Info Nursing

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In this issue...

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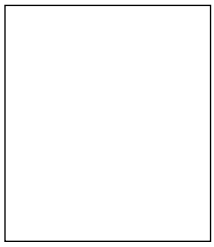

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VISION STATEMENT

The vision of the Nurses Association of New Brunswick is: Nurses shaping nursing for healthy New Brunswickers. In pursuit of this vision, NANB exists so that there will be protection of the public, advancement of excellence in the nursing profession (in the interest of the public), and influencing healthy public policy (in the interest of the public).

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Submissions
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Change of address
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Departments...

On the cover
Award Recipients—The 2007 NANB award recipients are Karelle Robichaud, Natalie Boivin (front row); Linda Varner, Geri Geldart, Nancy Logue (middle row); and Marina LeBlanc (at back). See full story on page 28.

A Few Words From NANB's New President

BY MONIQUE CORMIER-DAIGLE

Greetings!

As you well know, I am beginning my mandate as president and, since I am new, I would like to share with you my experiences as a nurse as well as reflect on the practice of nursing, the stakes and the challenges.

Since I began my nursing career, I have had the opportunity to encounter enriching experiences as well as having the privilege of working with nurses who helped me grow, who supported me and pushed me to go further. Professionally, I have worked in hospital as a caregiver on a medical unit, in maternity, in emergency and as coordinator in a pulmonary clinic and poison control centre. As well, I worked in public health, both in rural and urban settings.

I always liked teaching and I had the opportunity to teach in the baccalaureate of nursing science program at l'Université de Moncton. I am currently working at the Beauséjour Regional Health Authority as director of education and research for nursing and have done so far the last seven years. While I lived most of my life in Moncton, I have had the opportunity to work in Grand Falls, in the Acadian peninsula at Caraquet.

As the years have gone by, the health care system has changed enormously. The complexity of care, the increase in the incidence of chronic illness as a result of the aging populating, the reduction in the length of stay in the hospital sector, and the shortage of health care workers are only a few examples which explain why the health care system has changed so much. We work with caregivers with varied generational representation who do not all share the same values and beliefs.

Decision makers, employers and caregivers do not agree on the best way to deliver quality health care while respecting budgetary constraints. Currently, our biggest challenges are the following: assuring a competent workforce during a shortage, creating a work environment that is healthy and satisfying, promoting interprofessional collaboration, maintaining an equilibrium between one's personal and professional life.

As nurses, we navigate a health care system in constant flux. It sometimes happens that we feel lost and ask who is at the helm. In spite of being bombarded from everywhere, it is important not to forget who we are. I am convinced that the nursing profession is mature and competent enough to meet these challenges. We have knowledgeable and creative leaders among us who inspire and help us to direct our path. There is a need to create new ways to live in these changing times. The role of the nurse is being defined and enlarged.

But are we up to this challenge? I believe we are. We must first and foremost remain open and vigilant. We must support each other and build on the strengths and the knowledge of each and every one of us. While a vessel is normally navigated by a captain, we must never assume that only one person is responsible. It's a team that brings a vessel to port safely. I am honored to be in a position to advance the nursing profession and I am privileged to work with nurses as competent as you are. ❑

Editor's note: Monique Cormier-Daigle is the new president of the Nurses Association of New Brunswick.

The 12-member NANB board of directors met May 28 and 29, 2007 to conduct the affairs of the Association. What follows are highlights of the major decision taken:

Quebec registration exam recognized

In January 2000, l'Ordre des infirmières et infirmiers du Quebec (OIIQ) withdrew from utilizing the Canadian Registered Nurse Examination (CRNE) and introduced its own registration exam. Since that time Quebec graduates have had to write the CRNE in order to get registered in New Brunswick. Recently the equivalency of the two exams was established and the NANB Board approved the recognition of the OIIQ exam as has been done in most other provincial jurisdictions. In recognizing the OIIQ registration exam, Quebec graduates will be required to write and pass the OIIQ exam and establish registration in Quebec befor applying for registration in New Brunswick. This is consistent with the requirements of graduates from other jurisdictions who must establish registration in the province where they completed their nursing education prior to applying for registration in New Brunswick.

Position statements/ documents revised

The revision of two position statements, *Clinical Nurse Specialist and Nurse Practitioner*, was endorsed by members of the NANB board. The position statements have been posted on the NANB Web site at www.nanb.nb.ca, under publications. The 2002 document *Nursing Shortage: Workload and Professional Practice Concerns* has been revised and retitled *Working Understaffed: Professional and Legal Considerations*. The original and revised documents were developed jointly by NANB and NBNU. The new document will be sent to all members in the fall.

New executive committee appointed

Cheryl Drisdell, director; Rose-Marie Chiasson-Goupil, director, and Carol Ryan Dilworth, public member, will join President Monique Cormier-Daigle and Martha Vickers, president-elect as members of the NANB executive committee for a one-year term, effective September 1, 2007 to August 31, 2008. The executive committee may act for the board of directors between meetings of the Board and carry out other duties as may be assigned by the Board from time to time.

Board ratifies committee appointments

Suzanne Harrison, a nurse educator at UdeM, Moncton, has been appointed as a new member of the NANB education committee. Appointments (new) or re-appointments to the NANB complaints committee are: Patricia Roy, public health, Pabineau First Nation, Beresford; Erin Musgrave, staff nurse, The Moncton Hospital; Annette LeBouthillier, vice-president and chief nursing officer, Miramichi Regional Health Authority (new chairperson - 2007-09); and public members Jack McKay, retired educator, Bathurst and Édouard Allain, retired educator, Fredericton (new). Appointments to the NANB discipline/review committee are as follows: Denise Tardif, public health, Fredericton (vice-chairperson 2007-09); Rinette Côté, educator, UdeM, Edmundston Campus; Angela Arsenault-Daigle, staff nurse, The Moncton Hospital; Nancy Waite, nurse manager, Dr. Everett Chalmers Hospital, Fredericton (new); and Shirley A. Bellavance, nurse manager, Dr. Georges L. Dumont Hospital, Moncton.

Award recipients

The NANB board approved the recommendations of the awards selection committee for award recipients recognized at a gala banquet at the annual meeting in May. Recipients were: Sr. Ernestine LaPlante, Bathurst, Life Membership; Marina LeBlanc, Memramcook, Excellence in Clinical Practice Award; Linda Varner, Memramcook, Award of Merit – Nursing Practice; Geri Geldart, Fredericton, Award of Merit – Administration; Nancy Logue, Saint John, Award of Merit – Education; Nathalie Boivin, Bathurst, Award of Merit – Research and Karelle Robichaud, Moncton, Entry-Level Nurse Achievement Award. More information on the recipients is included in this edition of *Info Nursing*.

Nurse practitioner therapeutics committee

Following recommendations from the NANB nurse practitioner therapeutics committee, the Board approved additions to schedules "B," laboratory and other tests, and "C," drugs excluded or limited. These changes will become effective following approval by the Minister of Health. ❑

in Full Swing

Registration Renewal for 2008

Plan to work in 2008?
You must Renew your registration.

If you plan to work as a nurse in New Brunswick as of January 1, 2008, you must renew your registration before it expires December 31, 2007, otherwise you are not eligible to work on January 1, 2008. *Please note: no refunds will be issued after December 31, 2007.*

Administrative deadlines

December 1, 2007 has been set as the administrative deadline for the registration renewal forms and payment of fees in order to ensure that NANB has sufficient time to process the 8900 applications before December 31, 2007. Please note that all other documents required to renew your registration (for example proof of hours worked and verification of registration if you worked outside of N.B.) need to be received by NANB before this deadline.

HOW TO RENEW YOUR REGISTRATION

2008 registration renewal form

The registration renewal forms are mailed to nurses in September each year. Should a nurse misplace the form or not receive it, she/he can either call NANB for a new form, download the renewal form off NANB's website (www.nanb.nb.ca) or go online to register.

YOU MAY REGISTER ONLINE IF:

1) you held a practicing registration in 2007 and are renewing a practicing registration in 2008;
2) you practised nursing **only in N.B.** during 2007; and
3) you are NOT on payroll deduction.

Online registration available October 1 to Dec 31, 2007, 4 p.m.

You may choose to register online at the NANB Web site (www.nanb.nb.ca). Online registration will be available between October 1 and December 31, 2007 until 4 p.m. Your registration certificate and receipt will be mailed to you the next business day once you have successfully registered online. For questions, please contact Registration Services at 1-800-442-4417 in N.B.

SPECIAL CONSIDERATIONS WHEN RENEWING YOUR 2008 REGISTRATION

Name change?

In order for NANB to change your name, we require a copy of your official documents showing your new name.

Self-employed or working in a non-traditional role?

If you are self-employed or are working in a non-traditional role and have not had your practice assessed in the past, you may contact NANB to obtain more information. You may need to complete a request form in order to have your practice assessed as nursing practice. Otherwise NANB may not recognize your hours of practice towards your registration renewal.

Worked outside of N.B. in 2007?

Nurses or former nurses who practiced nursing in another province or country and who wish to maintain full registration with NANB must have their licensing body send a verification of registration directly to NANB and have their employer send a confirmation of the hours worked directly to NANB, before being eligible for registration renewal. Hours worked outside of N.B. and not verified by the employer cannot be added to your file. NANB advises anyone in this situation to ask NANB for the proper forms and make arrangements with the appropriate authorities well in advance in order to avoid any unnecessary delay in processing their renewal application.

REGISTRATION RENEWAL FORMS RETURNED UNPROCESSED

Your registration renewal form will be returned unprocessed for the following reasons:

1) your Form is incomplete,
2) your Form is not signed,
3) you have not answered the question on criminal conviction,
4) your Payment is not enclosed,
5) you have not answered the question relating to the continuing competence program, and
6) you worked outside of New Brunswick and NANB did not receive proper supporting documentation.

Continuing Competence Program (CCP) mandatory requirement for 2008

The NANB Continuing Competence Program becomes mandatory for the practice year 2008.

In order to renew registration for the practice year 2008, you must;

- complete a self-assessment using the NANB *Standards of Practice for Registered Nurses* to determine your learning needs.
- develop a learning plan that outlines learning objectives and learning activities, and
- report on the registration renewal form that you have completed your self-assessment and developed a learning plan, therefore, meeting the CCP requirements for the practice year 2008.

If you have not received your CCP package or should you need assistance in meeting this registration requirement, please call NANB at 1-800-442-4417. You must answer the question on CCP on your renewal form before your registration will be processed.

Late registrations

Should a registration form and fees arrive at the NANB office later than December 31, 2007, you will be required to pay a late fee of $57.00 and will not be eligible to work until all is received and processed.

Working without a valid registration certificate

1) You are practicing nursing illegally.
2) You are not covered by liability protection (CNPS).
3) You need to pay a late fee of $57.00.
4) You could be disciplined.

VERIFICATION OF REGISTRATION STATUS FOR EMPLOYERS AND MEMBERS

Employers are required under the *Nurses Act* (1984) to annually verify that nurses in their employ are registered with NANB. In order to enable employers to quickly and efficiently verify the registration status of their nurse employees, employers can go to our Web site and access the verification system. The foregoing can be accomplished as follows:

1) go to the NANB Web site at www.nanb.nb.ca;
2) select "registration" from menu on the left side;
3) select registered nurse verification;
4) select option 1 in order to register as an employer if you have not already done so previously (This option will enable you to create a list of nurses later by using option 2);
5) select option 2 if registered as an employer with NANB (Enter your password and verify the registration status of the nurse for the first time by entering their name and registration number. If this has already been done, a list of names and registration status will appear automatically.);
6) select option 3 to verify the registration status of an individual nurse without having to use a password.

For assistance with the online verification system please contact NANB Registration Services at 1-800-442-4417.

Office hours

The NANB office is open Monday to Friday 08:30 a.m. to 4:30 p.m. Please note the office will be closed December 24, 25, 26, 2007 and January 1, 2008. ❑

Payment Options

Visa MasterCard and Debit

You may use Visa or MasterCard when applying to renew online or with your registration renewal form. Debit is also accepted when paying in person at the NANB office.

Post-dated cheques

Registration forms accompanied by a post-dated cheque can only be processed on the date of the cheque.

Payroll deduction

If you are on payroll deduction, complete the registration renewal form, sign it and submit it to your employer by the date requested, normally between October 15 and November 1, 2007. Be sure to enter your hours of work since employers do not enter them on the forms.

Returned cheques

A service charge of $17.10 applies to all cheques not honored by the financial institution. If the cheque is returned after December 31, 2007, a late fee of $57.00 will also apply.

The payment will need to be done by cash or money order to NANB as soon as possible otherwise the registration is not valid and NANB is obligated to inform the employer.

Continuing Competence Program

CCP LEARNING IN ACTION

WHAT YOU NEED TO KNOW TO REGISTER IN 2008

What is the purpose of the Continuing Competence Program?

The purpose of CCP is to provide a framework for all New Brunswick registered nurses (RNs) to demonstrate on an annual basis how they have maintained their competence and enhanced their practice.

NANB gratefully recognises the material support offered by the regional health authorities, long-term care facilities and other employers of registered nurses. Addtionally, NANB wishes to recognise the support of the New Brunswick Nurses Union for the implementation of the Continuing Competence Program.

What do I have to do in 2007 to meet the mandatory CCP requirements for the practice year 2008?

The NANB Continuing Competence Program becomes mandatory for the practice year 2008.

In order to renew registration for the practice year 2008, you must:

- complete a self-assessment sheet using the NANB *Standards of Practice for Registered Nurses* to determine your learning needs,
- develop a learning plan that outlines learning objectives and learning activities, and
- report on the registration renewal form that you have completed your self-assessment and developed a learning plan, therefore, meeting the CCP requirements for the practice year 2008.

Do I have to send my CCP worksheets to NANB every year?

No.

Why are there additional requirements for nurse practitioners?

RNs who wish to practice as NPs must meet additional continuing competence requirements. These additional requirements stem from the legislated scope of NP practice, the NP competencies and NP standards, which are beyond those required for RN practice.

What is NANB doing to support members in meeting the CCP requirements?

NANB is committed to providing member support and guidance to assist members to meet the CCP requirements.

CCP materials

All NANB members received a copy of the CCP manual (guide and worksheets) early in February 2007. Nurse practitioners (NP) received the basic RN package and an additional section which reflects NP competencies.

You will receive new CCP **worksheets** with your registration renewal package **each** fall.

Education sessions

As part of the implementation plan for the program, 136 one-hour information sessions have been delivered throughout the province, March - May 2007, with 2763 nurses attending. Group sizes ranged from four to 190, with an overall average of 20 per session. An additional ten sessions were offered as part of the fall 2006

Continued on page 23

Attendance: CCP Education Sessions Fall 2006 - Spring 2007

REGION	2006 FALL FORUMS	2007 SPRING SESSIONS	TOTAL	PERCENTAGE OF NURSES ATTENDING BY REGION
1	185	669	854	42.2%
2	49	529	578	30.3%
3	56	553	609	41.3%
4	38	273	311	54.6%
5	47	248	295	67.5%
6	53	346	399	47.8%
7	31	145	176	40.7%

Adapting to the New Workplace Reality

Maximizing the role of RNs within a collaborative nursing practice model

By the staff of the Practice and Policy Department

Figure 1
Professional Nursing Practice: The Rule of Three

Professional practice: the rule of three

In addition to the capacity to apply evidence-informed strategies to patient situations, to show leadership with other nursing care providers, and to achieve the standards of practice expected and described by NANB in the *Standards of Practice for Registered Nurses* (2005), registered nurses must also exercise the related concepts of authority, responsibility and accountability. To achieve desired patient outcomes, the employer must explicitly, through policy and other measures, support registered nurses' professional practice standards in a collaborative practice environment.

Editor's note: This is the second of six articles looking at how registered nurses can best adapt to changes in the mix of nursing care providers in the health care system. The topics in the series are: "Professional Nursing Practice: Requisite Capacities," "Professional Nursing Practice: Rule of Three," "Professional Nursing Practice: Continuing Competency," "Organizing Nursing Care," "Directing Care," and "Working Together." It is the hope of the Practice and Policy Department that each article will provide information to registered nurses on how to interpret professional nursing practice from a registered nurse point of view and to assist the registered nurse in understanding her/his professional role and responsibilities in the context of a collaborative practice setting which includes other nursing care providers.

Related articles on information contained in any of the six articles may be offered along the way, perhaps as an "Ask a Practice Advisor" question or a related full-length article. In each issue of *Info Nursing*, a follow up capsule on how to consider putting the information to work in professional practice will also be offered. While this series is mostly aimed at RNs working in institutions, some of this information is also applicable in community or other settings.

This series of articles derives directly from information presented in the fall of 2005 to 263 clinical leaders in a series of 12 workshops held throughout the province. The workshops were originally developed and presented by Annette LeBouthillier (former practice advisor at NANB) and Noreen Richard (former director of practice and policy at NANB). Before taking her new position with Region 7, Ms. LeBouthillier prepared the majority of the information for these articles.

Ghislaine Young (2004), a nurse from the UK, made an interesting link between three elements required for professional practice. In order for professional practice to occur these three elements had to be present in equal measures: authority, accountability and responsibility (Figure 1).

Nurses are critical to both early detection and prompt intervention. As the cornerstone of the professional surveillance system in hospitals, they are in the ideal position to identify patient complications and to initiate rescuing steps. Good relations with other nurses and nursing care providers are essential to facilitate rapid and effective clinical interventions (Aiken et al., 1997).

Authors agree that patient outcomes are improved when nurses exercise their professional judgement in a timely fashion, and exert control over the practice setting to focus resources as required for good patient care. Patient care is also improved when nurses establish good relationships with physicians and others that facilitate the exchange of important clinical information (Aiken, 1997).

Aiken et al. (1997) found that an organisational model that provides nurses with substantial authority and more control over resources at the unit level encourages better relationships between nurses, doctors and others, and results in better patient outcomes including higher satisfaction and reduced complications and mortality.

In acute care settings, nurses must be perfectly clear about what nurses are responsible for: that is, the overall direction of nursing care. Nurses are knowledge workers; professional judgment is based on knowledge and experience. Nurses have the responsibility for assessment, planning, implementing or coordinating interventions and evaluating all aspects of care.

The *Standards of Practice for Registered Nurses* (NANB, 2005) define the professional responsibility and accountability of registered nurses:

STANDARD 5: PROFESSIONAL RESPONSIBILITY AND ACCOUNTABILITY

Each nurse is accountable to the client, the employer and to the profession and is responsible for insuring that their practice and conduct meet legislative requirements and respect policies and standards relevant to the profession and the practice setting (NANB, 2005).

Nurse-sensitive patient outcomes refer to patient outcomes which are sensitive to nursing interventions and the

Authority: The organisational model or structure of patient care affects the level of authority the nurse will have. Authority means the power to make decisions that lead to action. Nurses need to have authority within their role and to make independent decisions about their work (nursing care).

Responsibility: Refers to the nurse's responsibilities in her/his position (job description). The nurse's responsibilities may change when she/he changes unit or position within the organisation.

Accountability: Nurses are accountable for their practice and for the consequences of their decisions and actions. This accountability comes from being educated as a nurse. It differs from the accountability of a lawyer or a doctor, for example. Accountability as a nurse does not change with a change in position; it follows the nurse in every context of practice.

Table 1: Patient Outcomes				
Patient achieves appropriate self-care	Patient demonstrates health monitoring behaviours	Patient achieves health-related quality of life	Patient has a perception of being well cared for	Patient is able to manage symptoms (free from complications)

Mitchell, Ferketich & Jennings (1998)

ultimate goal of the professional nursing practice, which is the achievement of quality and safe care for patients. To capture the contribution of nursing interventions and care delivery systems to patients' well-being, Mitchell et al. (1998) proposed five categories of outcomes known to be sensitive to nurses' interventions (see Table 1).

Patient outcomes define nurses' accountability to patient care: the role assumed by nurses in assisting patients with functional recovery after an illness experience and in the management of symptoms, such as pain, dyspnea, nausea and vomiting, etc. is critical.

The chief end of nursing service organizations is the delivery of nursing care to patients. This primary goal is conceived as:

- a process of nursing acts (doing to or for the patient); the tendency in health care to describe clinical work in terms of techniques and procedures (This may mean that the most essential relational elements of caring, for example, establishing a therapeutic relationship, patient teaching, and so on, can go unrecognized and under-valued.),

and/or

- it is equated with patient outcomes (end states of being or final learned performances).

In order to achieve professional practice, registered nurses need to shift their thinking so that the focus of their practice becomes patient outcomes. Professional goals for registered nurses then become desired patient outcomes (given the reality of the patient's impairment/highest level of health outcome that can be realistically anticipated) and the registered nurses' actions and interventions are focused on those goals.

Positive patient outcomes are often tied not only to techniques and procedures, but more importantly to the quality of the nurse-patient therapeutic relationship and the health/self-care teaching received. Achieving desired patient outcomes is directly linked to the registered nurse's authorities, responsibilities and accountabilities. In part, these are derived from minimum competencies and ethical standards to which all nurses must adhere, but also flow from agency or employer policies that maximise and support registered nurse practice.

STANDARD I: PROFESSIONAL SERVICE TO THE PUBLIC

1.9 Each nurse initiates and/or participates in quality improvement activities (NANB, 2005).

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Aiken, L.; Sochalski, J; Lake, E. T. (1997). Studying Outcomes of Organizational Change in Health Services. *Medical Care*. 35(11) Supplement: NS6-NS18.

Mitchell, P.H., Ferketich, S. & Jennings, B.M. (1998). Quality health outcomes model. *Image – The Journal of Nursing Scholarship*, 30(1), 43-46

Nurses Association of New Brunswick. (2005) *Standards of Practice for the Registered Nurse*. Fredericton, NB: Author. http://www.nanb.nb.ca/pdf_e/Publications/General_Publications/StandardsofRegisteredNurseE.pdf

*Young, G. (2004, May). Accountabilities and primary health care: The United Kingdom experience. Plenary Presentation at the *National Primary Health Care Conference,* Winnipeg, Manitoba.

Note: *with Dr. John Bibby ❑

Capsule on Practice

By the staff of the Practice and Policy Department

In Part 2 of this series, the direction to registered nurses and to employers is that registered nurses' activities for the benefit of patients will more often achieve the desired patient outcomes when the registered nurse is permitted to and does exercise the authority, responsibility and accountability that her/his education and experience have prepared her for. The registered nurse assesses and plans for desired patient outcomes, and evaluates for progress, whether or not the registered nurse is the one performing the tasks or procedures. With the theme of collaborative practice in mind, this includes the ability to direct nursing resources – other partners in the care team – to the benefit of the patient, depending on the information gathered before and after interventions.

Reference to the NANB *Standards of Practice for Registered Nurses* (2005b) in this regard is enhanced by the language in the NANB position statement *Framework for a Quality Professional Practice Environment for Registered Nurses* (2005a). Elements of the workplace that employers control, but which registered nurses may contribute to, include workload management strategies, nursing leadership, control over practice, professional development and organisational support.

In the introduction to the *Standards of Practice*, the basic requisite capacities of the registered nurse (including knowledge, skills and judgment; understanding competencies; awareness of the abilities of other members of the care team, and the critical thinking ability to discern the appropriate skill mix for a particular patient's care) are linked to care area standards or policies that guide direct service to patients (see NANB, 2005b, Figure 1, p. 4).

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Nurses Association of New Brunswick [NANB] (2005a) *Position Statement: Framework for a Quality Professional Practice Environment for Registered Nurses*. Fredericton, NB: Author. http://www.nanb.nb.ca/pdf_e/Publications/Position_Statements/POSITION_STATEMENTS_PDF/FrameworkQualityProfessinalPracticeEnvE.pdf

Nurses Association of New Brunswick. (2005b) *Standards of Practice for Registered Nurses*. Fredericton, NB: Author. http://www.nanb.nb.ca/pdf_e/Publications/General_Publications/StandardsofRegisteredNursesE.pdf

Other resources available

Canadian Health Services Research Foundation, Evidence Boost at http://www.chsrf.ca/mythbusters/index_e.php#boost.

Canadian Nurses Association, Research Summaries at http://www.cna-nurses.ca/CNA/issues/research_summaries/nurse_staffing/default_e.aspx. ❑

Overview:

Professional Practice Consultation Services for 2006

By Virgil Guitard

The practice and policy department of the Nurses Association of New Brunswick (NANB) provides consultation services and support to nurses in their practice. This service is also available to the general public who may have questions about nursing practice. Consultation is offered on a wide variety of issues, such as the interpretation of Association documents and government legislation, ethical behaviours and standards, issues of safety and appropriate action, conflict resolution, and the management of procedural and practice issues. Through this process, emergent trends and issues in nursing and health care are monitored and used to guide the planning activities of the practice department. All enquiries by telephone, letter or E-mail may be referred to as "calls."

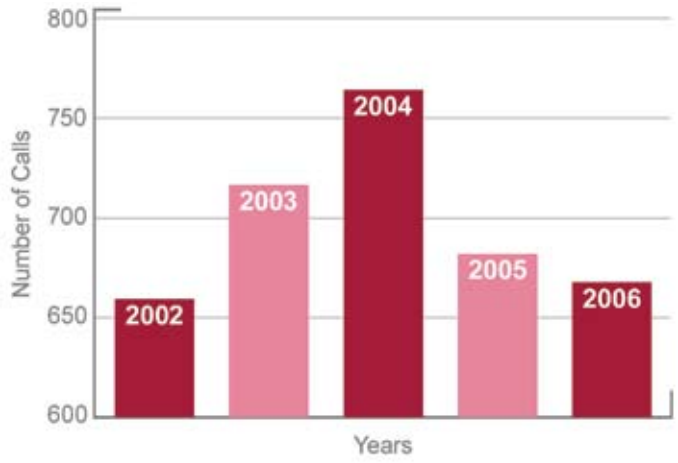

Figure 1
Total Received Calls

Total calls

In 2006, there was a slight decrease in the use of the consultation service compared with 2005 (n = 690). The policy and practice department received 676 calls in 2006 either from nurses or members of the public on issues relating to nursing practice (see Figure 1).

Forty six per cent (46%) of calls in 2006 lasted less than 10 minutes which is consistent with 2005 statistics. Enquiries received by E-mail dropped from 26% in 2005 to 14% in 2006.

Type of Callers

Callers were identified as: 1) nurses, 2) non nurses, and 3) nursing students. Nurses made up the majority of callers (87%); non-nurses totaled 11% and nursing students accounted for two percent.

Nurses were then further identified according to their areas of practice: direct care, administration, education or research. A fifth category, "other," captured nurses who worked as consultants, workload management coordinators and quality and risk management. In 2006, nurses providing direct care represented 34% of all nurse callers, nurse administrators represented 28% and "other" nurses made up 13%. Nurse practitioners, educators and researchers comprised 11% of all callers (see Figure 2).

Practice setting

The various sectors where nurses work was also captured and placed in the following categories: hospitals, community (for example, public health, mental

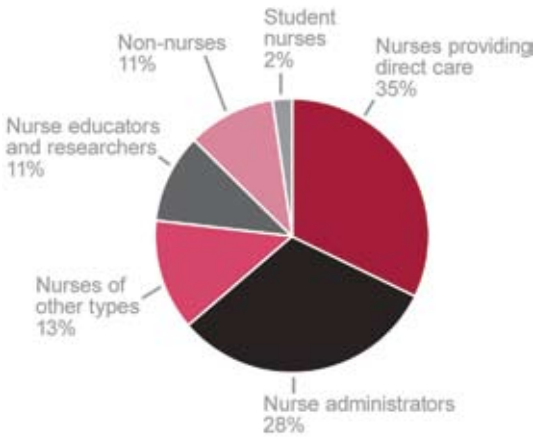

Figure 2
Types of Callers

health, community health centres, extra-mural), long-term care, and "other" (for example, correctional services, educational institutions, self-employed). In 2006, 37% of calls received from nurses (n = 580) originated from the hospital sector, followed by "other" at 28%. Eighteen percent (18%) of these calls were from community nurses and 17% were from nurses in long-term care.

Practice issues

When calls were received, the practice topics were recorded. While these records are held confidential (as is the service), they are kept long enough to assess adequacy of the practice consultation service, and to identify trending information for departmental or organisational work. In 2006, 26% of callers sought *general information*, 22% sought direction about a *professional practice problem* and 16% were looking for guidance or information regarding *scope of practice*. *Clinical and legal or liability* issues each measured at 12% (clinical 18% and legal 11% in 2005), while *workplace or labour-related queries* comprised eight percent (two percent in 2005) of all calls, and *ethical issues* only three percent.

Figure 3 describes the distribution of calls over the last three years (2004-2006).

Responding to calls

The complexity of the call was captured in part by how the query was followed-up. Follow-up may include any combination of the following:

- research/expert consultation,
- mail-out of a written professional opinion or an NANB document, or
- "other" which may include the following: call back, referral, site visit, and/or meeting at NANB.

Thirty-two percent required an "other" intervention. In 2006, this included three site visits for further fact-finding or to explain more fully the NANB position on certain situations. Certain presentations in response to assessed need were offered in one or two locations on each of the following topics: documentation standards, professional practice expectations (to baccalaureate students), primary health care, and collaborative practice issues. "Other" interventions often included a series of telephone consultations, with the permission of the original caller, either with likely resources for the caller, or as an informal mediation step where direct communication between two parties was the best way to resolve an issue. A few individual or group meetings with practice staff at NANB were held either for information purposes or to help to evaluate possible plans for action or policies by various parties.

In 2006, 29% of responses resulted in a mail-out or a link to the NANB Web site or other resources. A caller may not have had access to the internet, for example, so certain documents were mailed at the caller's request. Sixteen percent of all calls required research or consultation with an expert, followed by a call back or an E-mail by the practice staff to provide an answer or direction to the caller. A call may have required more than one type of follow-up (for example, research, phone calls or E-mail, and/or meetings). Forty percent (40%) of calls in 2006 required no follow-up, meaning either the query was resolved right away or the caller was referred to a more appropriate resource.

The Nurses Association of New Brunswick is a professional regulatory organization that exists to support nurses and to protect the public by promoting and maintaining standards for nursing education and practice, and by advocating for healthy public policy. As part of its mandate, NANB offers consultation services to its members in order to support and to promote safe, competent and ethical practice. The information in this article provides an overview of the utilisation of the consultation service that is offered to our members and to the public. ❑

Editor's note: Virgil Guitard is a nursing practice advisor with the Nurses Association of New Brunswick.

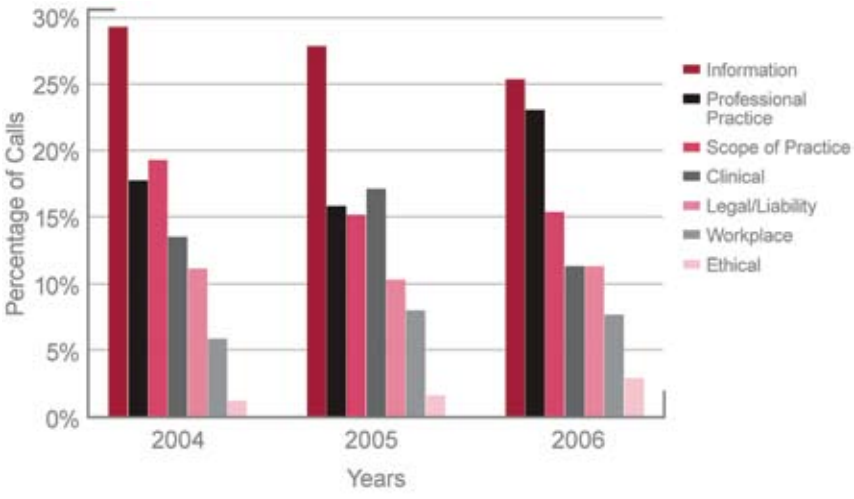

Figure 3: Practice Issues

Enhancing RN/LPN Collaborative Practice

An update on mandatory adult physical assessment education for LPNs

By Jodi Hall

In 2004, the Association of New Brunswick Licensed Practical Nurses (ANBLPN) board of directors approved a mandatory upgrading program for LPNs, which would require them to complete the adult physical assessment course. It was determined that the mandatory upgrading program would begin in January 2007 and finish in December 2011. This requirement must be met in order for LPNs to be eligible for registration renewal in 2012. The decision to implement a mandatory upgrading program was based on national, provincial and individual LPN considerations.

RNs and LPNs work collaboratively as a team to provide safe, quality care that maximises benefits to clients. When the RN and LPN are working together in the provision of patient care, the working relationship must be built on trust and mutual respect. Central to building trust in the RN/LPN collaborative working relationship is an understanding of each other's roles and capabilities.

NATIONAL CONSIDERATIONS

Regulatory bodies for LPNs have been working to bring uniformity to the practical nurse profession within Canada for several years. Adult physical assessment courses have been delivered as part of an LPN mandatory upgrading program in several provinces and is now required for licensure. As a result, the program competencies are now part of the competencies tested on the national licensing exam for practical nurses.

PROVINCIAL CONSIDERATIONS

Because the practical nurse profession has evolved over the last decade, a competency gap has been created between ANBLPN's established membership and the more recent graduates who have entered the profession. To address

this, the adult physical assessment course will provide all LPNs with specific knowledge, skill and judgment regarding physical assessment and will encourage critical thinking skills. Many employers and the provincial government have been working with ANBLPN to support this upgrading program.

INDIVIDUAL CONSIDERATIONS

Many LPNs have expressed fear of becoming adult learners and noted financial limitations as a barrier to participating in continuing education. ANBLPN has worked to address these concerns through the mandatory upgrading program, therefore, the impact of these barriers on LPNs will be minimized in the future. This meets an important objective of ANBLPN which is to promote excellence in practical nursing by promoting continuing competency through the delivery of quality educational programs.

The adult physical assessment course is delivered in three parts:

- **Theory:** The theory is delivered in a self-learning workbook over a specific period of time. To complete the theory requirements of the course, the LPN must achieve 80% on a theory exam.
- **Laboratory:** The laboratory session focuses on assessment techniques and is taught over two-days with a pass/fail demonstration exam.
- **Clinical laboratory assignment:** The LPN must complete a head to toe assessment with a patient. Once the assignment is completed, it is turned in to the ANBLPN office where it will be evaluated. Upon successful completion, a certificate is awarded.

EXPECTATIONS

The ANBLPN does have expectations regarding the outcomes of the adult physical assessment course:

- **For LPNs:** It is ANBLPN's expectation that LPNs will be able to identify normal verses abnormal when conducting a physical assessment. When an abnormality is noted, the LPN is expected to seek out the appropriate care provider (registered nurse, physician, etc.) to assess the abnormality and provide further direction.
- **For employers:** The ANBLPN advocates that employers support LPN practice at its full competency level within the LPN scope of practice. The employer, who ultimately determines the "scope of employment," is expected to consider this within the organization's policy and procedures, which should reflect the care requirements of the patient, the competencies of the care provider and the practice setting/ supports that are available.
- **For the LPN profession:** ANBLPN developed this course from an Association perspective for the purpose of promoting professional development of practical nurses and educating them to meet the national practical nurse profile. The acquired skills may not be utilized in every practice environment, however, practical nurses completing the adult physical assessment course will be able to contribute to the nursing care team and the delivery of patient care by providing more competent and in-depth assessments in all types of environments. It is strongly felt by the ANBLPN that the result of the adult physical assessment course will only have a positive impact on the ability of the LPN to provide nursing care, benefiting the rest of the nursing care team, their employer and most importantly, the patient.

It is anticipated that by the end of 2007, 600 LPNs will have completed the adult physical assessment course. On average, there are six to eight workshops being held every month in various locations around the province. Support that has been offered to LPNs from their RN colleagues as they complete the mandatory upgrading program has been appreciated. ❑

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Editor's note: At the time of writing this article, Jodi Hall was director of education/ practice at ANBLPN. Ms. Hall is currently the administrator/CEO at Orchard View Nursing Home, Gagetown, N.B.

BRAID

Companions in Care

By Brenda Schyf, RN, MEd., principal author;
Judy Buchanan, RN, MHSc and Brenda Kinney, RN, MN, co-authors

Starting to collaborate," "learning team building skills," and "we become companions in care" are a sampling of comments received following a unique learning experience which occurred in the fall of 2006. The University of New Brunswick Saint John (UNBSJ) campus hosted an event where BN (baccalaureate nurse) students and PN (practical nurse) students gathered together to learn in a collaborative manner. Registered nurses from the Atlantic Health Sciences Corporation (Ridgewood Veterans' Wing) facilitated the event.

This collaborative learning experience emanated from the Health Canada funded initiative *Interprofessional Education for Collaborative Patient-Centered Practice*. The New Brunswick project (one of 20 across Canada) is known as BRAID, Bridging Relationships Across Interprofessional Domains. It is a partnership between the University of New Brunswick (UNB), the Atlantic Health Sciences Corporation (AHSC), the New Brunswick Community College (NBCC), and Dalhousie University faculty of medicine. The project logo interweaves the corporate colours of the four partners with two prominent strands representing the patient/client.

> Coming together is a beginning.
> Keeping together is progress.
> Working together is success.
>
> Henry Ford

The BRAID project was launched in the summer of 2006; representatives from UNBSJ, AHSC, and NBCCSJ formed a three-person facilitator team to advance the project's mandate. In the fall of 2006, the facilitators concentrated on raising awareness of the principles and practices of interprofessional learning across the spectrum of stakeholders. The current project emphasis is on educator development through orientation, awareness, and joint curriculum development. By the project end date of June 2008, three working committees (curriculum advisory, educator development, and post-licensure education) will have completed their activities concurrent with, and followed by, evaluation of the project objectives.

Stakeholders involved in this project are positive about the opportunity to advance the principles of interprofessional learning and collaborative practice in the unique health education environment of New Brunswick. A key project activity will be the development of simulated experiences for collaborative care management for patients with chronic illness in various stages of their disease. Another will be the provision of further opportunities for PN and BN students to learn together.

Interprofessional education (IPE) occurs when two or more professions learn *with*, *from* and *about* each other to improve collaboration and the quality of care (CAIPE, 2002). IPE is not an end in itself, but only a beginning, as health care professionals learn to collaborate – the goal being enhanced teamwork (Curran, 2005). People receiving health care services consider effective teamwork more than just highly desirable; for them, it is a basic prerequisite they often assume to be in place (Clements, Dault & Priest, 2007).

When collaborative patient-centered care is the norm, it is anticipated that patients will experience an increase in well-being, in quality of care and in satisfaction; health providers will have increased job satisfaction and professional growth; health organizations will benefit as professionals work more efficiently; and, the health care system will become more cost effective and responsive to the needs of the community (D'Amour & Oandasan, 2004).

To this end, the overall goal of the BRAID project is to develop a sustainable model of health care education through equipping students to work in interprofessional teams and increasing the numbers of health professionals educated in collaborative patient-centered practice along the trajectory of chronic disease. Additionally the project mandate includes focusing on strategies for educator development in IPE learning and teaching competencies, and on evaluating strategies for better IPE implementation practices.

CNA's document, *Toward 2020: Visions for Nursing* (Villeneuve & MacDonald, 2006) is a call for new thinking and new solutions if nurses are to be at the forefront of the coming changes. The *2020* vision forecasts that nurses will work in collaborative teams with other providers of nursing care and with other health care disciplines. As a result, revolutionary changes will be required in nursing education as we now know it.

Continued on page 24

Nursing Specialties

Have you considered CAN certification?

Offered by the Canadian Nurses Association (CNA), the Certification for Nursing Specialties (competencies) is part of a respected national certification program that will help you stay current by testing your specialized knowledge and skills in your area of specialty. It is a voluntary program that allows you to build on the solid foundation of your RN registration and the clinical experience you gain in your specialty.

The purpose of the certification program is:

- to promote excellence in nursing care through the establishment of national standards of practice in nursing specialty areas;
- to provide an opportunity for practitioners to confirm their competence in a specialty; and
- to identify, through a recognized credential, those nurses meeting the national standards of their specialty.

The certification credential indicates to patients, employers, the public and professional licensing bodies that the certified nurse is qualified, competent and current in a nursing specialty.

CNA offers 17 nursing specialty certifications: cardiovascular nursing, community health nursing, critical care nursing, emergency nursing, critical care pediatric nursing, gerontology nursing, gastroenterology nursing, hospice palliative care nursing, nephrology nursing, neuroscience nursing, occupational health nursing, oncology nursing, orthopaedic nursing, perinatal nursing, perioperative nursing, psychiatric/mental health nursing, and rehabilitation nursing.

See Table 1 for the number of New Brunswick RNs with a valid CNA Certification by specialty for 2006. Information provided by CNA's department of Regulatory Policy (2007).

In order to get more information or to apply for the 2008 CNA certification by exam scheduled for April 5th, 2008, you will require the Application Guide and forms that can be found at: http://www.cna-nurses.ca/CNA/nursing/certification/default_e.aspx or by calling (613) 237-2133 or 1-800-361-8404.

Applications will be accepted between September 4th and October 19th, 2007.

Reference

Canadian Nurses Association (2007). Department of Regulatory Policy. Author: Ottawa. http://www.cna-nurses.ca/CNA/nursing/certification/default_e.aspx

Have you recently moved?

If so, be sure to contact the Association and let us know. It's easy.

Mail:
Attn: Registration Services—Change of address
Nurses Association of New Brunswick
165 Regent Street
Fredericton, NB E3B 7B4

Call:
Toll free: 1-800-442-4417 Ext. 60
Tel: (506) 459-2860

Or E-mail:
svail@nanb.nb.ca

Be sure to include your name, old and current address and your registration number.

Table 1: Number of New Brunswick RNs with valid CNA certification by specialty for 2006.

2006	NUMBER OF NEW BRUNSWICK RNS WITH CNA CERTIFICATION
Cardiovascular	56
Community Health	*
Critical Care	24
Critical Care-Pediatrics	0
Emergency	71
Gastroenterology	*
Gerontology	51
Hospice Palliative Care	32
Nephrology	19
Neuroscience	6
Occupational Health	22
Oncology	39
Orthopaedic	18
Perinatal	36
Perioperative	64
Psychiatric-Mental health	56
Rehabilitation	*
Total	**500**

** Information suppressed to protect privacy (less than 5 records)*

Elections 2008

Nominations for the 2008 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 practicing member of the Association may nominate or be nominated for positions on the board of directors of the Association.

Nominations submitted by individuals must bear the signatures and registration numbers of the nominators.

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 and signed by current practising members will be valid.

No director may hold the same elected office for more than 4 consecutive years (two terms).

A director is eligible for re-election after a lapse of two years.

If there is only one person nominated, the nominee is elected by acclamation and no vote will be required.

Information and results of elections

Information on candidates will be published in the spring 2008 edition of *Info Nursing*. Voting will take place by mail ballot. The names of the elected candidates will be announced at the 2008 annual meeting and will be published in the fall edition of *Info Nursing*. ❑

Call for Nominations

Region Directors

Play a key role in these changing times as an elected NANB officer! Become part of a dynamic team leading the most progressive association of health professionals in New Brunswick!

QUALIFICATIONS

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

1) be an active member of NANB,
2) have the ability to examine, debate and decide on values that form the basis for policy,
3) understand pertinent nursing issues,
4) have relevant nursing experience,
5) have a willingness to embrace a leadership and decision-making role,
6) have the ability to work in a group, and

Continued on page 33

Position	Chapter	Term
Director—Region 1	Moncton	2008-10
Director—Region 3	York/Sunbury	2008-10
	Carleton-Victoria	2008-10
Director—Region 5	Campbellton	2008-10
Director—Region 7	Miramichi	2008-10

Chapter presidents

CHAPTER	PRESIDENT	TELEPHONE	E-MAIL
Bathurst	Rachel Boudreau	544-3527	rachelbo@umcs.ca
Carleton-Victoria	Nancy McKeil-Perkins	325-4523	nancy.mckeil-perkins@gnb.ca
Charlotte County	Vacant		
Edmundston	Linda LeBlanc	739-2281	linda.leblanc@rrs4.ca
Miramichi	Kathy Hennessy	623-3415	katherine.hennessy@rha7.ca
Moncton	Denise Gaudet	862-4591	deniseg@rrsb.nb.ca
Péninsule-Acadienne	Suzanne Ouellette	336-3177	suzanne.ouellette@gnb.ca
Restigouche	Linda Bernatchez	684-7110	linda.bernatchez@rsrha.ca
Saint John	Erika MacDonald	648-6713	18gx@unb.ca
Sussex			
York-Sunbury	Darline Cogswell	357-4710	darline.cogswell@rvh.nb.ca

Nomination form

(To be returned by nominator)

The following nomination is hereby submitted for the 2008 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 #: _____

Address: _____

_____

_____

Work telephone: _____

Home telephone: _____

Chapter: _____

Signature: _____

Registration #: _____

Chapter: _____

Nomination forms must be postmarked no later than January 30, 2008. Return to Nominating Committee, Nurses Association of New Brunswick, 165 Regent Street, Fredericton, NB E3B 7B4.

2008 Acceptance Form

ACCEPTANCE OF NOMINATION

(The following information must be returned by nominee)

Declaration of acceptance

I, _____ a nurse in good standing of 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 #: _____

1. 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.

2. Reason for accepting nomination

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

3. Photo

Please enclose a recent wallet size head-and-shoulder photo.

Return all of the above information to: NANB, 165 Regent Street, Fredericton, NB E3B 7B4. Information must be postmarked no later than January 30, 2008.

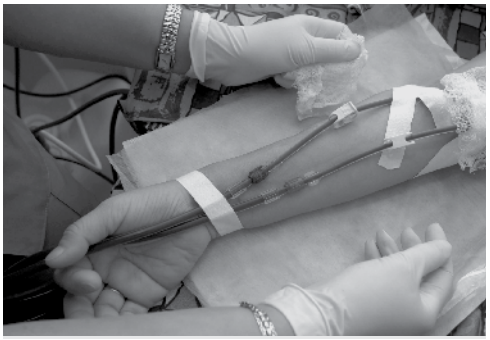
Small Things Count

Supporting Clients and Families in Dialysis

By Michael Hachey

Increasingly, people in the health care field are realizing that a patient's emotional well-being affects physical health. When patients have chronic illness it is important to continue with their usual lifestyle as much as possible, however, it is only normal that these patients go through emotional roller coasters as they learn how to cope or adapt to their situation

As a dialysis patient one experiences a sense of "loss of control" as all elements of life are impacted. For most patients one of the major transitions is adapting to the structured environment in a dialysis unit in which all aspects of a patient's treatment sessions are controlled, and patients become fully dependant on the health care providers. This controlled environment is all encompassing, from the scheduling of the treatments, to being served a glass of ice, or provided with a warm blanket.



There is no power for change greater than a community discovering what it cares for.

Margaret Wheatley

Dialysis patients are not like other hospital patients, they are regular care consumers, similar to residents in a nursing home. It is very easy for patients to become discouraged and frustrated with their situation and although the health care provided, is excellent, patients often feel that their other concerns (comfort issues) are not being heard or acknowledged. Some patients remain silent regarding their concerns for fear of being perceived as being a "complainer" or "a bother" to health care workers.

Dialysis patients have many people they can share information with such as their nephrologists, family doctor, nurses, social worker, etc., however, the issues discussed are usually the major issues. The discussions "between the patients" are usually when the "comfort issues" are discussed or vented.

As part of the accreditation process of the Acadie-Bathurst Regional Health Authority in the spring of 2005, the dialysis unit was asked to provide the name of a patient who could attend a public forum which would consist of meeting with the accreditation team to discuss issues concerning services received in respective departments. Mr. Michael Hachey was invited to take part in this process and graciously accepted. As a result of this, the accreditation team recommended that some sort of group be formed so that patients could bring their concerns and be heard by management.

In August 2005, the first meeting of the "Dialysis Patient Representative Group" was held. The Group's agreed upon mandate was "to improve quality of life for the patient while having dialysis treatment." Guidelines were established; this group was formed to share information, identify issues, identify possible solutions and make recommendations. Final "decisions" remain with the regional health authority.

The patient group participants include: the director of nursing, the unit nurse manager, a dialysis staff nurse, the dietician, social worker, and patient representative. Other participants are invited depending on the agenda.

During the implementation process Sue Nickum, nurse manager, Bathurst dialysis unit, shared information regarding the creation and the purpose of the Patient Representative Group. It is registered nurses who can insure that patients' needs are met, from the small things that may matter most to patients to the care delivery that is required to maintain the life of dialysis patients. An information session was provided to all the nurses in the unit to enhance their awareness of issues that a long term patient has to deal with while "Living with a Chronic Illness," from a patient's perspective.

This session was presented by Mike Hachey. Content included: the grieving process, how the seven areas of a patient's life are impacted, changes in a patient's lifestyle, and life in the chair (dialysis).

The group meets on a regular basis and minutes of meetings are distributed to all the patients in a bilingual format. During the past two years this group has met with a small group of patient representatives, however, it was decided that all patients be invited to attend the next scheduled

Continued on page 27

Growing Practices Together

Community Health in Atlantic Canada

The Community Health Nurses Association of Canada (CHNAC) is hosting an informative workshop on the *Community Health Nursing Standards of Practice* (CHNSoP) at the Chrystal Palace, Dieppe, October 23-24, 2007. Dr. Elizabeth (Liz) Diem, University of Ottawa, who was involved in the development of the CHNSoP and the Standards Tool Kit, will facilitate a dynamic two-day workshop on integrating the community health nursing standards into practice. Nurses from a variety of community settings including public health, home health, First Nations and education will gather from Atlantic Canada to learn more about these tools.

For those who are not aware, CHNAC is an associate member of the Canadian Nurses Association (CNA). It functions with an executive committee and a board of directors with provincial and territorial membership. CHNAC began in Halifax in 1987 to represent the specialty of community health nursing and to advocate for the continued designation of community health nursing as a specialty practice.

CHNAC took a leadership role in the development of the community health nursing standards of practice which represent a vision for excellence in community health nursing. The document was developed by a representative committee of community health nurses and reflects the integration of feedback from an extensive Canadian community health nursing consultation. These standards, which reflect the values of Canadian community health nurses, were released in 2003. In 2007, a Tool Kit was developed to help facilitate the implementation of the standards into practice environments and educational institutions.

CHNAC values excellence in community health nursing and gives voice to our specialty practice by providing a forum for community health nurses across Canada to share issues of mutual concern and to communicate through meetings and national publications. CHNAC monitors trends and issues in community health nursing and identifies and responds to issues of interest and concern. Members have the opportunity to sit on national committees and collaborate with other members of the health care system.

New Brunswick CHNAC members have agreed to further the work of CHNAC in this province through a steering committee with membership from community practice areas and schools of nursing. If you would like more information about CHNAC please visit our web site at www.chnac.ca or contact Brenda Carle, New Brunswick board member: tel. :472-8931 or 453-5389 or E-mail: bcarle@rogers.com or brenda.carle@gnb.ca. ❑

Continuing Competence Program

(continued from page 9)

practice forums with 459 members attending. Excluding material costs and staff salaries, expenses to date equal $7.72 per nurse.

The overall response to the education sessions delivered has been positive. Nurses feel that their questions have been answered and that their anxiety about a new program has been alleviated.

To date a total of 3, 222 members, or almost 40% of members, have attended an educational session offered by NANB. See table for more detailed information regarding attendance by region.

Is NANB offering additional education sessions in the fall of 2007?

Yes, an additional series of information sessions were scheduled September 20 through to November 02, 2007. Check the NANB website www.nanb.nb.ca for up to date schedules.

Practice consultation service

The practice consultation service has been receiving an average of two calls per day pertaining to the program since January 2007.

You may call or E-mail questions regarding the NANB Continuing Competence Program directly to the practice advisor, by E-mailing nanb@nanb.nb.ca or calling toll free 1-800-442-4417 or 458-8731 (local).

Other Resources

In addition, information will be posted and updated regularly on the NANB Web site, and members may call the Practice Department for personal support in meeting the CCP requirements, or using the tools.

A self-directed, on-line tutorial on the NANB Web site will be available in the fall of 2007. The tutorial will outline the continuing competence program and how to meet CCP requirements.

Articles in Info Nursing, will continue to offer information, such as responses to Frequently Asked Questions (FAQ,) to assist members in meeting this regulatory requirement. ❑

New Brunswick Office Nurses Interest Group

The New Brunswick Office Nurses Interest Group (NBONIG) is holding its annual education day/meeting in Saint John, October 13, 2007. Nurses working in doctor's offices or in a family practice or clinic setting are welcome to attend. NANB will be offering an education session on the new licensing requirement at this session. There will be two other guest speakers as well. For further information, contact Kim Gogan at (506) 652-6823; E-mail: kgogann618@rogers.com.

International conference

"Practice Makes Perfect" is the theme of an international conference to take place in Vancouver, B.C., November 4-7, 2007.

This is the first international conference for clinical educators and others involved in health care and education with responsibility for design, management, organization, and delivery of experiential and practice-based learning for health professionals.

For more information, please visit the conference Web site at: www.rebootconference.com/practicemakesperfect2007.

Advanced practice

The Canadian Association of Advanced Practice Nurses and the Nurse Practitioner Association of Alberta present "Evidence and Practice: The Road to the Future", to take place Oct. 3-5, 2007 at the Banff Park Lodge, Banff, Alberta.

To find out more, please visit www.caapn.com.

Breast Cancer

A call for abstracts is issued for the 5th Word Conference on Breast Cancer which will explore the theme "Heart, Soul and Science: It's a Small World After All," to be held June 4-8, 2008, Winnipeg, Manitoba.

To obtain more information, visit www.wcbch.ca. ❑

BRAID

(continued from page 18)

The 2006 RN/LPN Educators' Forum co-sponsored by the Nurses Association of New Brunswick (NANB) and the Association of New Brunswick Licensed Practical Nurses (ANBLPN) recognized "a need to re-evaluate and modify curriculum content to take advantage of opportunities for students to learn collaboration skills" (Wheeler, 2006, p. 14). In the forum, it was noted that while both nursing groups provide care on the same units, there is often little interaction, communication, or understanding of each others' roles. Evidence of this truth is found in a recent survey of graduates of the BN program at UNBSJ (Survey, 2005). The responses indicate that a lack of exposure to the LPN role and scope of practice has left these new RNs disadvantaged when expected to provide leadership on the nursing care team.

Return to the classroom with BN and PN students learning together for the first time and experience the awkwardness: "When we all came in, there was a PN section and a BN section. It reminded me of a middle school dance – boys on one side and girls on the other." Now focus on some of the observations at the end of the day: "It was great. We were very alike in that we want to work with people. We are just in different programs." And the hope for the future if interprofessional education truly becomes a reality? "We are learning team building skills that we will carry with us into our future work setting."

In a landmark report on the future of health care in Canada, Romanow (2002) suggested that health care providers who are educated, willing and able to work together as team networks will better meet their patients' needs. Since "nursing is one profession, carried out by different kinds of providers … they should have much of their education taught in common" (Villeneuve & MacDonald, 2006, p.105). As one stakeholder in the future of health care in New Brunswick, the BRAID project aims to assist these two nursing groups to become true companions in care.

For further information, contact the BRAID project facilitators: Judy Buchanan, UNB facilitator/project coordinator, UNBSJ, jbuchan@unbsj.ca; Brenda Kinney, BRAID facilitator, AHSC, kinbr@reg2.health.nb.ca; Brenda Schyf, BRAID facilitator, NBCCSJ, brenda.schyf@gnb.ca or visit us at www.ipebraid.ca.

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Professional Conduct Review Decisions

Registration revoked

On May 11, 2007, the registrar of the Nurses Association of New Brunswick revoked the registration of Brenda Margaret Taylor (née Searle), registration number 017437, as a result of being convicted of a criminal offence in New Brunswick.

Registration suspended

On May 23, 2007, the NANB complaints committee suspended the registration of registrant number 016562 pending the outcome of a hearing before the discipline committee.

Registration revoked

The Nurses Association of New Brunswick hereby gives notice under Section 45.1 of the *Nurses Act* of the following disciplinary decision:

On June 21, 2007 the discipline committee of NANB found that David Lloyd Green, registration number 024024, demonstrated conduct and actions that constituted:

1) professional misconduct including failing to adhere to established and recognized nursing standards of practice;
2) conduct unbecoming a member including conduct that would adversely affect the standing and good name of the practice of nursing;
3) incompetence including acts and omissions in his nursing duties including the care of patients, that demonstrate a lack of knowledge, skill and judgement, and a disregard for the welfare of patients; and
4) conduct demonstrating that the member is unfit to practise nursing.

David Lloyd Green used force and handled at least two patients in a rough manner, used an inappropriate tone of voice with patients and other staff on several occasions, and used inappropriate verbal and non-verbal behaviours, including intimidation and threatening gestures with patients and other staff. He demonstrated a lack of knowledge, skill and judgement in his nursing practice with respect to medication administration, charting of narcotics and documentation in nurses' notes and a serious lack of judgement with respect to the care and well being of vulnerable patients and treating patients with dignity.

The discipline committee ordered that David Lloyd Green's registration be revoked and that he be prohibited from practicing nursing and from using any title, words, figures or letters indicating he is a nurse. He shall be eligible to apply for reinstatement three (3) years from the date of the committee's order. The committee also ordered that, prior to applying for reinstatement, he pay costs to NANB in the amount of $10,000.

Conditions lifted

The conditions imposed on the registration of registrant number 025277 have been fulfilled and are hereby lifted effective August 9, 2007.

CNA Centennial Awards

Recognize a colleague for their contributions to nursing

The Canadian Nurses Association (CNA) will mark its 100th anniversary in 2008. As part of the celebrations, CNA will present one-time awards, the CNA Centennial Awards, to 100 Canadian registered nurses to recognize their contribution to nursing in Canada.

ELIGIBILITY CRITERIA

The nominee:

- will be a Canadian citizen;
- will be a registered nurse who is a member in good standing of a provincial/territorial nursing regulatory body/association that is a member of CNA or who was a registered nurse and a member in good standing of a provincial/territorial nursing regulatory body/association that was a member of CNA at the time of her or his contribution to nursing in Canada;
- will have been alive on 30 June 2007;
- must consent to his/her nomination; and
- cannot be a current member of the CNA board of directors, a current CNA employee, a past executive director of CNA, a past CNA president or a current jurisdictional executive director.

SELECTION COMMITTEE

An ad hoc committee of the NANB board of directors will select four candidates from New Brunswick and submit their names to the CNA Centennial Awards Selection Committee.

PRESENTATION OF AWARDS

The presentation of awards will be at a ceremony in Ottawa in 2008. ❑

Nomination for Centennial Award

NURSES ASSOCIATION OF NEW BRUNSWICK

1. NOMINATOR

NAME:

_____

REGISTRATION NUMBER:

_____

E-MAIL address of contact person:

_____

Please note that only those nomination forms that are completed in full with supporting documents and received by November 15, 2007 will be considered.

2. NOMINEE

SURNAME:

_____

GIVEN NAMES:

_____

PRESENT OCCUPATION/POSITION:

_____

COMPLETE MAILING ADDRESS (including city, province and postal code):

_____

_____

_____

TELEPHONE (with area code)

Business: _____

Home: _____

FAX (with area code): _____

E-MAIL address: _____

IS THE NOMINEE A CANADIAN CITIZEN? _____

CNA CENTENNIAL AWARDS SELECTION CRITERIA

1) Selection criteria

The CNA Centennial Awards will:

- recognize living registered nurses (or formerly registered nurses):
  - ◇ whose personal contribution has had a positive impact on the nursing profession and/or the practice of nursing in Canada and/or abroad that brings credit to nursing in Canada,
  - ◇ who have contributed in one or more of the areas of nursing – practice, education, administration, research, policy and regulation,
  - ◇ who have made consistent contributions over time;
- represent the geographic diversity of Canada, as much as possible.

The **contribution** of award recipients may be demonstrated through a variety of activities, including, but not limited to, the following:

- expertise in clinical nursing practice,
- mentorship,
- administrative leadership,
- creativity and innovation in nursing education,
- advancement of clinically relevant nursing knowledge through research activities,
- advocacy for nurses and nursing with health care organizations, other health care professionals, governments and the public, and
- significant contribution to CNA, CNA member associations, CNA Associate or affiliate members or emerging groups.

2) Summary of nominee's major accomplishments directly relevant to criteria as found in #1.

Forms should not advise "see attached c.v." as CVs are not requested.

Maximum of 150 WORDS altogether to encompass the following six points:

A. What contribution did nominee make to nursing profession?

B. Describe the difference(s) the contribution made/makes.

C. Describe the national relevance /significance of the contribution.

D. Describe the link(s) between the contribution and 1 or more of the 6 areas of nursing.

E. Describe the link to the mission of CNA and/or to the nominating organization.

F. Have these contributions been recognized through other awards? (name the awards and year).

Please note the following documents must accompany the nomination form (electronic submissions are encouraged whenever possible):

- a photo of nominee (head shot only) (If digital photo, please ensure a minimum resolution of 300 dpi and in JPEG format.);
- attached completed consent form allowing the use of nominee's information (except personal information), and photo.

DEADLINE

Please fax or E-mail the nomination form on or before **November 15, 2007** to:

Nurses Association of New Brunswick - fax: 459-2838; E-mail: ppoirier@nanb.nb.ca. ❑

Small Things Count

(continued from page 22)

meeting. Most of the issues that the group has dealt with may seem trivial to the ordinary person, but they make a significant difference in comfort and satisfaction levels for patients.

Some issues which have been discussed and resolved include: scheduling, parking issues, modifications to the patient waiting room, the re-upholstering of some of the patients chairs, the type of snacks provided, telephone services, etc.

To date this forum has been a very positive experience for all involved, as it has provided an opportunity for patients to express their concerns in a safe environment. It also gives the patients and the health care workers an opportunity to highlight their successes and to acquire a more holistic view of the issues and gain a better appreciation of each other's situation. It is easy to say "change the chairs," but how is this accomplished when it hasn't been budgeted?

This is but one of many positive initiatives happening in the unit. Others include satisfaction surveys, a patient newsletters etc., all of which contribute to a friendlier, more understanding and comfortable environment for all.

The end result of the foregoing initiative is that it has taken a unit which was providing excellent service, one step further. ❑

Editor's note: Michael Hachey, Bathurst, was a dialysis patient at the Acadie-Bathurst Regional Health Authority. Since writing this article last spring he has undergone a kidney transplant.

Overview

2007 Annual General Meeting

The 2007 annual general meeting and conference of the Nurses Association of New Brunswick took place at the Delta Hotel, Fredericton, May 30 and 31, with invited guest speakers Suzanne Gordon, Deborah White, and Michael Villeneuve receiving appreciative rounds of applause following their presentations.

ELECTIONS

President Sue Ness announced the 2007 election results for the position of president-elect. Martha Vickers, Bathurst, narrowly won over Darline Cogswell, Rusagonis, in what is believed to be one of the most closely contested elections in NANB history. This election also marked the highest rate of ballot returns since vote-by-mail elections were first introduced. Ms. Vickers assumed the position of president-elect in September 2007 and will begin her mandate as president in September 2009.

RESOLUTIONS

Following a recommendation from the long range fiscal planning committee and ratification by the NANB Board last February, a resolution proposing a fee increase was brought to a vote at the annual meeting and accepted by a majority of members attending.

Ratification of the resolution by the membership means that NANB registration fees will increase by $15 in 2008, 2009, 2010 and 2011 inclusively.

Award Recipients

The Nurses Association of New Brunswick (NANB) honored seven nurses at its awards banquet held last June at the Delta Fredericton, Fredericton, during ceremonies held in conjunction with its annual general meeting and conference.

LIFE MEMBERSHIP

Sr. Ernestine LaPlante, Bathurst, was awarded the NANB's highest recognition, that of a Life Membership, for her contributions to nursing, to the New Brunswick health care system and to the countless clients she has cared for during her long and distinguished career.

Over the years, Sr. LaPlante has been active in her professional Association at the regional, provincial, and national levels and has worked as a general duty nurse, director of nursing and educator. Sr. LaPlante was instrumental in establishing a Parish Nursing Ministry in the Bathurst area and since 1997 has been working within the Ministry helping meet the physical, emotional and spiritual needs of clients in her community.

EXCELLENCE IN CLINICAL PRACTICE AWARD

Marina LeBlanc, Memramcook, is the 2007 recipient of an Excellence in Clinical Practice Award for fostering excellence in clinical practice and for her significant contributions to nursing.

Currently employed at the Georges-L. Dumont Hospital, Ms. LeBlanc's selection for this award is indicative of her commitment to meeting patient needs and providing quality nursing care. She is seen by her peers as a leader, a mentor, an innovator and an achiever who exhibits a high degree of professionalism.

AWARD OF MERIT: NURSING PRACTICE

Linda Varner, Memramcook, has been selected as the recipient of the "Award of Merit: Nursing Practice" for 2007. Ms. Varner, who is employed by the Dr. Georges-L. Dumont Hospital, was instrumental in the creation of a breast screening clinic for the Moncton area and currently works in the oncology department

coordinating breast screening through telemedicine for the Beauséjour Regional Health Authority as well as Regions 5, 6, and 7.

Recognized at the provincial and national levels for her expertise in the field of oncology, Ms. Varner has been speaking on this subject to health care professionals and the general public throughout the province since 1992.

AWARD OF MERIT: ADMINISTRATION

Geri Geldart, Fredericton, is the recipient of the 2007 "Award of Merit: Administration." The award recognizes her work in introducing innovative concepts in dealing with human resource challenges within the River Valley Health Authority. As vice-president, hospital care and chief nursing officer, she has demonstrated excellence in nursing administration and in her ability to balance the dual responsibility of leadership for hospital-based programs and the development, monitoring and evaluation of nursing practice.

That many of Ms. Geldart's strategies for recruitment and retention and fostering excellence in nursing practice have been adopted in other regional health authorities is a testament to her tireless work and support for her colleagues.

AWARD OF MERIT: EDUCATION

Nancy Logue, Saint John, has been singled out for her commitment to excellence in nursing education receiving a 2007 "Award of Merit: Education." Ms. Logue demonstrates excellence as a nurse educator through her breadth of experience, feedback from colleagues and students and her commitment to continuing self-development as a teacher.

A senior instructor on the UNBSJ faculty of nursing, Ms. Logue has garnered the respect of students for providing them with a high level of support while maintaining rigorous standards of nursing education. She is a role model and mentor to students and colleagues.

AWARD OF MERIT: RESEARCH

Natalie Boivin, Bathurst, was awarded the 2007 "Award of Merit: Research," for outstanding achievement in enhancing nursing knowledge through research. Her current research focus is on primary health care and how the health of communities can be improved through the application of research findings.

Ms. Boivin's research achievements have been recognized at the local, provincial and national levels. She is a role model for the students she teaches and integrates the results of her research into her courses thereby contributing to the development of tomorrow's nurse researchers.

ENTRY-LEVEL NURSE ACHIEVEMENT AWARD

Karelle Robichaud, Moncton, was selected as the first recipient of the "Entry-Level Nurse Achievement Award" in recognition of her professionalism, consistent application of the nursing process in meeting the needs of clients, and positive attitude as a member of the health care team.

Ms. Robichaud, who is employed at the Dr. Georges-L. Dumond Hospital, began her nursing career in January 2006 and is currently working in nephrology. She is described by colleagues as energetic, analytical and resourceful in meeting patient's needs. ❑

2007 Presidential Address

Nursing: Why do I love thee? Let me count the ways!

Editor's note: The following is an abridged version of Sue Ness's presidential address delivered at the 2007 annual general meeting last May.

Distinguished guests, members of the board of directors, award recipients, nursing colleagues. What an honor it is to stand before you today to give my presidential address. I stood before you fours years ago and asked for your support as president-elect. At that time, I requested three things of you:

- to stand in front of me to show me the right way to go,
- to stand beside me for support, and
- to stand behind me when tough decisions had to be made.

You did it in spades, and for that I am so grateful.

The feeling that I want to leave with you today is that we've just had an armchair discussion about how lucky we are to be part of the nursing profession, and that we're proud of the contributions we've made, or will make in the future.

It's been said "It takes a village to raise a child," and the same is to be said of nurses. Students, teachers, novice and seasoned practitioners, administrators, researchers, and policy makers, all must work together to build a health care system that will meet our patients' and clients' needs.

In exploring the theme, "Nursing: Why do I love thee? Let me count the ways." I'd like to share with you the top five reasons I love nursing.

Reason #1
NURSES HAVE GREAT EXPERIENCE(S)!

By a rough estimate I would guess we have over 1000 years of experience in this room, yet we've each been able to follow the path that best suits what we're naturally good at. Some of you need the adrenalin rush of critical care nursing; others have specialized in areas such as palliative care, or home care. It will always be true though that we can't be complacent about our experiences. When you think you know it all in ICU, try moving to gerontology, family medicine or floating to neonatal intensive care. Being a life-long learner is a must.

The truth is that learning from one's experience builds a foundation for the next. We don't "unlearn," we just use our new knowledge to be successful at the next step of our career path.

A noted writer Vernon Sanders wrote: "Experience is a hard teacher … it gives the test first, and the lesson afterwards." Those of us that have been around have learned this. To those of you just starting, the lessons will come. Just be mindful that the experience of youth has much to teach those of us who are more "seasoned"… and, conversely, we have much knowledge to pass on to you. We are learning it is important to mentor each other.

Reason #2
NURSES MAKE GREAT FRIENDS!

My husband once teasingly said to me "Why don't you lose some friends instead of making more new ones?" I

replied, "I can't, I don't know how, they are all way too important to me." I am grateful that many of you know lots about me, and still call me friend! And how many of you don't have a nurse as one of your best friends.

Life is nothing without friends. Friendship is about a bond, a way of understanding between two or more people that others just don't get. It is about the responsibility of being there for others in times of celebration, endings and "the experiences" (Remember … the ones that came before the

lessons!). Friendship doubles our joy and divides our grief and those are the tools we must share in our nursing lives.

Deborah Forster, an Australian journalist, once said that friendship is about being drawn towards other people so that you can spread yourself further! So many of you have done that for me, and I pray, I, for you … for the easiest way to have a friend is to be one.

Reason #3
NURSES TELL GREAT STORIES

Suzanne Gordon tells us that every nurse should have three good stories in their pocket that will help people understand the unique contributions nurses make.

Some stories will be about lessons learned, all of them important. Take for instance my first day as a student nurse in clinical when I asked a double amputee where her slippers were. Or my first day as a new graduate when Marie with her tracheostomy after radical neck surgery was choking and desperately writing "GET A NURSE." and I ran to do that. Then I stopped at the doorway and said, "Marie, I AM the nurse." Remember to find those stories, and tell them when the opportunity arises.

A story probably has ten times the impact a lecture or a reprimand does, for here is a truth not to be forgotten. "Thou shalt not" lasts momentarily; "Once upon a time" lasts forever. Take for example a story from our first nations, one I heard the late June Callwood tell at a conference.

One upon a time an elderly grandfather had cause to worry about his grandson. Trouble seemed to follow him wherever he went, and he knew his grandson was not very happy and starting down a road that led to nowhere … a least nowhere good! He searched in his mind for the best way to help the grandson he so dearly loved. On his next visit he shared this piece of wisdom with him. "Grandson, inside all of us lives two wolves, a black one and a white one, and they are constantly fighting for supremacy. The black one represents everything that is dark, gloomy, negative and ugly in you and in the world. The white one represents goodness, kindness, light and beauty … the grandfather stopped there. Finally his grandson asked the obvious question: But grandfather, which one wins? Quietly the answer came back. The one you feed!"

Celebrate all that is good about your life and your work and you will soon realize there is much to be grateful for. I have been keeping a gratitude journal for several years – and some days you must dig deep. The day of the bus accident in Sussex four children died. Here is what I wrote:

- We have 38 children who are alive.
- We have an excellent health care team that stepped up to the plate today.
- We live in a community, indeed a country that truly cares.

The day my husband was diagnosed with cancer, here is what I wrote:

- We promised we'd always be there for each other in sickness and in health and I can keep that promise.
- We have a GP who cares deeply that this gets fixed soon and well.
- It was detected early ….

Reason #4
NURSES HAVE THE "SMARTS" AND THE "HEARTS"!

Even though Thomas Edison said, "We don't know one millionth of 1% about anything," we've come a long way. Florence Nightingale got us started, then generation after generation (and there will be many that follow us), we must leave a legacy for those that come behind us.

Knowledge that was once general has gotten more specific and more sophisticated. The Canadian Nurses Association now offers certification in over 30 nursing specialties. Along with this knowledge comes responsibility, it has never been more critical than now, in the information age, to be on top of our game, and, as nurses, we do that all the time. I encourage you though to be open to wherever the lessons come from, and often that will be from each other.

Joseph Joubert said: "To teach is to learn twice." Late career nurses, please teach and mentor the early career nurses, and vice-versa. Use teachable moments, just-in-time knowledge acquisition and reflection. Say … "Hmmmmm!" and "I wonder" to each other often.

"Your own soul is nourished when you are kind; it is destroyed when you are cruel" (Proverbs 11:17). We need look no further than the Old Testament to know how important "heart" is …. Kindness can be seen by the blind and heard by the deaf … it is universal. It is one of those natural truths. What you want more of, you must give more of.

Reason #5
NURSES MAKE A DIFFERENCE!

I need to tell you my stories and for you to understand how you and many of our colleagues who are not here today have made a difference in my life, especially over the last six months. Personally, I have felt your impact more in the last six months than probably all my life before that combined … what you've done, what you've said, how you reacted. Some of you may even recognize yourself in the following words:

- One of you made a difference because … you saw past the bald head and the steroid swollen face to the internal and external beauty of one of my best friends as she died last fall.
- One of you made a difference to our son and his wife as you calmly explained the treatment that would fix their daughter's, our granddaughter's, feet and we felt confident and cared for.
- One of you helped my Mum and all my siblings as we learned the challenges of breast cancer and chemotherapy, then arranged seamless care for her between hospital and home … and so on …, and cared for her wherever she was.
- One of you (make that many of you) held me as I've cried over my husband's diagnosis of colorectal cancer. But then reminded us of how effective cancer treatment is. Then you laughed with us when he spoke in terms of oil filters, holding tanks, gaskets and exhaust pipes as he became familiar with his ostomy.

I didn't know/never expect to know, the profound impact you, the nurse, can have. But you have … and for that I cannot begin to tell you how profoundly grateful I am. I only want to encourage you to keep on making a difference … because you do … every single day, in every single interaction. ❑

NEW BRUNSWICK NURSING COLLECTION— The official handover of the contents of the former NANB Nursing History Centre took place at the 2007 annual meeting last May. The new collection, to be housed at the New Brunswick Museum (NBM) in Saint John, is to be known as the New Brunswick Nursing Collection. Present at the event were (front row, left to right) Jane Fullerton, executive director, New Brunswick Museum; Sue Ness, then NANB president; Roxanne Tarjan, NANB executive director, and Raymond McGee, husband of the late Dr. Arlee Hoyt McGee. In the back row (left to right) Gary Hughes, curator of history and technology, NBM; Nicole Lang, professor of Acadian and Canadian history, Edmundston campus, Université de Moncton and team member of the "Labour History in New Brunswick" research project; Richard Burpee, former chairperson, NBM and Matthew McGee, son of the late Dr. Arlee Hoyt McGee. ❑

HONONARY DOCTORATE—Judith Oulton (third from left), executive director of the International Council of Nurses, Geneva, was recently awarded an honorary doctorate of nursing from the Université de Moncton, Edmundston Campus. Mrs. Oulton is congratulated (from left) by Roxanne Tarjan, executive director, Nurses Association of New Brunswick; Carolyn McKay, deputy minister, Office of Human Resources, Province of New Brunswick; and Alice Thériault chief nursing officer, Department of Health, Province of New Brunswick. ❑

Call for Nominations

(continued from page 20)

7) have served on the NANB board of directors within the past ten years if offering for the position of president-elect.

ROLE

As a member of the team of directors, elected members are responsible and accountable for establishing fiscal policy and strategic directions and monitoring Association activities. Directors promote the linkage between the Association and the membership at large and represent the appropriate nursing portfolio.

INFORMATION

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

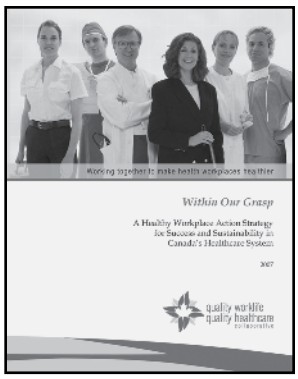
DEADLINE

Deadline for the receipt of nominations is **January 30, 2008**. ❑

Working Together = Quality Health Care

BY ROXANNE TARJAN

The challenges health care delivery is confronting due to workforce supply issues are not news. As well, the health impacts our health care workplaces are having on the health and well-being of health care providers, especially registered nurses, has been highly publicized.



I am using this column to promote a recent publication by the Quality Worklife Quality Healthcare Collaborative (QWQHC) entitled "*Within Our Grasp*." Ten national partners have developed an action strategy to create and support healthy workplaces as an essential component of sustainable, quality health services in Canada.

Please access the report at the following link or from the welcome page of the NANB Web site: www.cchsa-ccass.ca

I will conclude with a quote from the document:

"A fundamental way to better healthcare is through healthier healthcare workplaces. It is unacceptable to work in, receive care in, govern, manage and fund unhealthy healthcare workplaces."

-QWQHC, 2006 ❑

Editor's note: Roxanne Tarjan is executive director of the Nurses Association of New Brunswick.

2007 ANNUAL GENERAL MEETING

NURSES ASSOCIATION OF NEW BRUNSWICK

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