.

Laurie Janes, Executive Director, NANB

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

For more information on voting by proxy, see page 45.



Never Stop Learning. Never Stop Caring!

Meet Rose Carr, RN from Oromocto, New Brunswick and winner of the CNA Order of Merit Award—Clinical Practice.

You were recently awarded the national Order of Merit Award for Clinical Practice by the Canadian Nurses Association. What did this recognition mean to you?

I was overwhelmed with a mixture of emotions—awe and wonder that I was nominated to begin with, followed by an immense feeling of humbleness. That of all the well-deserving nurses across Canada, I should be chosen.

Being recognized by your peers for a prestigious national award warrants significant career accomplishments, what did your nominators highlight as nursing career successes?

Upon reading the material submitted by the nurses and physicians, I would have to say there were three categories that dominated their responses: knowledge; caring; and the willingness and ability to mentor.

From your perspective, do you believe your nursing career accomplishments were highlighted or are there other areas you would like to share with nurse colleagues?

I had the awesome opportunity to experience a diverse nursing career. Most of my years were spent working in critical care areas. Although I spent some years as a nursing supervisor and often replaced the nurse manager when needed, my passion was always at the bedside. That's where my heart remains.

Many nurses credit mentors for their successful careers. Do you agree? And whom would you say provided support and guidance that helped shape you as the nurse you are today?

There is a reason why some nurses are called mentors—the word suits them, the very definition defines them. I was extremely fortunate to have wonderful,

highly experienced and knowledgeable nursing instructors during my nurses training. They were very approachable and went out of their way to provide us students with any and every opportunity to learn, to practice skills necessary for our future workplace. They encouraged us from the start to develop and sharpen our assessment skills, to formulate an appropriate and precise care plan, to demonstrate critical thinking and priority setting abilities. They expected us to work hard and do our best with everything we set out to do. They led by example.

I think every student and novice nurse needs to experience this first-hand. It does have a bearing on your view of nursing. It is because of the respect and awe you feel toward these special nurses that drives you to become like them—to take their best attributes and to weave it into your own nursing practice.



Pictured: Karima Velji, CNA President; Rose Carr, RN, NB award recipient; and Anne Sutherland-Boal, CNA CEO at the Awards Gala Banquet.

What one piece of advice would you leave novice or new nursing graduates entering the clinical setting?

There are actually two pieces of advice I would give to new nurses because I feel they belong together. Firstly, never stop learning. Don't be afraid to ask questions. Remember there is no such thing as a stupid question. Seek out those nurses on your unit who are willing to teach, and mentor you, and learn all you can from them. It will serve you well in years to come.

Secondly, never stop caring. Keep your heart in nursing. Don't ever forget that you are caring for the whole person, taking into consideration their physical, emotional and spiritual well-being. Some nurses may view caring and showing empathy as a weakness, as a stereotyping perhaps, but I see showing

compassion and empathy as the very opposite. It is one of our professions greatest strengths. *Caring combined with knowledge, the ability to assess, plan and deliver safe quality care is what sets us apart and makes us irreplaceable.*

What advice, as a front-line nurse who witnesses day-to-day challenges and sees opportunities for improvement, would you provide decision-makers in New Brunswick to shape the future of our healthcare system?

In order for the people of New Brunswick to receive safe, quality nursing care and for the government to mandate directives for providing such care, nurses must be involved. Front-line nurses need to be included in the decision making process.

As a healthcare professional who has

worked 38 years in primary care, I have observed first-hand how the delivery of quality nursing care has been affected by the loss of registered nurse positions. I would strongly recommend the governing power look at other cost saving alternatives.

I firmly believe nursing is a multifaceted discipline involving many interlocking components. When those components are all connected the result is a NURSE- An irreplaceable health care provider and a necessity for any health care program whose goal is to provide safe, quality care to those in need. As mentioned above, *through advances in education, technology and pharmaceuticals, a patient is helped but it is with the heart of a nurse that a patient is healed.*



Make Your Voice Heard!

NANB has embarked on a strategic planning process that will provide direction to the Association over the next three years. Strategic plans verify an organization's mandate, vision and mission, as well as ensure their goals and objectives align with the expectations of members and the public it serves. Elaine Leclerc of HCS Training and Consulting has been contracted to impart her expertise in leading this initiative through a collaborative manner involving not only the Board of Directors and staff, but you, as members.

In addition to thoroughly analyzing an environmental scan to compare trends of similar organizations both at the provin-

cial and national levels, Elaine will facilitate face-to-face sessions with the Board and staff, as well as provide guidance and questions for seven regional focus groups around the province. Later this fall, a survey will be developed and distributed to all members providing an opportunity for you, to have your voice heard. Please ensure NANB has your most up-to-date email address on file—personal information is available in your 'My Profile' account accessible through NANB's website www.nanb.nb.ca.

The Strategic Plan will be presented to the Board for their approval at the February meeting.

