

A PUBLICATION OF THE NURSES ASSOCIATION OF NEW BRUNSWICK

# Info Nursing

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FROM PEERS

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# NANB BOARD OF DIRECTORS



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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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## Change of address

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### On the cover

ANB AirCare host flight nurse recognition ceremony. The team, pictured above, receiving their 'wings'.

**See more on page 24.**

# 2008 is a Year for Celebrating...

BY MONIQUE CORMIER-DAIGLE

**I** am very pleased to write to you as this year marks the CNA's Centennial and we are celebrating 100 years of nursing leadership. It is wonderful that 100 years ago, a group of visionary and devoted nurses thought it was a good idea to create a Canadian nursing association. One hundred years later, here we are. Over the years, despite two world wars, pandemics and numerous societal transformations, nurses have always been present, near the battlefields, in rural and urban communities, in hospital settings, clinics, schools and more. This is what we are celebrating today, all these women and men like you who work towards enhancing the health of Canadians. We have highly experienced nurses in New Brunswick, exceptional people whose leadership and commitment have set them apart. First of all, Daniel Savoie is a recipient of the Centennial Merit Award, bestowed by CNA. The award was presented last February by Prime Minister Stephen Harper and the Minister of Health Tony Clement. Furthermore, in keeping with the Centennial spirit, CNA is recognizing 100 nurses from all over the country. The recipients of this prestigious award from New Brunswick are: Daniel Savoie, Linda Silas, Linda Varner, Elizabeth Sparks, Lois Scott, Yolande Lepage-Cyr and Liette Clément. A ceremony is planned next November in Ottawa to honour them.

The Biennial Convention, which took place June 16-18 in Ottawa, was a great opportunity to celebrate. The Convention program, themed "Be the Change", was varied and included distinguished speakers, round tables, large group sessions, a poster exhibi-



tion and workshops. At the evening gala, nurses who received awards of merit were recognized. The Jeanne-Mance Award, which is the highest honour in the country, was given to Judith Oulton, formerly from New Brunswick, who is currently Executive Director of the International Council of Nurses (ICN). We have every reason to be proud, here in New Brunswick...

I take this opportunity to inform you on an important project that will start this fall. At our last Board meeting in June, members decided to amend a sub-end of Ends policy E-4, "Influencing Healthy Public Policy". The new sub-end now reads: "Public policy incorporates the determinants of health and the principles of primary health care." A strategic planning exercise will take place in the next few months in order to direct and position the strategic initiative of the Association for the next three years and thus better integrate those concepts. We will be able to share our efforts with you at our next biennial convention in June 2009.

As you know, the NB health system is being restructured. Several initiatives are planned in order to improve access to services, better promote health, expand the roles of several stakeholders, and allow nurses to practice at their full scope. It is a great opportunity for us, nurses—"Be the change" to exercise our leadership at all levels so we can continue to do what we do best, which is provide quality care to the citizens of New Brunswick.

I wish you all a splendid fall.





# Crunching the Numbers

BY ROXANNE TARJAN

The US based Association of Academic Health Centers (AAHC) recently released the following report: *Out of Order Out of Time: the State of the Nation's Health Workforce*. The report premises the view that the United States of America is "out of time" to address what is "out of order" in relation to the health workforce reality and future demands. Concerning nursing and current and projected shortages they state the following; "Nursing the nation's largest health profession, has faced a shortage since the 1980s. Nursing is the profession in which the shortage is most pronounced and the impact is already felt. A 2007 projection anticipates a shortfall of 340,000 registered nurses by 2020, lower than previous estimates, yet nonetheless suggests a difficult future for healthcare delivery."

The report also highlights the socioeconomic trends accelerating workforce challenges. They include: increased longevity of a growing population that will change healthcare needs, the retirement of the baby boom cohort which will exacerbate shortages and generational changes in values, perceptions and expectations that are having a significant impact on health profession supply and career profile; all of which are magnified in the long term care health workforce.

2007 NANB statistics reflect the following:

- 9013 members—8612 Registered / 8018 Employed (In 2003 there were 8551 members, growth of less than 500 in 5 years.)
- From 2003–2007 there were 1286 new registrants from NB educational programs. Including registrants from other provinces and countries in the same period, the total increases to 1753.
- Nurses Age: 45–49 yrs.—1297, 50–54 yrs.—1297, 55+ yrs.—1474, for a total of 4068, representing over half of all employed registered nurses in NB.

Clearly, the trends described in the American report are true to New Brunswick, as we have known for some time, and as has been highlighted by the Canadian Nurses Association and others for over a decade.

I often hear the statement, 'we can never produce the number of nurses we will need so we have to look for other solutions'. We may not be able to enhance production to the required degree in the short-term; however, abandoning efforts to



increase the supply or access to the profession would be foolhardy and must be enhanced. Today we have a preponderance of evidence that those facilities and services with higher levels of registered nurse staffing demonstrate improved patient and financial outcomes.

The same US report recommends the development of a comprehensive national workforce agenda, harmonization of standards, requirements and practices across jurisdictions and investments in educational institutions to assist them in responding and increasing access to health professions. Similar to those recommendations we have seen in our own country and province.

Much attention is currently focused in our country around the mobility of the workforce, with obvious high interest in health care providers. Nursing regulators have supported and worked to ensure this reality for many decades beginning with an endorsement agreement that preceded the current Mutual Recognition Agreement (MRA) that ensures nursing's compliance with the requirements of the Agreement on Internal Trade (AIT). Additionally, we are working to improve the timeliness of and options for international candidates to meet Canadian and provincial registration requirements, supported by provincial and federal resources and initiatives.

All these efforts will be required to respond to the current and future resource challenges that are evident. No single initiative will resolve the situation. Moving forward, we must look to new methods of supporting and delivering care that maintain and enhance the quality and safety of services and that maximize the knowledge, skill and judgement of all providers, including registered nurses. To do this we will require a coordinated effort that brings all stakeholders to the table, most especially those providing care. Registered nurses have brought much innovation to their own profession and the system in the past; they will continue to do so into the future.

To conclude, a quote from Steven A. Wartman, President and CEO of the AAHC, "The problem is clearly multifaceted and complex and will require a multifaceted, complex policy solution. It calls for the political will to develop one. But beyond the issue of leadership is a far more important one: the need to protect the health and well-being of the nation." I believe New Brunswick taxpayers deserve no less. □



## The Board of Directors met June 4, 2008.

**T**he Board meeting preceded a focus group on Draft Medication Standards and the Association's 92<sup>nd</sup> Annual General Meeting hosted at the Crowne Plaza—Fredericton Lord Beaverbrook Hotel on Thursday June 5, 2008.

### Strategic Ends

The Board reviewed strategic ends and confirmed the Association's *Vision, Mission and Board Ends / Goals*. The Board approved amendments to the end / goal *Influencing Healthy Public Policy* which will be expanded to include the *Social Determinants of Health*.

### Executive Committee Appointments

The Board nominated two Region Directors and one Public Director to its Executive Committee for a one-year term, effective September 1, 2008 to August 31, 2009 and are as follows:

- Ruth Alexander, Region 2 Director
- Rose-Marie Chiasson-Goupil, Region 6 Director
- Robert Stewart, Public Director

### Public Director Appointments

The Board of Directors is composed of 12 members, 3 of whom are members

of the public. The role of the public directors is to provide the Board with a public, non-nursing, consumer perspective on issues as they relate to nursing and health care in New Brunswick.

The terms of two public directors, Camille Breau (resigned December 2007) and Carole Dilworth expired August 31, 2008. Two of the public director positions on the Board are appointed by the Lieutenant-Governor-in-Council and one is appointed by the Minister of Health from a list of candidates submitted by the NANB. The appointments are for two year terms.

Board members approved the following four nominees to be submitted to the Lieutenant Governor-in-Council, two of which to be appointed to Board effective September 1, 2008:

- Brian Thompson, St-Stephen
- Aline Saintonge, Fredericton
- Jacques Paul Couturier, Edmundston
- Robert Thériault, St-Isidore

### CNA Biennium / Centennial Celebration

The CNA Biennium was held in Ottawa from June 16 to 18, 2008 celebrating CNA's Centennial year. NANB vot-

ing delegates for the CNA Biennium included:

- Monique Cormier-Daigle
- Linda LeBlanc
- Martha Vickers
- Margaret Corrigan
- Cheryl Drisdelle
- Rose-Marie Chiasson-Goupil
- Ruth Riordon
- Roxanne Tarjan

In addition, both Virgil Guitard and Odette Comeau Lavoie, NANB staff acted as scrutineers for the Business Session of the Biennium.

### NANB Committee Appointments

The Board approved the following appointments to NANB Committees:

#### Education Committee:

- Kimberly Greechan, RN (new)
- Nathalie LeBlanc, RN (new)
- Nancy Logue, RN (re-appointment)

#### Complaints Committee:

- Monique Ouellette, RN (re-appointment)
- Jacqueline Gordon, RN (new)

- Tanya Jenkins, RN (re-appointment)
- Edith Tribe, Public Member (new)
- Nancy Sheehan, RN (re-appointment)
- Jeannita Sonier, Public Member (re-appointment)
- Chantal Saumure, RN (re-appointment)

#### **Resolutions Committee (2008-2010) from the Restigouche Chapter are:**

- Linda Bernatchez, RN
- Nicole Robichaud, RN
- Renée Valdron, RN

#### **The Nursing Education Advisory Committee proposed three candidates to serve on the University of New Brunswick School of Nursing Approval Team:**

- Dr. Linda Ferguson, University of Saskatchewan, Team Leader
- Dr. Kim Critchley, University of Prince Edward Island
- Dr. Barbara Downe-Wamboldt, Dalhousie University

#### **Discipline / Review Committee:**

- Luc Drisdelle, RN (re-appointment)
- June Kerry, RN (new)
- Trevor Fotheringham, RN (re-appointment)
- Jacqueline Savoie, RN (new)
- Sandra Mark, RN (re-appointment)
- Mary McAllister, RN (new)
- Florence Thibodeau, RN (re-appointment)
- Denis Morisset, Public Member, (re-appointment)
- Heather Bursey, RN (re-appointment)
- Charles Flewelling, Public Member (re-appointment)
- Terry-Lynne King, RN (new)
- Albert Martin, Public Member (new)
- Nancy Arseneau, RN (new)

#### **CNA Documents Endorsed**

Two CNA documents were approved by the Board for endorsement. Documents are available for download on the NANB web site ([www.nanb.nb.ca](http://www.nanb.nb.ca)).

- *CNA Code of Ethics*

- *Advanced Nursing Practice: A National Framework*

#### **Nurses Week Poster Competition Winners**

Over 50 members submitted images for the Nurses Week Poster Competition. Images were published in the 2008 Nursing Week Poster which was distributed across the province. Results of the competition were as follows:

- Chantale Allain, Moncton—*Grand Prize Winner*
- Phyllis Murray, Moncton
- Pierrette Mallet, Caraquet
- Anne Marie Creamer, Saint John
- Joanne Henderson, Fredericton
- Mario Gallant, Val D'Amours
- Kathy Reviczky, Moncton

Congratulations to the winners and thank you to all members who contributed to this successful initiative.

#### **Monitoring Ends**

The Board approved monitoring reports for both the Executive Limitations and Governance Process Policies.

#### **NANB Membership Statistics**

The Board received finalized 2006 and preliminary 2007 registration data. Statistics are available in the 2007 Annual Report, as well as on the NANB web site ([www.nanb.nb.ca](http://www.nanb.nb.ca)).

A modest one per cent growth was seen overall. The impact of the aging workforce is evident with an additional one per cent increase in members 55+ years of age. (1474—18% of total membership, up from 1221—15% in 2005, and 1346—17% in 2006.)

#### **Linkages with Stakeholders**

The Board of Directors participated in a focus group regarding Draft Medication Standards on Thursday June 5, 2008 at the Crowne Plaza Lord Beaverbrook Hotel.

Additional participants included Chapter Presidents, nursing education programs, RHAs and nursing homes. An engaged group of 40 registered nurses from around the province provided positive and constructive

feedback for the further development of the document. Participants agreed that the document was timely and will help support RN practice.

The Board was advised of the schedule for the 2008 series of Professional Practice Forums. Forums are held every two years to enhance linkages with members.

#### **92<sup>nd</sup> Annual General Meeting**

The 92<sup>nd</sup> Annual General Meeting occurred on Thursday June 5, 2008 at the Crowne Plaza Lord Beaverbrook Hotel in Fredericton. A total of 41 registered members were in attendance. An overview of the Auditor's Report and highlights of activities current and future were presented.

For interested members, the 2007 Annual Report including the 2007 Auditor's Report is available on the NANB web site ([www.nanb.nb.ca](http://www.nanb.nb.ca)).

#### **2008 Elections**

Elections were held for the following Region Director positions—Regions 1, 3, 5 & 7. Ballots were distributed to members in Region 3 only.

A total of 470 ballots were returned representing over 30 per cent of registered members from this region. The change to mail ballots for the election of region directors continues to increase member involvement in the selection of their representatives to the Board of Directors.

**Region 1 Director:** Mariette Duke (elected by acclamation)

**Region 3 Director:** Darline Cogswell & Lillian Warne—Darline Cogswell (elected)

**Region 5 Director:** Margaret Corrigan (elected by acclamation)

**Region 7 Director:** Deborah Walls (elected by acclamation)

#### **Next Board**

The October Board of Directors meeting will be held at the NANB Headquarters on October 15, 16 and 17, 2008. □



**Left to Right:** Marlene Smadu, President, CNA, Judith Oulton, 2008 Jeanne Mance Award Recipient, and Lucille Auffrey, CEO, CNA. Photo compliments of Teckles Photography.

## Top-Honour from Peers

Judith Oulton Receives  
2008 Jeanne Mance Award

By Jennifer Whitehead

**Since** 1971, the Canadian Nurses Association has honoured a nurse at its biennial convention with the highest award bestowed by the Canadian nursing community. Nurses nominated for this prestigious award have made significant and unique contributions nationally and internationally to both nursing and health. (2008 Jeanne Mance Award Citation)

Judith embodies everything this awards stands for. There is no doubt that her work will continue to have a positive impact on the practice of nursing, both within Canada and worldwide. (2008 Jeanne Mance Award Citation)

**Congratulations Judith!**

A special thanks to all the associations, health organizations and friends who supported NANB's nomination of Judith Oulton:

Association of Registered Nurses of Newfoundland and Labrador; College of Registered Nurses of Nova Scotia; Association of Registered Nurses of Prince Edward Island; Alice Thériault, Chief Nursing Officer, Dept. of Health, NB; Judith Ritchie, Association Director for Nursing Research, McGill University; and Hiroko Minami, President, International Council of Nurses (ICN).

**"Judith has made significant contributions to public health, increased the status of the nursing profession as a whole, and had a positive impact on the practice of nursing worldwide."**

**"Peer recognition is the highest form of professional acknowledgement and to receive this 'Nobel Prize of Canadian Nursing' really is awesome."** (quote from Judith Oulton's acceptance speech)

**"In 1989, she was appointed executive director of the Canadian Nurses Association (CNA). She led the formation of HEAL, a health action lobby group of more than 26 health organizations that is committed to preserving and enhancing the Canadian health-care system."**

**"Judith is truly a 'great Canadian nursing ambassador'."**

"Judith has maintained her membership with the Nurses Association of New Brunswick (NANB) throughout her career, even while living in Geneva, which is evidence of her commitment and dedication to professional nursing organizations as well as to the province from which she graduated."

\*Remarks supplied by CNA, 2008 Jeanne Mance Award Citation.



# It's Simple to Prevent

Who doesn't know the old proverb  
"Prevention is better than cure"?

Article Submitted by Nicole LaPlante,  
TeleHealth Assistant Director,  
Beauséjour Regional Health

**T**he prevention of infectious diseases can be achieved by simple means, practiced in everyday life. Whether it is the child at school, the patient who takes care of himself at home, the nurse who vaccinates the elderly people, the family physician who sees many cases of influenza, everyone can limit the spread of germs and help prevent infections. As long as they know how to do it!

This is what is demonstrated by the Web site [www.transmissionzero.ca](http://www.transmissionzero.ca),



Sitting, Suzanne Robichaud RN,  
director Telehealth and Research;  
standing, Alice LeBouthillier RN

**Everyone can limit the spread of germs and help prevent infections. As long as they know how to do it!**

developed by the Telehealth Service of the Beauséjour Regional Health Authority. This site includes six sections that show different methods of prevention.

The techniques are well explained and most importantly, well-illustrated.

The teaching capsules include various media such as sound, video and text, reaching a wide audience and satisfying different learning needs. One of the videos shows the proper way to wash hands, which facilitates public understanding, like school children for example. This information is very useful during flu or gastroenteritis outbreaks and can help reduce the rate of transmission of these diseases among children, their families, school staff, and the public.

In hospitals, one learns how to put-on and remove protective clothing properly, how to dispose of needles after use, and other standard precautions.

The content was prepared by Alice LeBouthillier, RN, a nurse in the prevention of infectious diseases at the Beauséjour Regional Health Authority,

who now works for the Authority's Education department. All the information was validated by several health professionals, including public health. Suzanne Robichaud, RN, Director of Telehealth and Research at the BRHA, acts as Project Manager.

Health caregivers, teachers, children, parents and the public are the primary beneficiaries of this new site. Through Internet, areas with few resources can now practise efficient frontline prevention.

Funded by Inukshuk Wireless, this project was made possible through a partnership between the Telehealth service of the Beauséjour Regional Health Authority, the Université de Moncton's group of Learning Technologies and the Department of Health of Mali, Africa.

The Web site is available in French only. ■

## Mark Your Calendars!

Next year's AGM is scheduled for June 3rd, 2009 and the Biennial Conference on June 4th, 2009. Stay tuned for more information regarding the theme and agenda in the next issue of *Info Nursing*.



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## **Plan to Attend NANB's 2008 Fall Professional Practice Forum in Your Region**

**9:00–9:10**

Welcome and Introductions

**9:10–10:10**

NANB Bits and Bites

**10:10–10:30**

Break

**10:30–12:00**

Re-tooling for Today's  
Workplace

**12:00–13:00**

Lunch (on your own)

**13:00–14:00**

Creating a Professional  
Image

**14:00–14:30**

Medication Standard

**14:30–14:50**

Break

**14:50–15:15**

Continuing Competence  
Program: Opportunities  
for Learning

**15:15–15:30**

Evaluation and  
Closing Remarks

Re-tooling for today's workplace  
Creating a professional image  
New medication standards

**Nurses Association of New Brunswick Hosts**

**Fall Professional  
Practice Forums**

**The**

**2008**

# Promoting Good Practice

**Moncton (French):**

Amphitheatre, Dr. Georges L. Dumont Regional Hospital, 330 University Avenue, 9:00 a.m. to 3:30 p.m, Wednesday, October 22<sup>nd</sup>, 2008.

**Edmundston (French):**

Suite 0007, Edmundston Regional Hospital, 275 Hébert Boulevard, 9:00 a.m. to 3:30 p.m, Monday, October 27<sup>th</sup>, 2008.

**Miramichi (English):**

Highland Theatre, Miramichi Regional Hospital, 500 Water Street, 9 a.m. to 3:30 p.m, Thursday, October 30<sup>th</sup>, 2008.

**Bathurst (English):** Atlantic Host, Jade room, 1450 Vanier Blvd, 9:00 a.m. to 3:30 p.m, Wednesday, November 12<sup>th</sup>, 2008.

**Bathurst (French):** Atlantic Host, Jade room, 1450 Vanier Blvd, 9:00 a.m. to 3:30 p.m, Thursday, November 13<sup>th</sup>, 2008.

**Fredericton (English):**

Conference Room (A & B), Dr. Everett Chalmers Hospital, 700 Priestman Street, 9:00 a.m. to 3:30 p.m, Thursday, November 13<sup>th</sup>, 2008.

**Saint John (English):**

Level 5 Amphitheatre, Saint John Regional Hospital, Tucker Park Road, 9:00 a.m. to 3:30 p.m, Tuesday, November 18<sup>th</sup>, 2008.

**Moncton (English):**

Theatre A, The Moncton Hospital, 135 MacBeath Avenue, 9:00 a.m. to 3:30 p.m, Friday, November 21<sup>st</sup>, 2008.

**Campbellton (English):**

Amphitheatre, Campbellton Regional Hospital, 189 Lily Lake Road, 9:00 a.m. to 3:30 p.m, Tuesday, November 25<sup>th</sup>, 2008.

**Campbellton (French):**

Amphitheatre, Campbellton Regional Hospital, 189 Lily Lake Road, 9:00 a.m. to 3:30 p.m, Wednesday, November 26<sup>th</sup>, 2008.



## Mark Your Calendars

**All NANB members, regardless of role or setting, are invited to attend.**

NANB is planning the next round of biannual practice forums. Every second year our annual meeting has a shorter business portion permitting re-allocation of human and financial resources. This in turn enables a means for member participation and face-to-face contact. To this end, NANB is offering a one-day Professional Practice Forum in each region, to provide an opportunity to exchange information and strategies on issues affecting your practice. ■

**Please register with Karine Thibodeau at NANB 1 800 442-4417, 458-8731 (local) or [kthibodeau@nanb.nb.ca](mailto:kthibodeau@nanb.nb.ca).**



# Adapting to the New Workplace Reality

Maximizing the role of RNs within a collaborative nursing practice model

By the Practice Department

**Editor's note:** This is the fourth of six articles looking at how registered nurses can best adapt to changes in the mix of nursing care providers in the healthcare system. The topics previously covered are: "Professional Nursing Practice: Requisite Capacities," "Professional Nursing Practice: Rule of Three," and "Organizing Nursing Care."

It is the hope of the Practice 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 their professional role and responsibilities in the context of a collaborative practice setting which includes other nursing care providers.

This article focuses on collaboration, working together to meet a common goal for the provision of safe, ethical and competent nursing care. Collaboration is important in the development of professional nursing practice and as a way to improve patient outcomes.

## Part 4: Collaborative Working Relationships

There are a variety of patient care delivery models in which nursing care can be provided to ensure appropriate use of nursing resources. These models may include registered nurses, licensed practical nurses, and unregulated health care workers. Regardless of the delivery model being implemented, the model must be structured to support collaboration and cooperation among the nursing team, to improve the coordination and communication of patient care and to optimize continuity and timely delivery of patient care.

As other nursing care providers and new skill mixes are introduced as nursing care delivery evolves in response to workplace and human resources realities, relationships between nursing care providers must also be reconfigured. This requires that all nursing care providers understand each other's roles and unique contributions.

Collaboration is like a handshake. Prior to joining hands, two individuals stand separately. The character of the hand-

shake influences the interaction that follows between the two individuals. Collaboration is characterized by an atmosphere of mutual respect for one another's knowledge and competence and a mutual concern for the provision of quality care.

### Practice Expectations for Working with Others

The 2005 *Standards of Practice for Registered Nurses* outline expectations for RNs when working with others. Each nurse:

- collaborates with health care team members about the client's care;
- demonstrates knowledge of, and respect for, each other's roles, knowledge, expertise and unique contribution to the team;
- establishes and maintains collegial professional relationships;
- articulates nursing's contribution to the delivery of health care services;
- provides feedback to others to support their professional development;





## Practice Capsule

### Collaborative Working Relationships: Practice Expectations for the Registered Nurse and the Licensed Practical Nurse

The Nurses Association of New Brunswick (NANB) and the Association of New Brunswick Licensed Practical Nurses (ANBLPN) believe that there must be open and ongoing communication between nursing care providers in order to foster collaborative working relationships. These collaborative working relationships must be built on the values of working together, trust and mutual respect. As scopes of practice continue to evolve over time, it is essential that there is cooperation between all nursing care providers.

*Working Together: A Framework for the Registered Nurse and the Licensed Practical Nurse* (2003) is a joint document between NANB and ANBLPN. This document is currently under revision to better reflect today's work environment. The revised document will be re-titled *Collaborative Working Relationships: Practice Expectations for the Registered Nurse and the Licensed Practical Nurse*.

The revised document will highlight practice expectations and the contributions that the RN and LPN bring to the care setting.

As part of the revision process, the draft document will be distributed to a number of registered nurses and licensed practice nurses across the province in order to validate the updated document.

- demonstrates the values and beliefs of the profession in professional conduct; and
- recognizes the impact of their own attitudes, values and beliefs on practice.

Additionally, the revised 2008 *Code of Ethics for Registered Nurses* builds on these practice expectations by stating that nurses relate to each other and colleagues in a respectful manner.

Inherent in these practice expectations for RNs regarding collaboration and working with others are the following competencies:

- Effective communication and interpersonal skills
- Mutual respect and trust
- Understanding the role of all nursing care providers
- Professional judgement and decision-making
- Understanding teamwork
- Leadership skills
- Accepting accountability for one's own actions and decisions

### Best Practice Guideline (BPG) for Collaborative Practice Among Nursing Teams

Effective nursing teamwork is essential to the work in health care organizations. To that end, the Registered Nurses Association of Ontario (RNAO) has developed a best practice guideline (BPG) that focuses on nursing teams and collaboration. The BPG was developed to enhance positive outcomes for patients, nurses and the organization and includes:

- processes and characteristics of a nursing team that support a healthy work environment; and
- communication, coordination and collaboration within the nursing team.

The Collaborative Practice Among Nursing Teams BPG can be found on the RNAO web site at [www.rnao.org](http://www.rnao.org)

### Conclusion

More than ever, nursing care providers need to work together collaboratively and promote a collegial work environment. Establishing and maintaining collegial relationships requires nurses

to use a wide range of communication strategies and effective interpersonal skills. We all have a duty to know and acknowledge each colleague's role and unique contribution to the team effort. Respectful behavior among nursing staff contributes to the best possible outcomes for patients.

For more information on collaborative practice and working with others please call the NANB Practice Department and ask for a practice advisor 1 800 442-4417, 458-8731 or [nanb@nanb.nb.ca](mailto:nanb@nanb.nb.ca).

### References:

Canadian Nurses Association (2008). *Code of Ethics for Registered Nurses*. Ottawa: Author.

Nurses Association of New Brunswick (2005). *Standards of Practice for Registered Nurses*. Fredericton: Author.

Nurses Association of New Brunswick and Association of New Brunswick Licensed Practical Nurses (2003). *Working Together: A Framework for the Registered Nurse and the Licensed Practical Nurse*. Fredericton: Authors. □

# CADTH Launches First-ever Podcasts/Audio Summaries of HTA Reports

Submitted by Stephanie Smith, BN RN MA,  
CADTH Liaison Officer, New Brunswick

Canadian Agency for  
Drugs and Technologies  
in Health

Agence canadienne  
des médicaments et des  
technologies de la santé



The Canadian Agency for Drugs and Technologies in Health (CADTH) has recently launched a series of audio summaries on the following health technology assessment (HTA) reports:



You can access these audio summaries directly from CADTH's web site ([www.cadth.ca](http://www.cadth.ca)) through a new link on the right hand side called "podcasts."

- Liquid-Based Techniques for Cervical Cancer Screening; Systematic Review and Cost-Effectiveness Analysis (posted April 28, 2008)
- Reprocessing Single-Use Medical Devices in Canada (posted April 28, 2008)
- Podcast interview with the Canadian Society of Telehealth (CST) on CADTH's Telestroke report (posted February 15, 2008)

Intended to appeal to a broad audience of CADTH stakeholders, these audio recordings or *podcasts* are designed to capture the highlights of an HTA report in less than ten minutes. "More and more, research and knowledge-based organizations such as ours are turning to alternative media to get their messages out to a broad audience base," says Craig Larsen, Director of Knowledge Transfer at CADTH. "These audio summaries are a great way of packaging information in a portable, easy to download manner, that helps supplement our research products."

In the future, CADTH intends to provide these for more HTA reports as well as for other CADTH reports and products. Since they were first launched on April 28, more than 400 listeners have accessed the audio recordings, indicating a definite interest in this format.

Visitors can also subscribe to receive alerts when new CADTH resources of interest become available.

For more information on these audio recordings or other upcoming projects, please contact CADTH's Liaison Officer for New Brunswick, Ms. Stephanie Smith by e-mail at [stephanies@cadth.ca](mailto:stephanies@cadth.ca) or by phone at 506-457-4948. □

CADTH is a national body that provides Canada's federal, provincial, and territorial health care decision makers with credible, impartial advice and evidence-based information about the effectiveness and efficiency of drugs and other health technologies.

The CADTH Liaison Office for New Brunswick is located at 520 King Street, HSBC Place, Fredericton.

## Also available on the CADTH Web site:

- information and reports/publications from CADTH's 3 key programs: Health Technology Assessment (HTA); Common Drug Review (CDR); and the Canadian Optimal Medication Prescribing and Utilization Service (COMPUS);
- optimal drug therapy resources such as evidence-based intervention tools regarding the prescribing and use of proton pump inhibitors (PPIs);
- Status reports for drugs being reviewed through CADTH's Common Drug Review as well as formulary listing recommendations made to the publicly funded drug plans in Canada (except Québec); and much more!

Did you know that  
you can access NANB  
publications at any time?

Visit [www.nanb.nb.ca](http://www.nanb.nb.ca) to download.

Call (506) 458-8731 or 1 800 442-4417  
to have them mailed to you.

E-mail: [nanb@nanb.nb.ca](mailto:nanb@nanb.nb.ca) to have them  
electronically delivered to you.

# What is the Air Quality Health Index (AQHI)?

Article Submitted by Julie McKeen, NB Lung Association

The Air Quality Health Index or "AQHI" is a scale designed to help you understand what the air quality around you means to your health.

The AQHI was initiated as a national program in 2001 by Environment Canada and Health Canada and has been developed through a multi-lateral process involving federal, provincial and non-governmental stakeholders. To date, demonstration pilots have taken place in British Columbia, the City of Toronto, and in Nova Scotia. By 2011, 27 municipalities across Canada are projected to be using the Air Quality Health Index! Right now, people in the greater City of Saint John area will see and hear advertising for the new Air Quality Health Index and be able to access information either through the national Web site [www.airhealth.ca](http://www.airhealth.ca) or the toll-free telephone number 1 888 484-2744.

This health protection tool is designed to help you make decisions to protect your health by limiting short-term exposure to air pollution and adjusting your activity levels during increased levels of air pollution. It also provides advice on how you can improve the quality of the air you breathe.

This index pays particular attention to people who are sensitive to air pollution and provides them with advice on how to protect their health during air quality levels associated with low, moderate, high and very high health risks.

## The AQHI communicates four primary things:

- 1) A number from 1 and 10+ indicating the quality of the air. The higher the number, the greater the health risk associated with the air quality. When the amount of air pollution is very high, the number will be reported as 10+.
- 2) A category that describes the level of health risk associated with the index reading (e.g.

Low, Moderate, High, or Very High Health Risk).

- 3) Health messages customized to each category for both the general population and the 'at risk' population.
- 4) Current hourly AQHI readings and maximum forecasted values for today, tonight and tomorrow.

The AQHI is designed to give you this information in one place along with some suggestions on how you might adjust your activity levels depending on your individual health risk from air pollution.

## How is the AQHI calculated?

The AQHI is calculated based on the relative risks of a combination of common air pollutants which are known to harm human health. These pollutants include:

- Ozone (O<sub>3</sub>) at ground level;
- Particulate Matter (PM<sub>2.5</sub>/PM<sub>10</sub>); and
- Nitrogen Dioxide (NO<sub>2</sub>).

## What is the scale for the new AQHI?

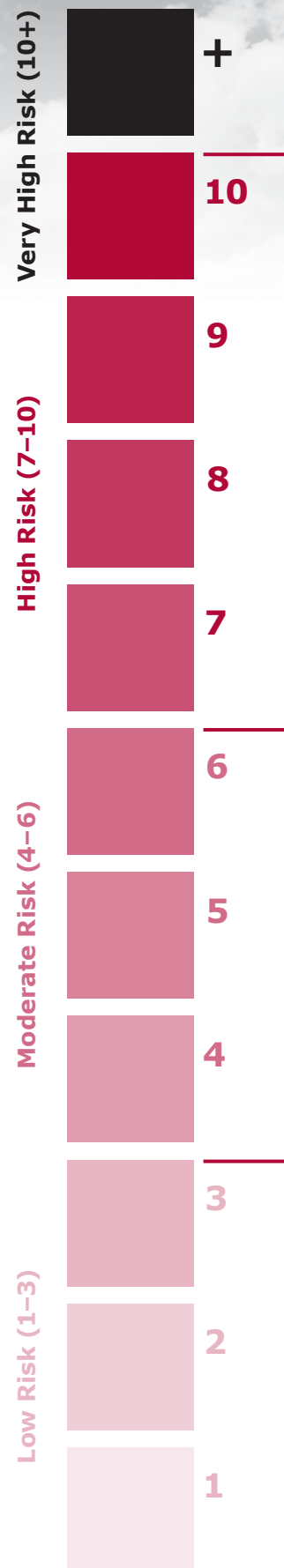
The AQHI is measured on a scale ranging from 1–10+. The AQHI index values are also grouped into health risk categories as shown below. These categories help you to easily and quickly identify your level of risk.

- 1–3 Low health risk
- 4–6 Moderate health risk
- 7–10 High health risk
- 10+ Very high health risk

## How can I find out about the air quality in my community?

If you live in one of the AQHI pilot locations, visit [www.airhealth.ca](http://www.airhealth.ca).

If you reside outside the (AQHI) pilot areas, please contact your local public health office, Ministry of Environment air monitoring branch, or local lung association chapter for available local resources on air quality. □



# Administering Vaccines



You asked a Practice Advisor: A private agency wants to hire me to administer influenza vaccines. As a registered nurse, is it within my scope of practice to do this? What do I need to consider?

By Virgil Guitard

**C**ompetencies required for administering influenza vaccine are the same as for the administration of other medication. Registered nurses (RNs) are responsible for their own competence and are accountable for their own actions at all times.

When administering immunizing agents, whether in the context of an immunization program or in individual administration, the RN must ensure the following four conditions are met:

- 1) an informed consent has been obtained;
- 2) an individualized medical order/medical directive is in place for the vaccine and for the drugs required for managing any possible side effects;
- 3) the RN is competent to deliver and manage the vaccine and any possible side effects; and
- 4) the administration will be documented.

**The nurse proposing the treatment is responsible for taking reasonable steps to ensuring consent is obtained.**

## NANB Consultation Services

Did you know that NANB offers individual, one-on-one, consultation services?

This confidential service is offered to support New Brunswick nurses and to encourage safe, ethical, and competent practice.

Consultation is offered on a wide variety of issues such as the interpretation of Association documents and government legislation, scope of practice issues, ethical behaviours and standards, issues of safety and appropriate action, conflict resolution, and the management of procedural and practice issues.

If you would like to access NANB Consultation Services, please contact Virgil Guitard, Nursing Practice Advisor, tel.: (506) 783-8745, toll free 1 800 442-4417 or E-mail: [vguitard@nanb.nb.ca](mailto:vguitard@nanb.nb.ca).

## Have you recently moved?

If so, be sure to contact the Association and let us know. It's easy. Call toll free at 1 800 442-4417 or send us an E-mail: [nanb@nanb.nb.ca](mailto:nanb@nanb.nb.ca).

Attn: Registration Services—Change of address

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

Toll free 1 800 442-4417  
Tel.: (506) 458-8731  
E-mail: [nanb@nanb.nb.ca](mailto:nanb@nanb.nb.ca)

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



### 1) Informed Consent

The NANB *Standards of Practice for Registered Nurses (2005)* and the *Code of Ethics for Registered Nurses (2008)*, require that nursing care is provided with the person's informed consent.

Consent must relate to the treatment being proposed, be informed, be voluntary and not have been obtained through misrepresentation or fraud.

An informed consent means the client must be provided with the information necessary to make a decision to consent, or to refuse the vaccine. This information must include:

- the nature of the treatment;
- the expected benefits of the treatment;
- the material risks and side effects of the treatment;
- alternative courses of action; and
- the likely consequences of not having the treatment.

The nurse proposing the treatment is responsible for taking reasonable steps to ensuring consent is obtained. If the client is incapable of giving consent, the substitute decision-maker must provide consent.

Consent may be written or verbal. Documentation that the consent was obtained should be completed by using a consent form or by documentation in the health record.

### 2) Prescription and Medical Directives

A prescription by a physician or nurse practitioner is needed before a vaccine can be administered. This can take the form of a client-specific order, which is a prescription for an individual client, or as a medical directive. A medical directive is an order applicable to a range of clients who meet certain conditions.

The medical directive must include:

- the specific medication (in this case both the vaccine and treatment for an anaphylactic reaction);
- specific condition(s) that must be met; and
- any specific circumstance(s) that must exist before the directive can be implemented.

**Nurses are accountable for the administration and outcome of all care they provide including providing vaccines in any setting.**

The medical directive must have the name and signature of the physician authorizing the directive, and the date and signature of any administrative authority that is approving the directive.

### 3) Accountability

The NANB *Standards of Practice for Registered Nurses (2005)* state that nurses are accountable for the administration and outcome of all care they provide including providing vaccines in any setting. The following factors must be considered when deciding the appropriateness of administering the vaccine.

- 1) Do you have the knowledge, skill, and judgement required to assess the appropriateness of the vaccine? Nurses need to understand the:
  - indications and contraindications; and
  - risks involved and expected outcomes of vaccination.
- 2) Do you have the knowledge, skill, and judgement required to take appropriate actions before, during and after the administration of the vaccine?
- 3) Do you have the knowledge, skill, and judgement required to assess for negative outcomes?
- 4) Do you have the resources to intervene, if required? For example, in the case of anaphylactic reaction, having an anaphylaxis kit available (including epinephrine or adrenaline and the appropriate prescription or directive) and being able to manage this outcome or having someone readily available who is (e.g. respiratory support).

### 4) Documentation

Documentation is integral to safe and effective nursing practice in all settings including the administration of immunizations. The *Standards of Practice for Registered Nurses (2005)* indicate that nurses are required to record and maintain timely and accurate documentation in accordance with agency policy and accepted professional standards. The principles of documentation as outlined in *Documenting Care: Standards for Registered Nurses (2002)* apply to the administration of a vaccine.

For more information regarding medication administration, you can call or e-mail NANB and speak with a practice advisor at 1 800 442-4417/1-506-458-8731 or at [nanb@nanb.nb.ca](mailto:nanb@nanb.nb.ca) □

**Editor's note:** NANB gratefully acknowledges permission granted from the College of Nurses of Ontario to adapt/adopt their 2005 Practice Guideline *Influenza Vaccinations*.

# overview: Professional Practice Consultation Services for 2007

**The Practice 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 practise. Consultation is offered on a wide variety of issues, such as the interpretation of Association documents and government legislation, ethical behaviors 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".

## Total calls

In 2007, there has been an increase in the use of the consultation service compared to 2006 (n=676). The practice department received 1091 calls in 2007 either from nurses or non-nurses on issues relating to nursing practise. (See Figure 1)

## Type of Callers

Callers were identified as: 1) nurses, and 2) non-nurses. Nurses made up the majority of callers with 942 calls (86%); non-nurses totaled 149 calls (14%). The non-nurses category is divided into three other sub categories; 1) "other health professionals" that made up 18% of non-nurses, 2) "student nurses" that made 10% of the non-nurses inquiry, and 3) "others" that made for 71% of the non-nurses category.

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 for example as consultants, workload management coordinators and quality and risk management. In 2007, nurses providing direct care represented 46% of all nurse callers, nurse administrators represented 20% and "other" nurses made up 11%. Nurse Practitioners, educators and researchers comprised 13% of all callers. (See Figure 2)

## Practice Setting

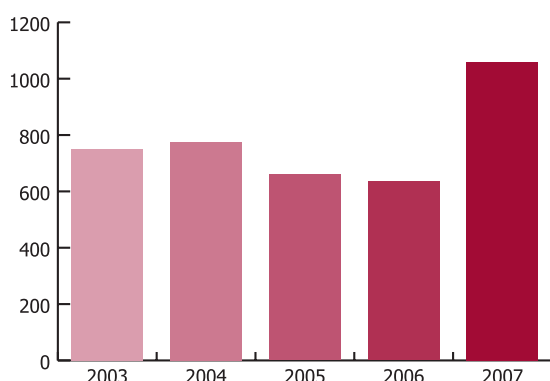
The various sectors where nurses work was also captured and placed in the following categories: hospitals, community (public health, mental health, community health centers, extra-mural, and so forth), long-term care, educational institutions and other. In 2007, 37% of calls received from nurses (n = 348) originated from the hospital sector, followed by "other" at 27%. Subsequently, 19% of these calls were from community nurses, 11% were from nurses in long-term care and finally, 5 % of calls received from nurses were from educational institutions.

## Practice Issues

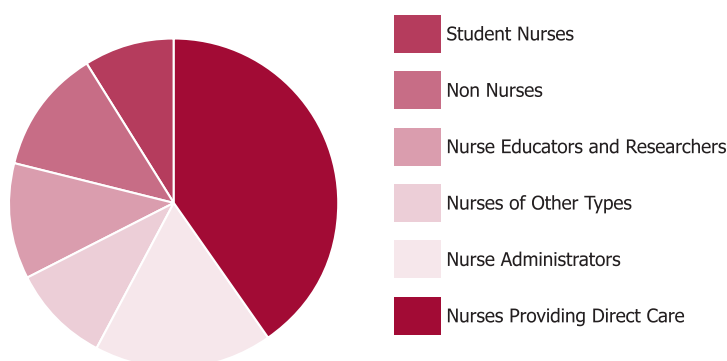
When calls were received, the practice topics were recorded. While these records are held confidential (as is the service), they are kept long enough to assess adequacy of the practice consultation service, and to identify trending information for departmental or organizational work. In 2007, 45% of callers sought advice about professional practice issues (eg.: standards of practice, ethical dilemma, legal issues, CCP, independent practice and other), 25% sought general information, 15% sought advice about scope of practice issues and 7% were looking for guidance or information regarding workplace issues.

Figure 3 describes the distribution of calls in 2007.

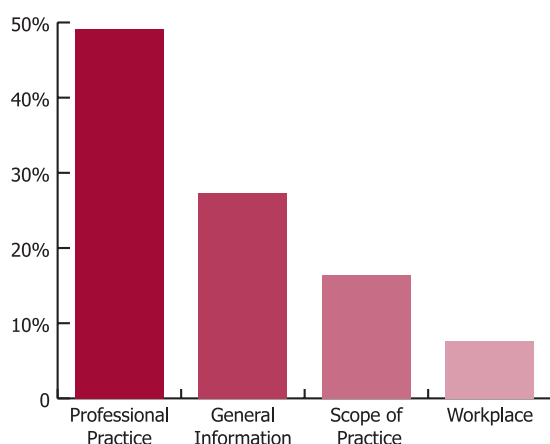
**Figure 1: Total Received Calls**



**Figure 2: Type of Callers**



**Figure 3: Practice Issues**



## Responding to Calls

The complexity of the call is captured in part by how the query is 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.

One form of follow-up was required for 46% of queries. Examples are: research, consultations with experts, referrals, mail-out of documents, written opinions or presentations. A call may have required more than one type of follow-up. In 2007, 54% of calls required no follow-up, meaning either the query was resolved right away or the call was referred to a more appropriate resource.

Certain presentations in response to assessed need were offered on the following topics: Continuing Competency Program, professional practice expectations (to baccalaureate students), working understaffed and collaborative practice issues. "Other" interventions often included a series of telephone consultations, with the permission of the original caller, or as an informal mediation step where direct communication between two parties was the best way to resolve an issue.

*The Nurses Association of New Brunswick (NANB) 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 promote good practice. The information in this article provides an overview of the consultation service that is offered to our members and to the public.* □



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If you are a Registered Nurse with post registration nursing experience and a member of the appropriate nursing association and have basic computer literacy skills, we would like to hear from you. To find out more about this exciting career opportunity, contact us today. Because helping people is important.

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**New Brunswick Cancer Network**  
**Invites you to:**

## Autumn Education Day

For the New Brunswick Oncology  
Health Care Providers

### Methods and Applications of Cancer Research

Friday, October 24, 2008  
8:00 am–5:30 pm

The Delta Hotel Fredericton  
225 Woodstock Road  
Fredericton, New Brunswick

#### Objectives:

- Facilitate interaction among oncology professionals;
- Familiarize participants with various research methods employed in cancer research;
- Introduce clinical research and epidemiological studies underway in New Brunswick.
- Advance the professional development of New Brunswick's oncology workforce.

#### Speakers:

- Dr. Réjean Savoie, Co-CEO, NBCN
- Dr. Eshwar Kumar, Co-CEO, NBCN
- Sharon Turnell, Clinical Trials, Atlantic Health Sciences Corporation
- Dr. Bin Zhang, Biostatistician, NBCN
- Suzanne Leonfellner, Coordinator of Diagnosis, Staging & Surgery, NBCN and Acting Manager, NB Cancer Registry
- Martial LeClair, Coordonnateur de la clinique d'oncologie de Caraquet
- Dr. Baukje Miedema, Director of Research, Dalhousie University Family Medicine Teaching Unit
- Dr. Timothy Christie, Director of Ethics Services, Atlantic Health Sciences Corporation
- Natali Levasseur, Clinical psychologist, Edmundston
- Denise Demers Kennedy, Social worker, Edmundston
- Dr. Rodney Ouellette, CEO, Atlantic Cancer Research Institute

#### Visit NBCN online at:

[www.gnb.ca/0051/cancer/index-e.asp](http://www.gnb.ca/0051/cancer/index-e.asp)



# Influenza Pandemic and Implications for Nurses

By the Practice Department

**During a pandemic, if I am asked to do something that is unfamiliar, will I still be held accountable?**

The answer is yes. In the event of a pandemic, nurses may be asked to work in areas that are not familiar to them. As members of a self-regulating profession, registered nurses are accountable at all times for their own actions and decisions. Working in emergency circumstances does not suspend a nurse's accountability and responsibility for ensuring that their practice and conduct meet legislative requirements and respect policies and standards relevant to the profession and practice setting. In the performance of their professional duties, a nurse is required to exercise the degree and skill which a reasonably prudent nurse with similar training and experience would exercise under the same general circumstance.

Additionally, the *Standards of Practice for Registered Nurses (2005)* and *The Code of Ethics for Registered Nurses (2008)* state that registered nurses must practice within their own level of competence and continually acquire competencies relevant to their own practice. Nurses have the professional responsibility to take on only nursing assignments for which they are competent (NANB, 2007). When the aspect of care that needs to be provided is beyond their level of competence, nurses have the professional and ethical responsibility to seek additional information and knowledge, seek help from management or a competent practitioner and/or request a different work assignment.

If you are put in a situation where you need to work in less familiar areas, here are some strategies that can help you meet your professional responsibilities:

- evaluate and discuss the situation with the manager/supervisor/head of department;
- consider what your role will be and how you can work together with

other health professionals to organize and provide care;

- identify the interventions that you can competently perform given your experience;
- offer to work in a buddy system;
- set priorities that reflect the current situation; and
- try to keep clients, families and employers informed about the potential change in the care plan.

For more information regarding the influenza pandemic as it relates to nursing practice, contact NANB at 1 800 442-4417 to speak to a practice advisor or by e-mail at [nanb@nanb.nb.ca](mailto:nanb@nanb.nb.ca).

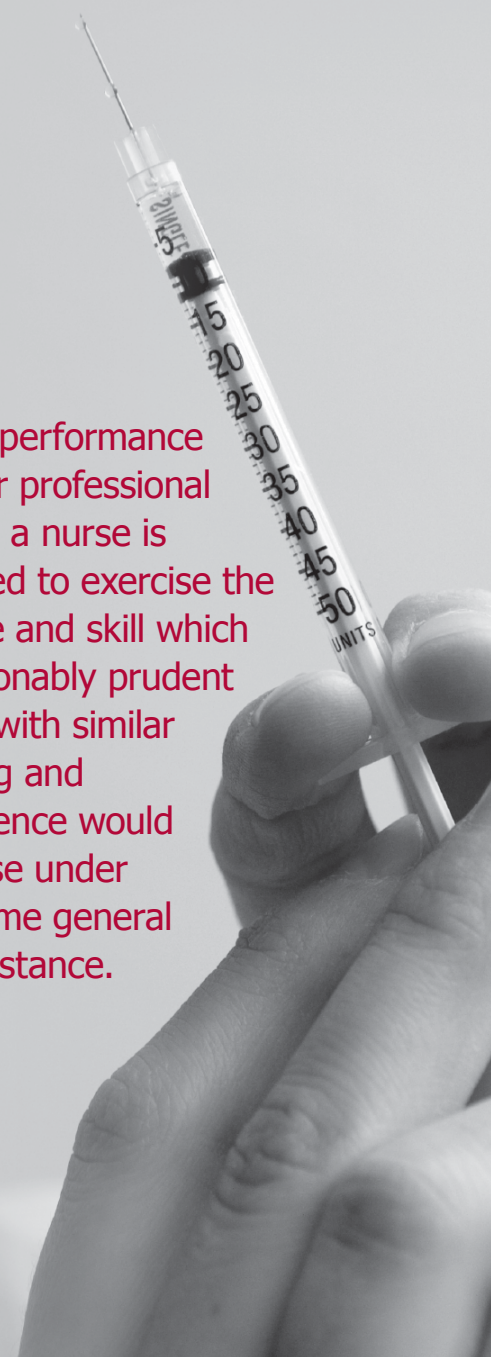
General information about influenza pandemic can also be found on our Web site at [www.nanb.nb.ca](http://www.nanb.nb.ca).

## References:

- Canadian Nurses Association (2008). *The Code of Ethics for Registered Nurses*. Ottawa: Author. [www.cna-nurses.ca/cna/documents/pdf/publications/CodeofEthics2002\\_e.pdf](http://www.cna-nurses.ca/cna/documents/pdf/publications/CodeofEthics2002_e.pdf)
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- Nurses Association of New Brunswick & New Brunswick Nurses Union (2007). *Working understaffed: professional and legal considerations*. Fredericton: Author. [www.nanb.nb.ca/pdf\\_e/Publications/General\\_Publications/Nursing\\_Shortage\\_Workload\\_and\\_Professional\\_Practice\\_Concerns\\_English.pdf](http://www.nanb.nb.ca/pdf_e/Publications/General_Publications/Nursing_Shortage_Workload_and_Professional_Practice_Concerns_English.pdf) □

**Editor's Note:** This is the second in a series of articles looking at influenza pandemic and implications for nurses. An influenza pandemic is considered inevitable. During the onset, registered nurses (RNs) will be faced with situations where they will have to make some decisions regarding their practice. This current article will examine a situation that RNs may be faced with during an influenza pandemic.

**In the performance of their professional duties, a nurse is required to exercise the degree and skill which a reasonably prudent nurse with similar training and experience would exercise under the same general circumstance.**



# Registration Renewal

**In** order to ensure that NANB has sufficient time to process more than 8900 registration applications before they expire on December 31, 2008, NANB has an administrative deadline of December 1, 2008 for the return of registration renewal forms and payment of fees. Please note: all other documents required to renew your registration

(e.g. verification of registration and hours worked if you worked outside of NB) need to be received by NANB before this deadline.

## How to Renew Your Registration:

### 2009 registration renewal form

The registration renewal forms are mailed to nurses in mid-September each year. Should you misplace the form or not receive it, you can download a copy from the NANB Web site, register online ([www.nanb.nb.ca](http://www.nanb.nb.ca)) or call NANB for a new one.

### Online registration renewal

Online registration renewal is available on the NANB Web site from October 1 to December 31, 2008 at 4 pm. Your registration certificate and receipt will be mailed to you the next business day after you have successfully registered.

### Office hours

The NANB office is open Monday to Friday 08:30 to 16:30. Please note the office will be closed December 24, 25, 26, 2008 and January 1, 2009

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

[www.nanb.nb.ca](http://www.nanb.nb.ca)

### You can register online if:

- 1** you held a practising registration in 2008 and are renewing a practising registration in 2009; and
- 2** you practised nursing only in New Brunswick during 2008; and
- 3** you are NOT on payroll deduction.



# General Information

## 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

Your practice must be approved by NANB in order for your hours to count toward your registration renewal and for you to be able to use the title nurse or registered nurse (RN) while practising. You may request to have your practice assessed by NANB. Contact NANB and complete the required documentation to do so.

## Working in Another Province/Country

If you are practising nursing in another province or country and wish to maintain registration with NANB you must have the licensing body in that province or country send a verification of registration directly to NANB and have your employer send a confirmation of your hours worked directly to NANB, before being eligible for registration renewal.

Hours worked outside of New Brunswick and not verified by the employer cannot be added to your file. To avoid any unnecessary delay in processing your renewal application you are advised to make these arrangements with the appropriate authorities well in advance.

## Continuing Competence Program (CCP)

The NANB Continuing Competence Program is mandatory.

In order to renew registration for the practice year 2009 you must have:

- completed a self-assessment using the NANB *Standards of Practice for Registered Nurses* to determine your learning needs;
- developed and implemented a learning plan that outlines learning objectives and learning activities;
- evaluated the impact of your learning activities on your practice;
- reported on the registration renewal form that you have completed the CCP requirements for the practice year 2008.

## Registration Renewal Forms Returned Unprocessed

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

- your form is incomplete;
- your form is not signed;
- you have not answered the question on criminal conviction;
- you have not answered the question on continuing competence;
- your payment is not enclosed; and/or
- you worked outside of New Brunswick in 2008 and NANB has not received a verification of registration and hours of practice.

## Late Registrations

A late fee of \$56.50 will be charged for any form received at NANB after December 31, 2008. The registration renewal will not be processed and you will be unable to work until the late fee is received. It is illegal to practice nursing without a valid registration.

## 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 available when paying in person at the NANB office (165 Regent Street, Fredericton NB).

### Post-dated cheques

Registration renewal 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, 2008.

### Returned cheques

A service charge of \$17.10 applies to all cheques not honored by the financial institution. If a cheque is returned after December 31, 2008, a late fee


of \$56.50 will also apply. These fees must be paid immediately to NANB by cash or money order otherwise your registration is not considered valid and NANB will be obligated to inform your employer.

Please note: no refunds will be issued after December 31, 2008.

## Verification of Registration Status for Employers and Members

Employers are required under the *Nurses Act* (1984) to annually verify that nursing employees 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](http://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. 

# RNs in the Air

## ANB AirCare Presents 2008 Flight Nurse Team

By Jennifer Whitehead

**T**ragedies, traumas and critically ill patients requiring additional emergency services in New Brunswick can rely on one of the most advanced air ambulance systems in Canada. Averaging 75 patient movements a month, Ambulance New Brunswick AirCare (ANB AirCare) is a new entity started on December 16th, 2007. Nurses who staff ANB AirCare are highly trained health care providers capable of delivering many life saving interventions including; endotracheal intubation, expanded pharmacology and mechanical ventilation.

Timing is everything, every situation is critical without the amenities of a hospital or support staff. It is you, another nurse and two pilots flying the plane at over 19,000 feet going 250 MPH increasing the need for highly skilled, professional nurses capable of working under extreme circumstances. "We are faced with emergency situations and patients from across the province urgently requiring our care," expressed Sandra MacLeod, senior member of the Flight Crew. "No two shifts are ever alike!"

Formerly administered by the Government of New Brunswick as NB AirCare, this service started in 1996. It is designed to move



Flight nurse Sandra MacLeod with Ambulance New Brunswick President and CEO Rock M. Marois.



At a Flight Nurse Recognition Ceremony held at ANB AirCare, the staff pose for a group picture after receiving their "Wings".

Front row (from left to right): Alida Landry, Chantal Lavoie, Tracy Jaillet, Joel LePage

Second row (standing from left to right): Cassie Samson, Sylvain Pelletier, Sylvie Melanson-Caissie, Paul Babin, Cathy Cormier, Tina-Marie Elliot, Serge Lebrun, Sandra MacLeod, Serge LeBlanc

Missing from the photo is Flight Nurse Warren MacLean.

critically ill or injured New Brunswick residents quickly to definitive care anywhere in the Maritimes and Eastern Canada.

"After reviewing the type of calls the ANB AirCare responds to, it was determined that a nurse configuration would provide optimal patient care while maintaining an ICU/CCU environment throughout the transfer," said Sandy MacQuarrie, Manager, ANB AirCare. The Team consists of ten full-time Flight Nurses and a number of casual Flight Nurses typically recruited from ICU or CCU backgrounds. Flight Nurse Warren MacLean has been with ANB AirCare (formerly NB AirCare) since its inception in 1996. He has seen many changes over the years. "Our scope of practice is increasing every year. The commitment to train and prepare for the next call is an important one." A Fundamentals of Flight Medicine course offered by the Atlantic Paramedic Academy is now mandatory and senior staff mentoring is provided. Nurses are on-duty for 12 hour shifts, two days, two nights followed by five days off.

Ambulance New Brunswick (ANB) is responsible for providing land and air ambulance services throughout New Brunswick. ANB has contracted with New Brunswick EMS, a subsidiary of Medavie EMS, to ensure delivery of these services under a long-term contract. ■



# Meeting Students' Health Needs on University Campuses

## Expanding the Role of Registered Nurses

Article Submitted by Terry-Lynne King,  
Cindy Crossman & Gwen Ferguson

**I**t was in the last edition of *Info Nursing* that read "Do you have a story idea or aspect of nursing you'd like to read more about?" Immediately, I thought "yes!" In New Brunswick there is a dedicated group of professional nurses that many people or even fellow colleagues may not know about. This group of Nurse/Educators is made up of approximately ten nurses across the province working in university health centres such as the University of New Brunswick, Mount Allison University and the Université de Moncton.

The university setting has the potential of having an extremely important influence on the health of young adults. Students need accurate health information in order to make healthy lifestyle choices. University Health Centres can also be a great fit for Registered Nurses (RNs), because they provide the RN with the opportunity to work to their full scope of practice. Providing health education is one of the primary functions of a University Health Centre. The provision of accurate information regarding health promotion and disease prevention reinforces healthy choices. University based nursing, through student need assessments, is a real way to create sustainable health promotion programs. The approach is holistic, emphasizing health promotion and the determinants of health. Choosing projects that focus on the "cause" in order to avoid the "effect" are good examples of this approach. The RN is referred to as the Nurse/Educator which reinforces the importance of preven-



RN/Nurse Educator, Cindy Crossman assisting a Mount Allison student.

**Health care delivery is moving from a traditional emphasis on hospitals and doctors, towards an integrated, community-based approach focussed on a team based, shared care model of service delivery.**

tative health care through health education in addition to the clinical nursing assessments for planning, interventions and evaluation of a nursing diagnosis.

The Nurse/Educator co-ordinates health care services of students, by triaging their individual needs. Health referrals to the physician are made through the Nurse/Educator, in order to promote healthy living through a caring and supportive environment, in accordance with the standards of professional practice.

Health care delivery is moving from a traditional emphasis on hospitals and doctors, towards an integrated, community-based approach focussed on a team based, shared care model of service delivery. With these changes, there may be an evolving acceptance of "boundary blurring" within and across the health care professions. In the big picture, the scope of the nursing profession defines the boundaries of the discipline of Nursing.

The appropriate care provider is determined by legislation and context of practice (for example, client/patient needs, competence of health care provider, and practice setting).

University Health Centres listen to students' needs. This stresses the importance for the provision of health education, health promotion initiatives, clinical services, and referrals as appropriate. Being aware of one another's professional scope of practice is essential for partnerships to complement one another. A dynamic and evolving health system calls for optimal use of the decision making skills and abilities of nurses...along the continuum of health care.

### Reference:

B. Buresh, S. Gordon, "From Silence to Voice What Nurses Know and Must Communicate to the Public", (2000): pp 16. □

# Nursing Specialties

Have you considered CNA certification?



**O**ffered 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 now offers certification in the following nursing specialties:

- Cardiovascular
- Community Health
- Critical Care
- Critical Care Pediatrics
- Emergency
- NEW Enterostomal Therapy
- Gastroenterology
- Gerontology
- Hospice Palliative Care
- Nephrology
- Neuroscience
- Occupational Health
- Oncology
- Orthopaedics
- Perinatal
- Perioperative
- Psychiatric/Mental Health
- Rehabilitation

2007	Number of New Brunswick RNs with CNA certification
Cardiovascular	59
Community Health	*
Critical Care	35
Critical Care-Pediatrics	0
Emergency	95
Gastroenterology	*
Gerontology	54
Hospice Palliative Care	38
Nephrology	24
Neuroscience	**
Occupational Health	21
Oncology	41
Orthopaedic	24
Perinatal	46
Perioperative	69
Psychiatric-Mental Health	63
Rehabilitation	*
Total	584

Table 1: Number of New Brunswick RNs with valid CNA certification by specialty for 2007.

Information provided by CNA's department of Regulatory Policy (2007). [www.cna-aiic.ca/CNA/documents/pdf/publications/Number\\_RNs\\_with\\_Certs\\_Specialty\\_Province\\_2007\\_e.pdf](http://www.cna-aiic.ca/CNA/documents/pdf/publications/Number_RNs_with_Certs_Specialty_Province_2007_e.pdf)

\* Information suppressed to protect privacy (1 to 4 records)

\*\*Information suppressed to protect privacy (5 or more records)

Information was reproduced with permission from the Canadian Nurses Association.

See Table 1 for the number of New Brunswick RNs with a valid CNA Certification by specialty for 2007. Information provided by CNA's department of Regulatory Policy (2008).

In order to get more information or to apply for the 2009 CNA certification by exam scheduled for April 4th, 2009, you will require the Application Guide and forms that can be found at: [www.cna-nurses.ca/CNA/nursing/certification/default\\_e.aspx](http://www.cna-nurses.ca/CNA/nursing/certification/default_e.aspx) or by calling (613) 237-2133 or 1 800 361-8404.

**Application Deadline:**  
**October 17, 2008**

## Reference:

Canadian Nurses Association (2008). Department of Regulatory Policy. Author: Ottawa. [www.cna-nurses.ca/CNA/nursing/certification/default\\_e.aspx](http://www.cna-nurses.ca/CNA/nursing/certification/default_e.aspx) □

## Announcement

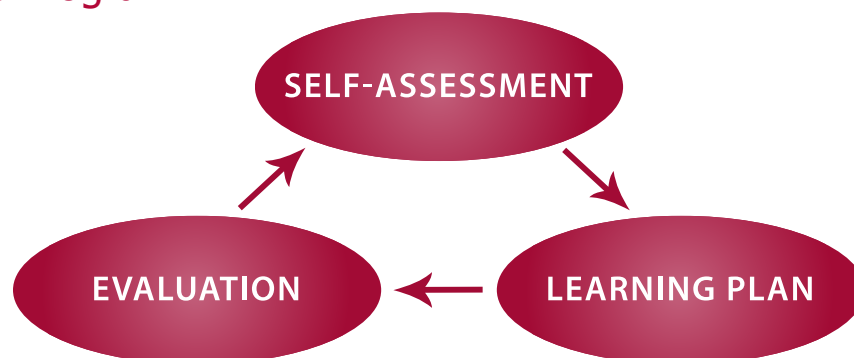
The RBC Diversity in Nursing Fund for Internationally Educated Nurses is now accepting applications.

All documents pertaining to this fund, including applications forms, can be found on the Canadian Nurses Foundation Web site, [www.cnf-fiic.ca/Scholarships/HowToApply/tabid/71/language/en-US/Default.aspx](http://www.cnf-fiic.ca/Scholarships/HowToApply/tabid/71/language/en-US/Default.aspx)

# Completing the Three Step Cycle

## Continuing Competence Program

By the Practice Department



### 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.

Compliance with the Continuing Competence Program requirements became mandatory January 1<sup>st</sup>, 2008.

### What do I have to do in 2008 to meet the mandatory CCP requirements for the practice year 2009?

In order to renew registration for the practice year 2009, you must have:

- completed a self-assessment using the *NANB Standards of Practice for Registered Nurses* to determine your learning needs;
- developed and implemented a learning plan that outlines learning objectives and learning activities;
- evaluated the impact of your learning on your nursing practice; and
- reported on the registration renewal form that you have met 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 practise 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 with meeting the CCP requirements through resources, materials, face-to-face education sessions, an on-line tutorial and support from our practice support team.

#### CCP Materials

The CCP manual (guide and worksheets) were circulated to members in 2007. You will receive new CCP worksheets with your registration renewal package in the fall.

#### Education Sessions

NANB is offering one hour education sessions throughout the province in the fall of 2008 from mid-September through to mid-October.

Check [www.nanb.nb.ca](http://www.nanb.nb.ca) for up to date schedules of the CCP Educational Sessions.

#### Practice Consultation Service

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

#### Self-Directed On-Line Tutorial

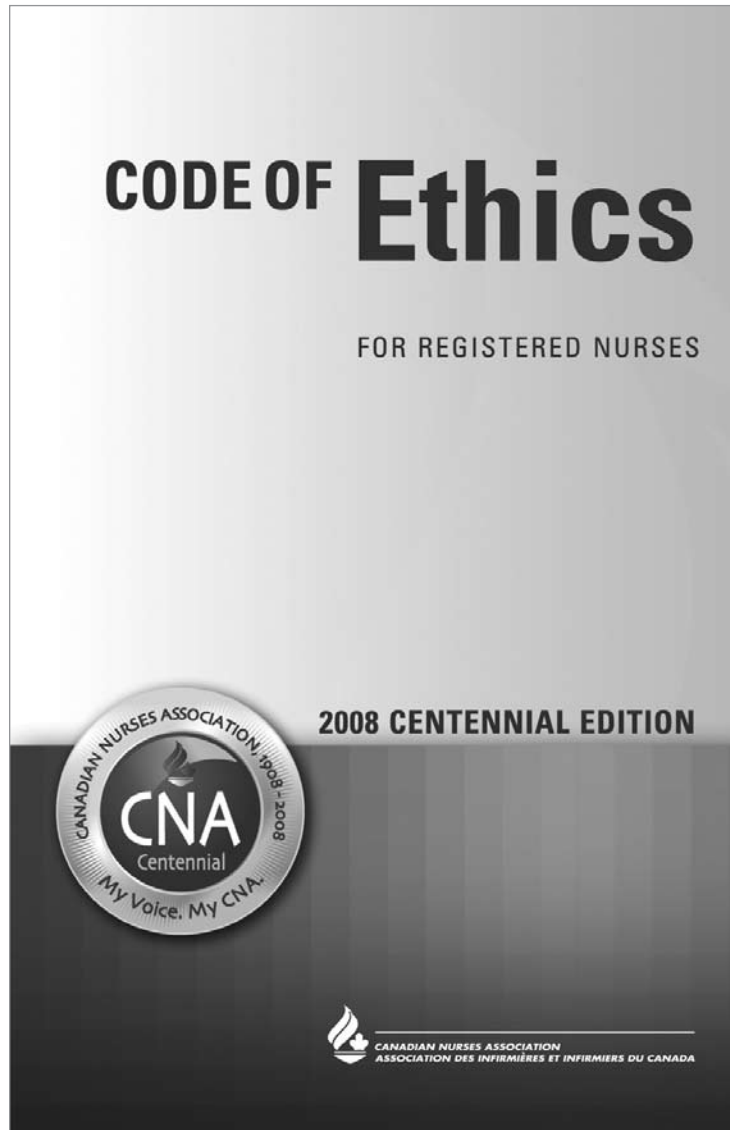
A self-directed on-line tutorial is available through the NANB Web site [www.nanb.nb.ca](http://www.nanb.nb.ca)

The tutorial outlines the three steps of the continuing competence program and how to meet CCP requirements. □

### Key Tips for Implementing Your Learning Plan

- As you complete each learning activity, document completion on the Learning Plan Worksheet.
- You may identify additional learning activities that assist you in meeting your established learning objective(s). Document those activities as well.

**\*\*Watch for your CCP worksheets with your 2009 renewal package. Seek clarification as necessary.**



“The code of ethics is integral to who we are as nurses and how we carry out our nursing practice,” says nurse ethicist Janet Storch (CNA, 2008, p.20).

### NANB Board of Directors approves two (2) revised documents

During the last Board of Directors meeting, two (2) revised CNA documents were endorsed:

- 1) *Code of Ethics for Registered Nurses 2008*; and
- 2) *Advanced Nursing Practice: A National Framework*.

## Code of Ethics for Registered Nurses 2008

The code of ethics was revised as part of a regular five year review. “Although the revised code will be familiar to nurses, the additional information and guidance will help them address changes and new challenges they face in nursing practice” (CNA, 2008). For greater clarity, the revised code is organized in two parts.

Part I, *Nursing Values and Ethical Responsibilities*, describes the core responsibilities central to ethical nursing practice. These ethical responsibilities are articulated through seven primary values and accompanying responsibility statements.

The seven primary values are:

- 1) Providing safe, compassionate, competent and ethical care
- 2) Promoting health and well-being
- 3) Promoting and respecting informed decision-making
- 4) Preserving dignity
- 5) Maintaining privacy and confidentiality
- 6) Promoting justice
- 7) Being accountable

Part II, *Ethical Endeavours*, outlines how nurses can work toward eliminating social inequities: e.g. concepts such as primary health care, continuum of accessible health care services, social determinants of health, global health, vulnerable groups, and moral community.

In the appendices, new sections have been added that address ethical considerations in a pandemic or other emergency and the challenge of “conscientious objection” and how to respond when the expectations of others are in conflict with a nurse’s conscience.

All New Brunswick nurses are responsible for understanding, promoting and upholding the ethical standards of the nursing profession and to practise in accordance with ethical standards, including but not limited to the code of ethics. All nurses will receive a copy of the revised code of ethics.

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Reprinted with the permission of the Canadian Nurses Association (CNA). The CNA Code of Ethics for Registered Nurses is available for download at [www.cna-aiic.ca](http://www.cna-aiic.ca).



## Advanced Nursing Practice: A National Framework

The purpose of this revised framework is to promote a shared understanding of advanced nursing practice and to be a resource for CNSs, NPs and other stakeholders. It replaces the 2002 edition.

Nurses in advanced practice roles are leaders in the organizations and communities where they work. Through the framework, these nurses are enabled to communicate their contribution to the health-care system more clearly.

Both documents, the *Code of Ethics for Registered Nurses 2008 Centennial Edition* and the *Advanced Nursing Practice: A National Framework* are available on-line at [www.nanb.nb.ca](http://www.nanb.nb.ca)

NANB gratefully acknowledges the New Brunswick nurses who participated in the revision processes.

### References:

Canadian Nurses Association (2008). A revised code—the foundation for ethical practice. *Canadian Nurse*, 104 (6), p. 20.

Nurses Association of New Brunswick (2005). *Standards of Practice for Registered Nurses*. Fredericton: Author. □

## For Your Information

### NANB Office Hours:

Monday to Friday 08:30 to 16:30

### We will be closed:

Monday, October 13<sup>th</sup>—Thanksgiving

Tuesday, November 11<sup>th</sup>—Remembrance Day

Wednesday & Thursday, December 24<sup>th</sup>, 25<sup>th</sup>—Christmas Holidays

Friday, December 26<sup>th</sup>—Boxing Day

Thursday January 1<sup>st</sup>—New Years Day

### Dates to remember:

October 15<sup>th</sup>, 16<sup>th</sup> & 17<sup>th</sup>—NANB Board Meeting

December 31<sup>st</sup>—Registration Renewal Deadline

*“The amount of knowledge nurses are required to amass today is immense. NurseONE is a trusted online source of reliable information systematically organized for nurses.”*

**Mary M. AuCoin** RN BA BN DOHN

Nurse, Geriatric and Long Term Care, Sydney, Nova Scotia

Be sure to visit the NurseONE booth at the  
4<sup>th</sup> International Conference, Education for the Future  
of Nursing: Building Capacity through Innovation  
in Markham, Ontario, from October 29-30, 2008.

HEALTHCARE JOURNALS, DRUG  
HANDBOOKS, NURSING E-BOOKS,  
INTERACTIVE TRAINING MODULES,  
GUIDANCE WITH PROFESSIONAL  
DEVELOPMENT

**NurseONE.ca**

*Spread the Word...*

# Register and Win an iPod!

Don't miss your chance to be our monthly iPod winner. Starting in September through to December 2008, NANB will randomly select a member who has signed-up with NurseONE.



## NANB Rewards Members Who Register with NurseONE

### What is NurseONE?

CNA in partnership with Health Canada and First Nations and Inuit Health Branch of Health Canada (FNIHB) have created NurseONE, a personalized interactive web-based resource providing nurses with reliable information to support their nursing practice.

### What can NurseONE offer me?

NurseONE offers access to up-to-date, accurate information on a wide range of topics fully vetted and reviewed by CNA and its Editorial Panel.

Registration details are available on the next page, as well as NANB's website: [www.nanb.nb.ca](http://www.nanb.nb.ca).



# HOW TO REGISTER

## What do you need?

**Just your NURSING REGISTRATION CARD and an EMAIL ADDRESS!**

If you do not have an email address, you can visit one of the following sites to get a free email account:

- [www.hotmail.com](http://www.hotmail.com)
- [www.gmail.com](http://www.gmail.com)
- [www.yahoo.com](http://www.yahoo.com)

## REGISTERING ON NURSEONE



## Steps to follow:

- 1 **CLICK** the "Register" button found on the left hand side of the NurseONE homepage.
- 2 **ENTER** the applicable information; please note that your name and registration number must be entered exactly as they appear on your nursing registration card.
- 3 **CREATE** a user name and password.
  - Send the registration.
- 4 **WRITE** the information on the convenient NurseONE login card provided.

**Registration is complete – please log on!**

**NurseONE.ca**

## CALENDAR OF EVENTS

### September 17<sup>th</sup>-20<sup>th</sup>, 2008

*Fifth ICN International NP/APN Network Conference Leadership in Advanced Nursing Practice: Maximizing Health, Celebrating Collaboration and Promoting Innovation*

- Organization: Canadian Association of Advanced Practice Nurses & Canadian Nurses Association
- City: Toronto, ON
- Email: inapapnn2008@meet-ics.com
- www.inapapnn2008.com

### September 19<sup>th</sup>, 2008

*Respiratory Health Symposium: "Moving Towards a Provincial Respiratory Health Framework"*

- Organization: NB Lung Association
- City: Saint John, NB
- www.nb.lung.ca

### September 19<sup>th</sup>-20<sup>th</sup>, 2008

*2008 Interdisciplinary Conference*

- Organization: College of Physicians and Surgeons of Saskatchewan, the Saskatchewan College of Pharmacists and the Saskatchewan Registered Nurses' Association
- City: Saskatoon, SK
- Email: Cheryl Olson, colson@srna.org
- www.srna.org/communications/pdf/conference\_brochure.pdf

### September 21<sup>st</sup>-23<sup>rd</sup>, 2008

*Data Users Conference 2008: Linking the Health Information Chain*

- Organization: Canadian Institute for Health Information (CIHI)
- City : Ottawa, Ontario
- Email: Julie Bazerly, jbzazery@cihi.ca
- www.cihiconferences.ca/datausers2008/

### September 29<sup>th</sup>, 2008

*Chair Symposium Research*

- Organization: Nursing Health Services Research Unit (NHSRU)
- City: Vancouver, BC
- Email: Julie Hiroz, julie.hiroz@utoronto.ca

- www.confmail.com

### October 1<sup>st</sup>-3<sup>rd</sup>, 2008:

*Educating the Future Nurse and Health Workforce: A Global Challenge*

- Organization: Global Alliance on Nursing Education and Scholarship
- City: Toronto, Ontario
- www.ganes.info

### October 6<sup>th</sup>-8<sup>th</sup>, 2008

*Wound Care: Champions for Change*

- Organization: Capital Health
- City: Edmonton, AB
- E-mail: Tracy Cox, GRHEDServices@capitalhealth.ca
- www.capitalhealth.ca/NewsAndEvents/ConferenceAndEvents/Wound\_Care\_Conference.htm

### October 11<sup>th</sup>-12<sup>th</sup>, 2008

*Taking the Pain Out of Complex Pain Management*

- Organization: Glenrose Rehabilitation Hospital
- City: Edmonton, AB
- Email: Tracy Cox, GRHEDServices@capitalhealth.ca

### October 15<sup>th</sup>, 16<sup>th</sup> & 17<sup>th</sup>, 2008

*NANB Board Meeting*

### October 17<sup>th</sup>, 2008

*Ethically Speaking—the Moral Dilemmas of Nursing*

- Organization: McGill University—School of Nursing
- City: Montreal, QC
- Email: Lisa Lipowski, BSc, explorations2008.nursing@mcgill.ca
- www.medicine.mcgill.ca/nursing-explorations2008/site/default.asp

### October 23<sup>rd</sup>-25<sup>th</sup>, 2008

*AWHONN Canada 19th National Conference—Power, Passion, Politics*

- Organization: Association of Women's Health, Obstetric, and Neonatal Nurses

- City: Ottawa, ON
- Email: Ms. Sylvie Paquette, spaquette@awhonnCanada.org
- www.awhonn.org/awhonn/

### October 23<sup>rd</sup>-26<sup>th</sup>, 2008

*CANNT 2008*

- Organization: Canadian Association of Nephrology Nurses & Technologists
- City: Quebec City, QC
- Email: Heather Reid, hreid@innovcc.ca
- www.cannt.ca

### November 6<sup>th</sup>, 2008

*Practical Ethics in Home Base Care*

- Organization: CCBI
- City: Toronto, ON
- Email: Canadian Catholic Bioethics Institute: bioethics.usmc@utoronto.ca
- www.ccbi-utoronto.ca

### November 29<sup>th</sup>, 2008

*Practical Day in Emergency Medicine*

- Organization: Continuing Education & Professional Development
- City: Toronto, ON
- Email: help-emr0803@cmeteronto.ca

### December 3<sup>rd</sup>, 2008

*Workplace Integration of New Nurses—Nursing the Future*

- City: Saskatoon, SK
- Contact: Jennifer Kwan
- www.winn-ntf2008.ca

### December 31<sup>st</sup>, 2008

*Deadline for NANB Registration Renewal*





### Revocation of registrations

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

On March 26, 2008, the NANB review committee found Deborah Ann Hawkins (née Cormier), registration number 022094, to be suffering from ailments or conditions rendering her unfit and unsafe to practise nursing.

The review committee ordered that the member's registration be revoked and that she be prohibited from practising nursing or representing herself as a nurse. She shall be eligible to apply for reinstatement one year from the date of the committee's order.

On April 8, 2008, the NANB review committee held a hearing respecting Wade George Melanson, registration number 020471. The committee found that the member had not adhered to conditions imposed on his registration by an order of the review committee

dated March 01, 2006. The committee also found that the member suffers from ailments or conditions rendering him unfit, incapable and unsafe to practise nursing.

The review committee ordered that Wade George Melanson's registration be revoked and that he be prohibited from practising nursing and from using any title, words, figures or letters indicating that he is a nurse. The member shall be eligible to apply for reinstatement one year from the date of the committee's order.

### Suspension lifted, conditions imposed

The suspension imposed on registrant number 024512 by the NANB complaints committee in a decision dated March 18, 2008, has been lifted effective immediately, by order of the NANB discipline committee dated May 22, 2008. The discipline committee further ordered that conditions be imposed on the registrant's registration.

### Reinstatement of registration

In a decision dated May 6, 2008, the NANB review committee granted reinstatement of the registration of Mary Jean Shea Poirier, registration number 019969. The review committee further ordered that conditions be imposed on the registrant's registration.

### Suspension continued

The suspension imposed on registrant number 012173, by the NANB complaints committee in a decision dated February 7, 2008, is continued by order of the NANB review committee dated June 12, 2008. The member may request a hearing in front of the review committee within 12 months of the date of this decision; otherwise the member's registration will be revoked.

### Registration suspended

The Nurses Association of New Brunswick hereby gives notice that the registration of registrant number 023616 is suspended effective July 08, 2008. □



**Are you protected?**

**Every nurse should have professional liability protection.**

**www.cnps.ca      1 800-267-3390**

Member's Username: **NANB**

Password: **assist**

**Canadian Nurses Protective Society**

# Staff changes at the NANB

## Appointments...



**Jocelyne Lessard,** BN RN, Fredericton, has accepted the position of Regulatory Consultant – Registration with the Nurses Association of New Brunswick (NANB) effective June 2nd, 2008. Ms. Lessard brings over 27 years of nursing experience including acute care, community health and disability adjudication. Ms. Lessard joins the NANB from Service Canada. Her position will focus primarily on International Applicants.



**Shauna Figler,** BN RN, Nasonworth, has accepted the position of Nursing Practice Consultant with the Nurses Association of New Brunswick (NANB) effective July 21st, 2008. Ms. Figler brings over 15 years of nursing experience in a variety of roles and settings including mental health and long term care as well as various senior management positions.

In 2006, Ms. Figler completed the certified health executive program, College of Health Service Professionals, and is just completing her Master of Nursing at the University of New Brunswick. Ms. Figler joins NANB from Hospital Services, Department of Health. As a member of the Practice Department, she will provide consultation services, develop and promote standards for nursing practice, and support the strategic direction of the Association on nursing issues.



**Stephanie Tobias,** Fredericton, has been appointed Communications Coordinator with the Nurses Association of New Brunswick (NANB), effective July 15th, 2008. Ms. Tobias joined the Association as a casual employee in 2003. She assisted with meeting coordination, data entry, registration as well as a variety of other responsibilities. In February 2007, Ms. Tobias accepted the position of receptionist with NANB. In this new role, Ms. Tobias will hone her skills in communications and provide support to the Communications Department.



**Susanne Priest,** BN RN, Hanwell, has accepted the position of Nursing Practice Consultant with the Nurses Association of New Brunswick (NANB) effective August 5th, 2008. Ms. Priest has worked in various positions and settings over the past 12 years including nurse manager, nurse educator, clinical work in intensive care, and first nations community health. Within the past two years, Ms. Priest has completed a lactation consultant course and a foot care specialist certification program. She is currently enrolled in the Master of Nursing program at the University of New Brunswick. As a member of the Practice Department, she will provide consultation services, develop and promote standards for nursing practice, and support the strategic direction of the Association on nursing issues.



**Liette Clément,** BN MEd RN, Douglas, has accepted a one year secondment contract with the Nurses Association of New Brunswick (NANB) as Regulatory Consultant – Education effective September 3, 2008. Ms. Clément brings over 30 years of nursing experience, primarily in the nursing education and administrative sectors. Ms. Clément joins the NANB from the baccalaureate nursing department at the Université de Moncton, Shippagan campus, Bathurst site. □



# FACT SHEET

## What **YOU** Can Do to Help **PREVENT** a **Flu Pandemic**



Experts warn that we are all at risk from a global outbreak of flu. A disease outbreak that spreads worldwide is called a pandemic. Flu pandemics happen every 30 years, on average. The last one was in 1968.

There is no flu pandemic at this time. But the risk of one is growing. We all need to do our share to help prevent one. You can start with these five simple steps.

### 1. Cover your sneeze and cough

The flu is spread by coughing and sneezing. When you cough or sneeze, cover your nose and mouth with a tissue or your sleeve. Throw your used tissue in the garbage.

### 2. Wash your hands

The flu virus can live for up to 48 hours on objects we touch everyday, like door handles, faucets, and light switches.

It takes only 20 seconds to wash your hands properly and get rid of the germs. Wet your hands, make a soapy lather, rinse off with warm running water, and dry your hands well. Use a hand gel if you are not near soap and water.



### 3. Try not to touch your nose, mouth and eyes

This way, if you have germs on your hands you don't give them a chance to get into your body and start the flu.

### 4. Get the flu shot every fall

You'll reduce your chance of catching the flu. Contact your doctor or local public health unit for information.

### 5. Stay home if you're sick with the flu

If you do catch the flu, stay home and rest. This will help your body to fight the flu. It will also mean you don't pass it on to others.

It is not a question of if another flu pandemic will happen but when and how serious it will be.

The next flu pandemic will change our daily life, make many of us sick, and cause some of us to die. We need to do all we can to prevent this from happening. We can start with these simple steps.

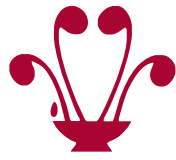


For **more information**, go to **[www.pandemic.cpha.ca](http://www.pandemic.cpha.ca)** or **call 1-800-454-8302**.

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