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Canada's Highest Honour

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Order of Canada.**

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April 30th, 2009**
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**29 NNW 2009
Competition**
Members are challenged
to define this year's
theme. See details.

**18 AGM, Conference
& Awards Banquet**
June 3rd & 4th: see agenda
and pre-registration
information inside.

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

Notice should be given six weeks in advance stating old and new address as well as registration number.

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Photo credit: MCpl Jean-François Neron, Rideau Hall © 2008 Office of the Secretary to the Governor General of Canada

On the cover

Sister Margaret Vickers receives the Order of Canada.

See more on page 14.

Ensuring Effective Leadership

BY MONIQUE CORMIER-DAIGLE, RN



Over the past few months the Board of Directors has been engaged in strategic planning for the Association. Martha Vickers, President-Elect is chairing our Steering Committee as oversight and implementation of the final plan will fall during her term as President. Clearly the predominate responsibility of the Association is the regulation of registered nurses in the interest of the public and their safety. This Strategic Planning Process will focus our efforts on the regulatory side, as well as those issues that are of priority for the profession. Our scanning and consultation activities are almost completed. The Steering Committee will now identify priorities for the Boards' consideration and we will provide you, the members, with an overview of the outcomes during the Annual General Meeting, June 3, 2009 and ongoing progress through our usual communication tools.

The Annual General Meeting and Biennial Conference are scheduled June 3rd and 4th, 2009 including the NANB Awards Gala and Banquet. This year's Biennial theme is *'Registered Nurses: Moving forward...creating solutions.'* The suite of presenters are

experts in their respective fields and will be sharing their experience and innovations in redesigning models of care, quality work environment initiatives, nursing best-practices and innovations in enhancing primary care access. We are very excited to welcome Dr. Judith Oulton, former Executive Director of the International Council of Nurses and New Brunswick native who will challenge us to *"Make it happen"* as she shares her insight of the current state of our profession and future opportunities. Pre-registration forms are available in this edition of *Info Nursing*, as well as on our web site. We look forward to seeing you, sharing and celebrating together!

Finally, National Nursing Week will be celebrated May 11-17, 2009. This year's theme: *Nursing, you can't live without it!* We hope you will make a submission for our New Brunswick poster competition. Details about the competition are included in this edition and are available on the web site. We know you have important messages about your experience to share with your colleagues and the public. The winner will receive support to attend the Annual Meeting and Conference. Take time to celebrate the richness of our profession! □

Nurses for Medicare

BY ROXANNE TARJAN, RN



The Canadian Nurses Association and the Canadian Federation of Nurses Unions launched “*Nurses for Medicare*” in October 2008. The goal of the initiative is to engage nurses in advocating for the sustainability of the Canadian health system; our publicly-funded, not-for profit system of health services.

As registered nurses, we believe the evidence is clearly in favor of publicly-funded, not-for-profit services; evidence that continues to be produced. I am challenging you to become more informed and engaged. Get informed about the evidence. Share your knowledge and expertise with those around you, your family and friends; in doing so you will enhance their knowledge and ability to advocate on their own behalf.

A quick internet search yields the following: Advocacy—the pursuit of influencing outcomes, including public-policy and resource allocation decisions within political, economic and social systems and institutions that directly affect people’s lives. (Wikipedia/Cohen 2001) I believe effective advocacy begins with knowledge and is enhanced when individuals have a personal stake in the issue. In relation to Medicare registered nurses bring all these characteristics and more.

As nurses, you are experts. You work in all areas of our system of health services and speak from an informed position. A position established by your knowledge and “on-the-ground” experience of health services and their delivery. Many of you have experienced health care when it wasn’t publicly funded and universal. We need you to speak out and remind us of that reality.

As registered nurses, we know the current system can be improved and enhanced. We know that private, for-profit services are a part of the current system, and we also know there

is no real evidence that expanding that portion of our system will improve our health overall.

The “*Nurses for Medicare*” initiative will provide you with information and evidence that will enhance your own knowledge and advocacy and support you in engaging others in this important issue. Nurses were instrumental in the realization of the *Canada Health Act* and as over 250,000 voices across Canada, 9000 of those in New Brunswick; we must continue to shape the development of health services in our country. Almost since the establishment of the *Canada Health Act* and Medicare, nurses have been advocating for improvements in the organization and delivery of primary health services. We understand their importance. Our quest is not over.

On February 20, 2009, the Ontario government announced the investment of \$38 million over the next three years to establish twenty-five nurse practitioner lead family health centers, three of which will open in 2009. This announcement follows the overwhelming success of a Sudbury Clinic opened in 2007. Premier Dalton McGuinty during the announcement stated his government was...“capitalizing on the knowledge and expertise of the nursing profession...to improve access to much needed care for the people of Ontario.” Clearly our profession has solutions and options to offer.

The current economic challenges will bring unprecedented pressure to the financing of health services in New Brunswick and Canada; we need to ensure these decisions are based on **real** evidence and the best interests of **all** citizens. Please join in the debate, and help us to continue to shape health care in our province and country.

Visit www.nursesformedicare.ca for additional information. □



The Board of Directors met on February 17, 18 & 19, 2009 at NANB Headquarters in Fredericton.

The meeting started with an afternoon Strategic Planning Forum, facilitated by Anne Marie Atkinson of the Atkinson Group Inc., and included both board members and NANB professional staff. The focus of the forum was on a strategic thinking exercise to inform the direction of the Association over the next 3–5 years.

The Strategic Plan will be presented to members during the 2009 Annual Meeting.

Linkages with Stakeholders

Lynda Finley, Director of Corporate and Regulatory Services gave a presentation to the Board on the amendments to the Agreement on Internal Trade.

Council members from the New Brunswick Nurses Union met with the NANB Executive Committee at the Association's headquarters to discuss issues of mutual interest: labour mobility; registration renewal, the continuing competence program; joint working documents; pandemic planning; and unregulated care providers.

Policy Review & Monitoring

The Board reviewed policies and approved monitoring reports related to:

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

Board Elections

The Nominating Committee reported on the work done to recruit nominees for election to the position of President-Elect and three director positions. Candidate information will be published in this edition of *Info Nursing* and on the NANB web site.

Election results will be announced at the June 3rd Annual Meeting.

Nominations

Public Director Vacancy:

The NANB Board of Directors requires nominations to replace public directors once their terms have been completed. Three nominees must be submitted

to the Minister of Health by March 31, 2009.

NANB Committee Vacancies:

The NANB Nursing Education Advisory Committee, Complaints Committee and the Discipline/Review Committee all require nominations to fill vacancies and replace members completing their terms.

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

The Board appointed the following directors to the NANB Awards Selection Committee:

- Martha Vickers RN, President-Elect
- Margaret Corrigan RN, Director, Region 5
- Ruth Alexander RN, Director, Region 2
- Mariette Duke RN, Director, Region 1

- Darline Cogswell RN,
Director, Region 3

Review and approval of NANB document:

- *A Framework for Managing Professional Practice Problems*

Endorsement of CNA position statements:

- *Providing Nursing Care at the End of Life*
- *Overcapacity Protocols and Capacity of Canada's Health System*

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

UNB Baccalaureate of Nursing Program Approval

The UNB baccalaureate of nursing program went through the Approval process in November, 2008. The Board accepted a recommendation from the Nursing Education Advisory Committee for the maximum approval period of 5 years.

Revised Document

The Board approved revisions to the document entitled *Competencies in the Context of Entry-Level Registered Nurse Practice*.

NEW Special Interest Group

The Board recognized the New Brunswick Emergency Department Managers Interest Group (NBEDMIG) as a special interest group of NANB.

National Nursing Week 2009 May 11–17, 2009

Nursing—You can't live without it!

The Board approved a competition encouraging all members to describe what this year's NNW theme means to them.

Details are provided in this edition of *Info Nursing* and on the NANB web site.

Posters will be distributed across the province prior to NNW.

Finances

The Board reviewed the 2009 budget. Planned expenditures for 2009 are approximately \$3,138,855 with a \$39,165 deficit. The deficit represents 1.3 per cent of total revenue and is in accordance with board policy.

Next Board & AGM

The next Board of Directors meeting will be held at the NANB Headquarters on June 1st & 2nd, 2009.



Darline Cogswell RN, Director Region 3

The Annual General Meeting and Conference will be held on June 3rd and 4th, 2009 at the Delta Hotel, Fredericton NB. A detailed agenda and registration details can be found in this edition of *Info Nursing* or on the NANB web site. □



Martha Vickers RN, President-Elect and Monique Cormier-Daigle RN, President

The positions of President-Elect, and Directors for region 2, 4, and 6 will be elected for a four-year term and two-year term consecutively beginning on September 1, 2009. All practising members are eligible to vote for the position of President-Elect, only practising members residing in a particular region can vote for the Director candidate(s) of their particular region.

Practising members will receive a voting ballot and information about the candidates in the mail at the end of March. Election day for President-Elect and the Director positions is April 30, 2009. Ballots must be received at NANB by April 30, 2009, ballots received after that date will be considered void. Should there be only one candidate for a Director position, that candidate will be considered elected by acclamation and no mail ballot will be required.

Election day for President-Elect and the Director positions is April 30, 2009.



Darline Cogswell

PRESIDENT-ELECT

"I would welcome the privilege of representing you as President-Elect. Over the past 31 years of nursing I have gained the necessary skills by participating on numerous NANB committees at the local and provincial level. As chapter president and regional director I network with nurses across this region. Health care faces many challenges and I believe nurses can be a strong force in shaping New Brunswick's service. I am committed to a strong self regulated nursing association that ensures public safety by setting high standards for nursing practice."

Education:

Diploma, AJ McMaster School of Nursing, Moncton, 1977.

Additional education:

Bachelor of Nursing, University of New Brunswick, Fredericton, 1992; CNA certification Emergency Nursing, 1995.

Present position:

Facility Manager and ER Manager, Oromocto Public Hospital

Professional activities:

Appeals Tribunal for WCB, member 1995–2001; CNA Emergency Nurses Certification Exam Committee 1998–2006; Past member NANB Discipline and Review Committee; Executive Committee NANB 2006; Executive Committee NBNU 2000–2006; Past president Oromocto Hospital Foundation; Chairperson-Workplace Health and Safety and Compensation Commission of NB 2000–2001; NANB-York Sunbury Chapter President 2006–2009; Board member NANB, 4 terms-Chapter President, Member-at-Large Practice, Member-at-Large Administration; Director Region 3 2008–2010; Chair NB Telecare Advisory Committee 2006–2009; Chair Oromocto NB Cancer Society Relay for Life 2007–2009.

Nominated by:

Sharon Hall-Kay and Patricia Scott

Election to the Board of Directors



France Marquis
PRESIDENT-ELECT

"During the years to come professional nursing will have to overcome some sizeable challenges, including among others the recruitment and retention of members as well as maintaining a high standard of care in a changing economic, political and social climate. We will also have to work together, across the entire medical field to establish a better quality of life in all work places and to ensure that nurses maintain their stature in a health system in constant flux. Nursing and nurses have always been a source of great inspiration to me. I want to keep on helping to guide the future of our profession and I ask you to support me as President-Elect so that we can make a difference together."

Education:

Diploma, "École d'infirmières de l'Hôtel-Dieu d'Edmundston", 1973.

Additional education:

Bachelor of Nursing, Université de Moncton, 1979; BA Education, Université de Moncton, 1980; MA in Nursing, Université de Montréal, specializing in community health, 1993.

Present position:

Associate Professor, Department Head and Clinical Course Coordinator in Nursing, Université de Moncton, Edmundston Campus.

Professional activities:

Member of the NANB Edmundston chapter, 1995–2009; Francophone representative to the Canadian Registration Exam Committee, 1989–1995; Exam Committee for the Canadian Registered Nurse Examination (CRNE), 1996, 1998–2008; member of the Advisory Committee to the Director of CNA, French-language section, 2001–2007; NANB Recruitment Committee, 1995–1999; Nursing Education Stakeholders Group (NESG), 2003–2009; Nursing resources advisory Committee (NRAC), 2004–2009, President since 2007; Representative of the "École réseau des sciences

infirmières" and a member of the executive for the Canadian Association of Schools of Nursing (CASN), 2000–2002; Advisory Committee of the Faculty of Nursing at the University of Maine at Fort-Kent (UMFK), 1997–1999, 2003–2009; Networking Committee and National Working Group for the "Supporting Self-Care: A Shared Initiative project (Health Canada) 2000–2003; "Comité de l'équipe de recherche en soutien à l'autosoin" (ÉRSA), 200–2004; regional committee on the "Ados : parlons santé" initiative, 2001–2002; Regional planning committee for the 1st and 2nd French language conferences on Well-Being, 2001–2003.

Nominated by:

Linda LeBlanc and
Noëlline LeBel



Bonnie Matchett
PRESIDENT-ELECT

"Nursing is a diverse and dynamic profession, one in which we can all be proud. As a past member of the NANB Board of Directors, I understand and value the work accomplished by NANB on behalf of the public and nurses of our province. I believe that it is through active participation in decision making for our profession that the voices of New Brunswick nurses will be heard on the local, provincial and national level."

Education:

Diploma, Bathurst School of Nursing, 1985.

Additional education:

Bachelor of Nursing, University of New Brunswick, 1997; certificate in Nursing Health care and Leadership/Management, McMaster University, 2002; currently pursuing masters of Nursing, Athabasca University, 2010.

Present position:

Director of Nursing Professional Practice, Regional Health Authority B

Professional activities:

Past President of the Miramichi Chapter of NANB; past Regional Director of NANB for region 7; past Member of Heart and Stroke Foundation as facilitator of Heart to Heart; past Chair of the Cardiac Support Group.

Nominated by:

Hazel Mahoney and
Rhonda Shaddick



Ruth Alexander

Director
Electoral Region 2

"Over the past twenty five years, I have practiced in a variety of diverse settings, all in direct patient care. I have always valued continuing education and have a great appreciation for the professionalism of NANB. It has been a great pleasure to participate as a board member of NANB this past term. I have also been involved in the local chapter and have served as a scrutineer at several annual meetings as well as at CNA. It would be an honor to serve the nursing profession and the public for another term."

Education:

Diploma, Saint John School of Nursing, 1984.

Additional education:

Bachelor of Nursing, Athabasca University, 2005; CNA certification in Emergency Nursing, 2003, recertification 2008; certified in ACLS, PALS, ENPC, CTAS and NRP.

Present position:

Full time Staff Nurse, Emergency Department, Sussex Health Centre

Professional activities:

Director of region 2-NANB, 2006–present; member of Sussex Chapter-NANB; scrutineer at NANB and CNA annual meetings; and member NENA.

Nominated by:

Deborah Marks and Patricia Etheridge



Noëlline Lebel

Director
Electoral Region 4

"Ever since I became a nurse, I have been thrilled to play a number of roles on the local executive committee for the Edmundston, Grand Falls and St. Quentin Chapter. In accepting to be a candidate for the position of Regional Director of my local chapter, and as a member of the Board of NANB, I will be a voice for the nurses in my chapter to make their issues known. I think it's extremely important to make a difference in nursing. Together, everything is possible."

Education:

Diploma, "École de sciences infirmières d'Edmundston", 1978 (Honours, second highest academic ranking)

Additional education:

Bachelor of Nursing, Université de Moncton, Edmundston Campus, 1983; Certification in Andragogy from the Université de Moncton, Edmundston Campus, 2001; Certification Canadian Healthcare Association: Continuous Quality Improvement for Health Services, 2006; Certification "Leadership de première ligne", Region 4, 2006; MA in Nursing with outstanding commendation for thesis, Université de Moncton, Moncton Campus, 2007.

Present position:

Coordinator of Quality and Case Management, Health Region 4 and Professor of Nursing (Lecturer), Université de Moncton, Edmundston Campus (videoconference)

Professional activities:

Treasurer of the provincial wing of the Operating Room Nurses Interest Group, 1988–1994; Secretary of the Board of governors of EFI Edmundston, 1991–1994; Co-leader of the HRE Foundation, 1999–2000; Member of the organizing committee for the Conference on Well-being, 2003–2005; co-leader of the Summer Camp: Everyday Health, 2005; Executive Committee of the local chapter of the NANB, President of the Practice Committee, 2003–2005, Vice-president, 2005–2007, President, 2007–2009; Member of the Research Team for ÉRSA, 2001–present; Certificate of Merit from the NANB for contributions to the local chapter, May 2007; Treasurer of the Interest Group on Quality in NB, 2008–2009.

Nominated by:

Sylvette Guitard and Nathalie Francoeur

Attention

You will not receive a ballot in the mail if there is only one candidate in your region as they will be elected by acclamation.



Alice Hébert

Director
Electoral Region 6

"I am very interested in the position of Director for Region 6 serving Bathurst and the Acadian Peninsula. I'm interested in taking up all the challenges inherent in nursing. I have always been involved in nursing in the larger sense. I was able to implement, with the help of a team, the development of several guides and protocols to aid the nurse at the bedside to work at once independently and cooperatively with the entire multi-disciplinary team. I'm a nurse with a lot of experience from nursing management to developing numerous successful programs. I believe that nurses have an even more important role to play in today's society. I ask that you accept my candidacy and I promise to faithfully represent the Bathurst and Acadian Peninsula regions."

Education:

Diploma, Bathurst School of Nursing, 1983.

Additional education:

Bachelor of Nursing, Université de Moncton, 1992; Certificate in Critical Care, Providence School of Nursing, Moncton, 1996; Certificate of Management, Université de Moncton, 1996; Certificate "Teaching the Tools that Lead to Quality" JURAN Institute, 1997; Graduate of "Parish Nursing", University of Milwaukee, 1998; Certification in communications, Rockhurst University Continuing Education Center, 2001; Management certification "Achieve", 2001; Certification in Basic Project Management, 2002; Certification in Nursing Leadership, Dorothy Wylie Institute, 2004; Building Community Relationships, 2006; Education Affiliate Staff, 2006; Understanding Primary Health Care, 2006; MA In Health Care Management, 2006; Conflict Resolution, 2006; Introduction to Planning and Program Analysis, 2006; Facilitation of Adult Learning, (Building a Better Future), 2006; CIHI Training Program, 2006; Certification in Adult Education, 2007; Post Secondary Certification in Health Care Management, 2008.

Present position:

Executive Director of Critical and Ambulatory Care Programs

Professional activities:

Active member of the provincial Executive Committee for the Deployment of Registered Nurses, 2002; Secretary and Coordinator of the Regional

Gastroenterology Team, 2000–2003; Coordinator and Secretary of the Regional Committee of Emergency Nurses for the Acadie-Bathurst Health Region, 2000–2003; Active member of the provincial Executive Committee on Transportation Between Facilities, 2000–2003; President and Coordinator of the Regional Committee of Administrative Nurses in Emergency Rooms for the Acadie-Bathurst Health Region, 2000–2003; President and Coordinator of the Regional Diabetic Committee, 2000–2003; Secretary and Coordinator of the Nurses Committee on Ambulatory Care, 2000–2003; Member of the provincial Executive Committee of the New Brunswick Heart and Stroke Association, 1997–2003; Active member of the Provincial MIS Committee on Ambulatory Care, 1994–2003; Secretary and Coordinator of the Intensive Care Nursing Committee, 1993–2003; President of the Public Relations Committee of the NANB Bathurst Chapter, 1992–2003.

Nominated by:

Rachel Boudreau and
Annie Boudreau



Marius Chiasson

Director
Electoral Region 6

"It is with great pleasure that I put forth my candidacy as Director of Region 6. I am confident that the varied experience I've acquired in hospitals will stand me in good stead in that position. I think I'm ready to take on new challenges and to work more closely with our Association in the best interest of the public we serve. I am also interested in the opportunity to share my ideas with devoted people and participating in the improvement of health care in our province."

Education:

Diploma, Rimouski CEGEP, 1988.

Additional education:

Currently pursuing a Bachelor of Nursing, Université de Moncton.

Present position:

Full time Nurse at the Chaleur Regional Hospital in Bathurst.

Professional activities:

Previously very involved in local activities; organization of events in Nursing Week.

Nominated by:

Claudette Boudreau and
Sylvie Poirier



Postpartum Depression Screening: Role for Nurses in New Brunswick?

Submitted by
Linda Duffett-Leger, PhD(c), MN, RN
& Nicole Letourneau, PhD RN

Postpartum mood disorders represent the most frequent form of maternal morbidity following delivery¹. Approximately 13% of new mothers experience postpartum depression (PPD)², which is characterized by low mood, anxiety, confusion, emotional instability, tearfulness, feelings of inadequacy, inability to cope, and suicidal ideation, and often exacerbated by low self-esteem, inability to cope, feelings of incompetence and loss of self, and loneliness³⁻⁶.

PPD Screening Pilot Study in New Brunswick

The CHILD studies research team of researchers in UNB's Faculty of Nursing, has been conducting PPD research in New Brunswick and Alberta for the last five years. Their findings reveal that the lack of public awareness about PPD has made it difficult for many New Brunswick women to seek and receive treatment for this highly stigmatized mental illness. In response, the CHILD studies researchers conducted a PPD screening pilot study in collaboration with Public Health staff in Fredericton and Moncton between April 2007 and March 2008. The goal of this screening project was to answer the following questions: (1) What is the incidence of postpartum depression symptomatology among mothers who access pediatric immunization clin-

ics in Fredericton and Moncton, New Brunswick? and (2) What is the risk of self harm among these mothers?

Nurses in both sites were trained to screen participants and provide follow-up care and referrals. A training manual for screening nurses and handouts for mothers were adapted from materials created by Public Health staff in Edmonton, Alberta with the permission of the Capital Health Authority. Mothers who wished to participate were screened at pediatric immunization clinics using the EPDS screening tool. Scores of 9 or greater are appropriate for follow-up in community screening and scores of 12 or greater are indicative of probable major PPD. Mothers scoring 9 or greater received appropriate referrals and information including physician and/or mental health referrals and information about PPD and available resources. All women who scored 12 or above received telephone support and referrals (by consent) from the screening nurse.

A total of 408 mothers were screened in NB (Fredericton=109; Moncton=299). A significant percentage of these moth-



Nicole Letourneau, PhD RN

reduce the potential negative consequences to maternal well being and children's development. This research also supports previous findings that a significant number of women with PPD experience disturbing thoughts of harm⁷, often affecting their willingness



Linda Duffett-Leger, PhD(c), MN, RN

the ability of service providers to identify mothers symptomatic for PPD and provide appropriate and timely follow up care and referrals. □

Location	Total screened	EPDS 9+	Positive for self harm	EPDS 12+	Positive for self harm
Fredericton	109	24 (22%)	7 (29%)	12 (11%)	5 (42%)
Moncton	299	55 (18%)	19 (35%)	34 (12%)	14 (42%)

ers scored greater than nine on the EPDS screening tool (Fredericton=22%; Moncton=18%) indicating moderate to high levels of PPD. Twelve of the 109 mothers (11%) had an EPDS score of 12 or higher, the cut-off for highly symptomatic cases of PPD. Of the mothers who scored greater than 9 on the EPDS, many (Fredericton=29%; Moncton=35%) scored positively for thoughts of self-harm (i.e., sometimes, quite often, or hardly ever). Forty-two percent of mothers who scored at or above 12 also scored positively for thoughts of self-harm.

These findings are consistent with other PPD screening studies (e.g. Gaynes et al., 2005), suggesting that early identification and prompt treatment of PPD is needed in New Brunswick to

to disclose symptoms to providers for fear of forced hospitalization or losing custody of their children.

Conclusion

The negative impacts of PPD on the family and child development are well founded in the research. Significant numbers of mothers in NB are highly symptomatic with PPD; however, without universal screening they are not being identified, and effective treatments are limited. Widely recommended for new mothers, universal screening for PPD reduces the stigma associated with this mental illness by normalizing the issue. Universal screening for PPD by public health nurses in New Brunswick will enhance

¹Stocky, A. and J. Lynch, *Acute psychiatric disturbance in pregnancy and the puerperium*. Baillieres Best Practices Res Clinical Obstetrical Gynaecological, 2000. 14(1): p. 73-87.

²O'Hara, M. and A. Swain, *Rates and risk of postpartum depression: A meta-analysis*. International Review of Psychiatry, 1996. 8: p. 37-54.

³Mills, E.P., G. Finchilescu, and S.J. Lea, *Postnatal depression: An examination of psychosocial factors*. South African Medical Journal, 1995. 85(2): p. 99-105.

⁴Righetti-Veltema, M., et al., *Risk factors and predictive signs of postpartum depression*. Journal of Affective Disorders, 1998. 49(3): p. 167-180.

⁵Ritter, C., et al., *Stress, psychosocial resources, and depressive symptomatology during pregnancy in low-income, inner-city women*. Health Psychology, 2000. 19(6): p. 576-585.

⁶Beck, C.T., *The lived experience of postpartum depression: A phenomenological study*. Nursing Research, 1992. 41(3): p. 166-170.

⁷Fairbrother, N. and S. Woody, *New mothers' thoughts of harm related to the newborn*. Archives of Womens Mental Health, 2008. 11: p. 221-229.



Photo credit: MCpl Jean-François Neron, Rideau Hall
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NB RN Receives the Order of Canada

Sister Margaret Vickers pays tribute to the nursing profession

Editor's note: For decades, the province of New Brunswick has shaped nursing leaders on the national and international stage. NANB proudly recognizes the accomplishments of Sister Margaret Vickers, and would like to share her inspiration with you, our members.

Governor General Michéle Jean presented Sister Margaret Vickers, RN, 81 with the Order of Canada, during a ceremony at Rideau Hall on December 12th, 2008. Sister Margaret was recognized for her years of dedication and service including decades as CEO of St. Joseph's Hospital from 1972–1995. Although Sister Margaret resides in Vancouver, she continues to stay connected with the ongoing projects at St. Joe's.

The following interview was conducted by Jennifer Whitehead, Manager of Communications and Membership Services and Sister Margaret electronically.

What does this honor mean to you as a Nurse?

Sister Margaret: There are no words to describe how it feels to be recognized as a nurse alongside the men and women from so many walks of life who have made extraordinary contributions to society. Nurses across this great country and across time have made exceptional contributions to Canadian Society. I feel so blessed to be a nurse and know this honor also recognizes those nurses who paved the way for me and who have continued the journey.

How does this recognition impact the image of nursing today?

Sister Margaret: I believe our healing ministry is as important today as it has been in any time in history. There are mounting pressures on the Canadian Health System to provide more services and the funding pressures continue to challenge our ability to meet this demand. I hope this award will help to keep the profile and contribution of nursing front and center. Nursing shortages are reaching alarming rates in this country and we need to attract more men and women to this noble profession. Nurses truly are healers in their own right, not just handmaidens to physicians or a health system. We are clinicians and healers, researchers and teachers, leaders and policy makers. For me, retirement has been more about getting to choose how I continue to contribute! The rewards of my career continue to grow. I feel very fortunate. God is indeed good.

What advice would you give the next generation of nurses?

Sister Margaret: To you, the next generation of nurses know you will always be challenged to embrace those that face you, you have a unique opportunity to make a difference in the quality of life of populations, communities, families and patients. The opportunities in front of you are unlimited. You have the privilege of using science within the art of nursing to alleviate pain, suffering and anxiety. Nursing has a long and vibrant history and you will help shape the next generation and the future of the profession. Through your experience, compassion, teaching and research you will improve outcomes for the citizens we are so privileged to serve. □

CNA Visits Burkina Faso

SNNAP's Newest Partners Receive Support

Submitted by Vicki Campbell and CJ Côté

Last November, the Canadian Nurses Association's SNNAP Program Manager Vicki Campbell, and Senior Nurse Consultant C.J. Côté spent one week in Ougadougou, Burkina Faso to officially launch the Strengthening Nurses, Nursing Networks and Associations Program (SNNAP) with the program's newest partners, the Association Professionnelle des Infirmiers/ères du Burkina (APIIB).

While in Ougadougou, Vicki and C.J. worked closely with the Association as they moved forward with the opening of their new office; providing assistance in the establishment of effective administrative and management processes and training to new staff on the project and financial management tools. In addition to program briefings with the Association, they met with the Deputy Minister of Health and other key stakeholders to provide details about SNNAP and to encourage dialogue and networking with APIIB.

A visit to Koudougou, the third largest city in Burkina Faso approximately 100km west of Ougadougou, provided an opportunity to meet with nurses outside the capital and to hear first-hand how the Association can support the work of nurses in the regions. They also visited l'École National de Santé Publique (ENSP) regional campus where 600 nursing and other health care students receive training in the region.

Over the next two years APIIB will work closely with ENSP as part of its SNNAP activities to ensure the education and training of nurses remains strong and that ENSP is consulted as part of its policy work.

"We met with local nurses in hospitals and in rural health centres. It gave us the chance to see first-hand the day-to-day challenges they face and to learn more about their practices. Their dedication to their profession, often in the face of very difficult conditions, was truly inspiring."

The trip was an energizing experience. In the short-term APIIB will be focussing on ensuring the effective development and function of the new office and begin work to re-build their membership. As they begin to develop their work plan for April 2009–March 2010, APIIB will identify areas where NANB can provide support and technical expertise.

SNNAP is supported by the Canadian International Development Agency. □



Vicki Campbell, SNNAP Program Manager provides training on CNA's international project and financial management tools to the newly hired staff of Association des professionnels infirmiers (ères) du Burkina. Barthélemy Kabore, project coordinator, Amadou Maiga, financial manager and Fatimata Sawadogo, secretary.



"We met with local nurses in hospitals and in rural health centres. It gave us the chance to see first-hand the day-to-day challenges they face and to learn more about their practices. Their dedication to their profession, often in the face of very difficult conditions, was truly inspiring."

Adapting to the New Workplace Reality

Maximizing the role of RNs within a collaborative nursing practice model

By Ruth Rogers, RN

Editor's note: This is the last article in a series of six articles looking at how registered nurses can best adapt to changes in the mix of nursing care providers in the health care system. The topics in the series are: "Professional Nursing Practice: Requisite Capacities," "Professional Nursing Practice: Rule of Three," "Organizing Patient Care," "Directing Care," "Working Together" and "Re-Tooling for Today's Work Environment", and are available online at www.nanb.nb.ca/index.cfm?include=publication0

Re-Tooling for Today's Work Environment

Background

Beginning with the spring 2007 edition of *Info Nursing*, NANB's Practice Department has developed a series of articles to 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.

Systemic change to the health care system and service delivery models are being driven by and affected by, the number, deployment and utilization of nursing resources. The ongoing changes to skill mix and service delivery models create new working relationships between registered nurses and other nursing care providers. RNs need a clear understanding of how these changes affect their professional practice as they are increasingly required to work with others to achieve patient outcomes.



The requisite capacities of registered nurses' practice were used to guide the development of these articles. See Table 1.

This last article in the series discusses the competencies necessary for nurses to continue to adapt to system changes with the focus on the changes in relationships and the way RNs do their work, often through teams and working with others.

Relevant Standards for Working with Others

The Standards of Practice make it clear that RNs are expected to continually assess their practice, to identify learning needs and opportunities for improvement and to reflect on their practice as they implement changes. The three step Continuing Competence Program reflects these expectations for continuous learning.

Safe and appropriate care can best be achieved when working with others, through collaboration and cooperation among care providers, while respecting the contributions of everyone. The

Table 1. Requisite Capacities for Registered Nurses' Practice

Continuing competence
Inherent ownership professional role
Decision making about professional matters and work of the profession
Understanding of accountabilities of each of the partners
Organizing patient care
Directing nursing work
Collaboration & working with others

standards that relate to collaboration and cooperation include:

- collaborate with health care team members about the client's care;
- demonstrate knowledge of, and respect for, each other's roles, knowledge, expertise and unique contribution to the team;
- establish and maintain collegial professional relationships;
- articulate nursing's contribution to the delivery of health care services;
- assign and delegate care appropriately based on assessment of client needs and competence of care provider; and
- share nursing knowledge and expertise with others to meet client needs.



Competencies for Working with Others

When RNs, LPNs and unregulated care providers work together, the nursing care delivery model must support collaboration and cooperation among the nursing team. Regardless of the model, the registered nurse remains responsible for the overall direction of care (NANB & ANBLPN, 2003, p. 2). For more information on the RN role in directing care see the Winter 2008 edition of *Info Nursing*.

In directing care, the RN provides clear expectations of what activities need to be performed, monitors performance, obtains and provides feedback, intervenes if necessary and ensures proper documentation. Directing care is a combination of consultation, guidance,

teaching, evaluation, and clarification of care plan.

The following list includes some of the competencies and activities required of registered nurses in today's work environment, particularly when directing care:

- Knowledge of LPN scope of practice and competencies;
- Knowledge of the role of unregulated care providers;
- Providing clear direction and expectations;
- Monitoring performance of the nursing team;
- Development, maintenance and communication of the care plan;
- Assigning nursing tasks to the nursing team;

Continued on page 36

PRACTICE CAPSULE

Registered Nurses: A Precious and Sustainable Resource

Nurses possess a broad range of knowledge, skill and judgment to meet the demands of a complex health care system. RN practice continues to evolve in response to system changes.

Depth and breadth of knowledge differentiates RN practice. It is this additional knowledge that supports RNs in their decision-making. Nursing is a knowledge-based practice. Decision-making about a client's care requires clinical judgment and therefore cannot be reduced to a list of tasks.

RN practice continues to demonstrate positive outcomes for the client, the nurse and the system as a whole.

RN practice is linked to:

- Improved control or management of symptoms for individual clients such as fatigue, nausea and vomiting, dyspnea and pain;
- Improved infection control and reduced rates of infections acquired in a hospital;
- Improved physical and psychosocial functioning and self-care;
- Fewer adverse events such as pressure ulcers, falls and patient mortality resulting in improved patient safety; and
- Increased client satisfaction with nursing care and improved health outcomes.

The Canadian Nurses Association has compiled a series of Research Summaries on nurse staffing that can be found at:

www.cna-aiic.ca/CNA/documents/pdf/publications/Research_Summaries_All_e.pdf

Annual Meeting

WEDNESDAY, JUNE 3, 2009

0730

- Registration

0900–1030

- Call to order
- Introductions
- Greetings—Hon. Michael Murphy, Minister, Department of Health
- Greetings—Kaaren Neufeld, President CNA
- Approval—Agenda, Rules and Privileges
- Appointment of Scrutineers
- Deadline for Resolutions (12 noon)
- Announcements
- President's Address

- Annual Update—Executive Director
- Auditor's Report

1030–1100

- Nutrition Break
- Announcement (deadline for resolutions)

1100–1130

- Strategic Plan Update

1130–1200

- *CNA Update*
Speaker—Kaaren Neufeld, President CNA

1200–1330

- Lunch Break

1330–1430

- *'Reporting and Disclosure of Adverse Events Liability'*
Speaker—Ethyllynn Phillips, Professional Liability Officer, CNPS

1430–1530

- Resolutions Committee Report
- Voting on Resolutions
- New Business

1530–1600

- Nutrition Break

1600–1630

- Elections Results

- Installation of New President

- Invitation to 2010 Annual Meeting
- Adjournment

1800–2100

- Cash Bar

1900

- Awards Banquet
- Ticket required

REGISTERED NURSES

Moving forward...creating solutions

93rd Annual Meeting Agenda
DELTA HOTEL, FREDERICTON

Conference

THURSDAY, JUNE 4, 2009

0800

- Registration
- Welcome—Martha Vickers, President-Elect, NANB

0900–1000

- "Quality Work Environments: Research and Solutions"
Speaker—Martine Mayrand Leclerc, Professeur, Université du Québec en Outaouais

1000–1030

- Nutrition Break

1030–1130

- "Optimizing Nursing Role Effectiveness Through Job and System Re-design"
Speaker—Linda Desrochers, Corporate Associate Coordinator of Nursing Clinical Practice, Ottawa Hospital

1130–1300

- Lunch Break

1300–1400

- "Family Practice Nursing and Innovations in Nova Scotia"
Speaker—Patsy Smith, Project Lead, PLS Consulting Inc.

1400–1430

- Nutrition Break

1430–1515

- "Nursing Best Practice on Healthy Work Environments"
Speaker—Irmajean Bajnok, Director International Affairs and Best Practice Guidelines Program, RNAO

1515–1615

- "Looking ahead: making it happen"
Speaker—Judith Oulton, Oulton & Associates

1615–1630

- Closing Remarks—Monique Cormier-Daigle, President, NANB

Some participants may be sensitive to perfume or after-shave, members are asked to refrain from wearing scents.

A photographer will be circulating taking pictures at our Annual Meeting and Conference Day. If you wish to abstain, please feel free to step out of the shot, or inform the photographer of your request. Photos may be used in future NANB publications or communication materials.

Annual Meeting

Rules and privileges

The following are the *Standing Rules* governing the Annual Meeting. Members should note procedural authorities for further references.

- 1) When approved by a majority of the voting members and the registered proxies, the *Standing Rules* shall apply throughout the annual meeting.
- 2) *Robert's Rules of Order* shall be the parliamentary authority in all cases not covered by the *Nurses Act*, *Bylaws*, *Rules* or *Standing Rules*.
- 3) The order of business shall be that printed in the program. Subject to the consent of the voting members and the regis-

tered proxies, items of business may be taken up in a different order whenever appropriate.

Rules of debate

- 1) Any member or student may ask questions and participate in discussions.
- 2) Speakers shall use microphones, address the chair and state their name and chapter. The chairperson shall call speakers in the order in which they appear at the microphone.
- 3) Motions or amendments to main motions may be made only by a practising member and must be seconded by another practising member. To ensure accuracy, these must be presented in writing on forms provided, signed by

the mover with the name of the seconder, and sent to the recording secretary.

- 4) The chairperson will exercise her responsibility to limit debate. A speaker will be given a maximum of two minutes and may speak only once to any motion unless permission is granted by the assembly. The chairperson will announce the termination of the discussion period ten minutes in advance.
- 5) All resolutions and motions shall be decided by a majority of the votes cast.
- 6) Only practising members present and registered proxies have the right to vote and voting shall be by show of hands and proxy cards, unless a secret ballot is ordered.
- 7) Smoking is not permitted in the main meeting room.
- 8) Placards and posters are not permitted in the main meeting room.
- 9) The Board of Directors shall have the authority to approve the minutes of the Annual Meeting.
- 10) The rules of debate shall be strictly observed.
- 11) As some participants may be sensitive to perfume or aftershave, members are asked to refrain from wearing scents.

Proxy Voting

What you need to know

Anyone who does not plan to attend the 2009 annual meeting can make their views known through a process called proxy voting. Simply put, it is a way of voting at annual meetings by means of a proxy or person that you have entrusted to vote on your behalf. Please read the following information carefully to make sure that your opinions are counted.

What is a proxy?

A proxy is a written statement authorizing a person to vote on behalf of another person at a meeting. NANB will use proxy voting at the upcoming Annual Meeting, June 3rd, 2009, in Fredericton.

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

What the Association bylaw says about proxy voting?

NANB bylaw 12.07 states:

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

Entrusting Your Vote

Nurses holding NANB practising memberships may give their vote to another practising member. They should, however, keep the following in mind: (a) know the person to whom they are entrusting their vote, (b) share their opinion on how they wish that person to vote for them, (c) realize that the person holding their proxy may hear discussions at the meeting that could shed a different light on an issue (so discuss the flexibility of your vote), (d) fill out the form on this page accurately (the blank form may be reproduced if necessary), and (e) send the form to the NANB office. All forms must be received at the office by May 29, 2009 at 1300 hrs.

When proxy forms are received at the Association office, staff members check that both nurses named on the form hold practising membership and that the information on the form is accurate. Occasionally a form has to be considered void because the name does not coincide with the registration number on record. A form is also void if it is not signed, if it is not completely filled out or if there are more than four forms received for one proxy holder. Since one nurse may hold only four proxies, a fifth form received for that nurse is void. Also

Proxy voting form (please print)

I, _____,
a practising nurse member of the Nurses Association
of New Brunswick, hereby appoint, _____,
_____,
registration number _____,
as my proxy to act and vote on my behalf, at the
Annual Meeting of the Nurses Association of New
Brunswick to be held June 3rd, 2009 and any
adjournment thereof.

Signed this day _____ of _____ 2009.

Registration no _____

Signature _____

To be received at NANB offices before May 29, 2009
at 1300 hrs. Send by mail to: NANB, 165 Regent St.,
Fredericton, NB E3B 7B4. Proxies sent by fax will be
declared null and void.

no forms are accepted if received after May 29, 2009 at 1300 hrs. Forms sent by FAX will be declared void.

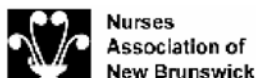
Information for nurses who carry proxies at the meeting

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

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

Clarification

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



Pre-registration Form

NANB 2009 ANNUAL MEETING, CONFERENCE & AWARDS BANQUET

Registered Nurses: *Moving forward...creating solutions*

DELTA HOTEL, FREDERICTON, NB, JUNE 3rd & 4th, 2009

Pre-register by **May 22, 2009** OR register on site

For more information, call (506) 458-8731 or 1 800 442-4417; email: nanb@nanb.nb.ca; Fax: 459-2838

Name:	Registration #:
Address:	
City:	Province:
Postal Code:	Telephone:
Email:	Fax:

Pre-registration Deadline

Completed form with payment must be received by **May 22, 2009**. Incomplete forms will not be processed. This form will be the official invoice; no other invoice will be provided.

FEES

- No charge
- \$114.00 (HST included)
- \$40.00 (HST included)
- \$40.00 (HST included)

Annual Meeting – June 3, 2009

Conference – June 4, 2009

Conference – Student

Awards Banquet – June 3, 2009 at 7:00 pm (cash bar 6:00 pm)

DEADLINE to purchase a banquet ticket is **May 22, 2009**. Tickets will not be available after this date, and no refunds will apply after this date.

\$_____ TOTAL ENCLOSED

Method of Payment

Payment by cheque payable to:

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

Visa: _____ Mastercard: _____
(Sixteen numbers) (Sixteen numbers)

Expiry Date: _____ Authorizing Signature: _____

Cancellation Policy

Cancellations will be accepted up to and including **May 22, 2009**.

Hotel Information

A block of rooms has been reserved for June 2 and June 3, 2009 at:

Delta Hotel,

225 Woodstock Rd.,

Single or double occupancy \$135 CDN + taxes / per night

Reservations (506)457-7000; toll free: 1 888 462-8800;

email df-reservations@chiphospitality.com; or visit: www.deltafredericton.com/nanb053109

Amsterdam Inn,

559 Bishop Drive, Fredericton.

Single or double occupancy \$80 CDN + taxes / per night (includes continental breakfast)

Reservations (506)474-5050

All individuals will be responsible for making their own reservations. Be sure to mention that you are attending the NANB Annual Meeting. Reservations are on a first-come, first-served basis. The block of rooms will be available until May 01, 2009.

Additional information is available at www.nanb.nb.ca.



Clockwise from top left: Liette Clément, Yolande LePage-Cyr, Daniel Savoie, Linda Silas, Linda Varner, Lois Scott and Elizabeth Sparks.

NB RNs Recognized by Peers

By Jennifer Whitehead

A ceremony was hosted by the Canadian Nurses Association (CNA) to pay tribute to 100 registered nurses across the country. "These are nurses who represent all regions of this country and all areas of nursing, from educators to administrators to practitioners to researchers to policy leaders. But although they may work in a variety of settings, one thing they have in common is that they have made a difference," expressed Kareen Neufeld, President of CNA. "Their passion and dedication is truly inspiring."

For decades, the province of New Brunswick has shaped nursing leaders on the national and international stage. The Nurses Association of New Brunswick is proud to recognize seven exceptional registered nurses who were recognized by their peers for years of dedication, contributions to the profession, the workplace and the health system.

- Liette Clément, Douglas;
- Yolande LePage-Cyr, Edmundston;
- Daniel Savoie, Moncton;
- Lois Scott, Shediac;
- Linda Silas, Ottawa;
- Elizabeth Sparks, Riverview; and
- Linda Varner, Memramcook.

New Brunswick can be proud of the work and accomplishments achieved by this group of registered nurses. Together, we can improve the health of all New Brunswickers. ■

The Centennial Award Medallion

One side of the medallion shows CNA House, which has become an Ottawa landmark with its distinctive lantern tower and International style architecture. Designed by James Strutt and officially opened in 1965 by His Excellency the Right Honourable Roland Michener, Governor General of Canada, the building is recognized by Ottawa's Local Architectural Conservation Advisory Committee as a high point of the International style of the time. The focal point of CNA House is the six-metre lantern, the universal symbol of nursing.

The other side of the medallion shows the CNA coat of arms, which was commissioned in celebration of CNA's centennial. The coat of arms was unveiled by Her Excellency the Right Honourable Michaëlle Jean, Governor General of Canada, at Rideau Hall on November 6, 2008. ■



Safer Families... Safer Communities

Pilot Project Launched in Miramichi

Submitted by Dr. Deborah Doherty, PhD.,
Executive Director (PLEIS-NB)

Public Legal Education and Information Service of New Brunswick (PLEIS-NB), the Miramichi Family Violence Prevention Network and Family Violence Outreach are pleased to announce an exciting new family violence public awareness campaign called *Safer Families...Safer Communities*. This initiative was launched as a pilot project in the Miramichi on February 13, 2009.

Given the extent of family violence in Canada, there is a good chance that everyone knows somebody—either personally or professionally—who is experiencing abuse. Even if they don't suspect it, they may know someone who needs help. Learning to recognize the warning signs and risk factors is the first step. Reaching out and being supportive, is the next step. This campaign will encourage everyone—including a victim's friend, neighbour, co-worker or healthcare provider—to play a role in supporting victims of abuse and ending violence in our communities.

The campaign includes bilingual fact sheets, posters, and educational products that offer the general public and helping professions alike concrete tools and resources that will help them play a supportive role. There are also some resources for individuals living with abuse.

This initiative was inspired by a recent research study conducted by co-principal investigators, Deborah Doherty and Jennie Hornosty, who are associated with the Muriel McQueen Fergusson Centre for Family Violence Research. They found a strong link between family violence and firearm victimization of abused rural women, as well as abuse of pets as a way to control another family member.

PLEIS-NB successfully obtained funding from the Women's Program Community Fund, Status of Women Canada to partner with the dedicated and hardworking family violence network in the Miramichi to create and pilot a bilingual public awareness initiative. The working group includes; social service providers, healthcare providers, crisis workers, police and RCMP and many others. PLEIS-NB is eager to share the results of the



project and offer the bilingual campaign materials across the province.

Anyone who is interested in promoting *Safer Families...Safer Communities* are encouraged to learn more about the links between family violence and other types of abuse by visiting the PLEIS-NB web site at www.legal-info-legale.nb.ca or contact Deborah Doherty at 506 453-5369. □

Given the extent of family violence in Canada, there is a good chance that everyone knows somebody—either personally or professionally—who is experiencing abuse.

Yes, it's really tax free

Tax shelter more of your investment income and save for goals that benefit you and your family.

Talk to us today to determine how the Tax-Free Savings Account¹ (TFSA) could fit into your overall plan.

Save for your goals faster and tax free.

Linda Nice BN, MScN & HCM

Consultant

linda.nice@investorsgroup.com

(506) 632-8930

The Plan
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¹ In 2009, maximum contribution of \$5000 per person 18 years of age and over.

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MP1432 [11/2008]

Ethics in Practice

Nurses' Ethical Considerations in a Pandemic or Other Emergency—PART II

Editors's note: This is the second of a three part series. It contains an excerpt from the Canadian Nurses Association (CNA)'s Ethics in Practice paper Nurses' Ethical Considerations in a Pandemic or Other Emergency. (For a complete copy of the paper visit: www.cna-aic.ca)

The nursing profession plays an integral role in all aspects of emergencies, including mitigation, preparedness, response and recovery" (CNA, 2007, p. 1). The following examples highlight some of the different challenges that nurses may experience in relation to a pandemic or other emergency.

- Shelley works in the emergency department in a large urban hospital. She is a single mother with two small children. During an influenza pandemic, she is torn by apparent conflicts among the financial need to work, her responsibilities to her employer and patients, and her worries that she will become infected and in turn infect her children.
- George is the nursing union representative on the joint worker-management health and safety committee in his community hospital. The committee is reviewing the hospital's draft pandemic plan. He wants to ensure that all nurses are given the best protection as well as sufficient information to protect their health and safety in the case of a pandemic.
- Adele works in a nursing home, and on the basis of her personal beliefs she has decided not to have the annual influenza vaccine offered by her employer. She doesn't know what she would do during a pandemic if she is required to take antiviral medication or be vaccinated.
- Lashmi works in a public health agency. She has been asked to set up a clinic in the community that will be used to triage sick people in the event of a large-scale emergency.
- Roseanna works in the out-patient clinic of her hospital. She fears that during a pandemic she will be redeployed to the medical floor, an area where she does not feel competent to practise.
- Antonio has just completed his fourth night shift in a row. He is asked by his nurse manager to stay and work an extra shift: the floor is short-staffed because many of his colleagues are sick.

The Individual Nurse Perspective

Ethical reflection and ethical decision-making is embedded in each nurse's professional identity. Nurses must continually weigh obligations to self and family, patients and colleagues. In a disaster these calculations become more pertinent and complex.

Two concepts assist in clarifying duty to provide care: *beneficence and risk*. Beneficence is one of the foundational ethical principles that all nursing ethical codes acknowledge, either explicitly or implicitly. Beneficence "requires nurses to carry out their duties in ways that bring good to the client and minimize harm and the potential of harm" (Storch, 2000, p. 35). Nurses would agree that they and other regulated health professionals have greater obligations than the average person to care for the sick and to alleviate suffering. In return, nurses and other health professionals are granted the special privilege and authority to regulate their professions within society.

If we agree with the statement that nurses accept some occupational risk by their choice of career, then what is the limit of the additional occupational risk to health and safety during a pandemic or other health emergency (Chaffee, 2006; Olsen, 2006)? Some may argue that this is a simple risk-benefit decision for a nurse: that is, one must look at the risks on one side and the benefits on the other. When the risk to the nurse providing care is low compared to the likely benefit to the patient, the nurse has a stronger duty to provide care than when the risk to the nurse is much higher than the possible benefit to the patient. An example of the latter situation would be where the patient will die with or without intervention but the nurse does not have adequate protective equipment and would therefore be exposed to a deadly pathogen. Sokol (2006, p. 1239) suggests that risk has to be assessed in relation to the usual level of risk and the usual area of work (or specialty) of the health-care worker. Nurses who work in high-risk areas (e.g., emergency) or have a high-risk specialization (e.g., infectious disease) would be considered to have accepted a higher level of risk and thus have a higher obligation to continue to provide care in a pandemic than those working in lower-risk settings.

Others might argue that if a nurse doesn't know the level of risk, the duty to provide care may be less. This lack of knowledge was certainly the case at the beginning of the SARS outbreak. The infectious agent, the case-fatality rate and the correct infection control procedures were unknown. However, if the level of risk is known and the best protective equipment and procedures are available, should the duty to provide care be higher? To many nurses, this kind of risk-benefit calculation is hypothetical or superficial and leaves out the context, the

relationship the nurse has with the patient, and the responsibility of the nurse to his or her family (Chaffee, 2006). It also begs the question of what responsibility do employers have to ensure that systems are in place to assist the nurse in making an informed decision.

Responsibilities to Family

Nurses and other health-care workers have indicated that during a pandemic or other emergency they would feel pulled between obligations to their patients and obligations to their family (Balicer et al., 2006; Chaffee, 2006; Ehrenstein, Hanses & Salzberger, 2006; French et al., 2002; Qureshi et al., 2005). This conflict is certainly at the heart of the example of Shelley, the emergency department nurse who is a single parent with two small children. She feels divided between her obligations to her patients and her responsibilities to her children, which may increase during a pandemic if day-care centres and schools close. Nurses caring for elderly or chronically ill relatives may have a similar dilemma.

The Joint Centre for Bioethics (Thompson et al., 2006; Upshur et al., 2005), the Public Health Agency of Canada (PHAC, 2006) and many health-care organizations recognize in their pandemic plans the need to address the obligations of health-care workers to families, and consequently the need for employers to provide support.

The Ontario Health Plan for an Influenza Pandemic (Ministry of Health and Long-Term Care [MOHLTC], 2007, p.8A-23) has a

one-page questionnaire that nurses can use to ask themselves about their readiness to participate in a pandemic in relation to their personal circumstances. Among the 11 questions are the following:

- Do I require family support because of dependent child or children, spouse or parent(s)?
- Do I have plans to care for family members who may become ill during a pandemic?
- Does my family have a personal home pandemic plan?
- Have I discussed my participation [in a pandemic] with family members?
- Does my employer offer any family support?

Reflecting on these questions may help nurses work out issues of concern with their family and employer before an emergency so that they are able to carry out their professional responsibilities when an emergency occurs.

Obligations to Self

Apart from the obligations nurses have to their patients and families, what about their obligations to themselves and their ability to provide safe, compassionate, competent and ethical care? One of the examples in the introduction is that of Antonio, who is asked by his nurse manager to stay on and work another shift because illness has left the floor short-staffed. Antonio is tired, and he wonders whether he can safely perform on another shift. He is torn between his need to go home and rest



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after working long hours and his responsibilities to his patients, his colleagues and his organization. However, in considering his responsibility to his patients, Antonio must also carefully consider his fitness to practise and his ability to provide safe care.

The CNA Code of Ethics states that “nurses maintain their fitness to practise. If they are aware that they do not have the necessary physical, mental or emotional capacity to practise safely and competently, they withdraw from the provision of care after consulting with their employer or, if they are self-employed, arranging that someone else attend to their clients’ health-care needs. Nurses then take the necessary steps to regain their fitness to practise” (CNA, 2008, p. 18).

Provincial and territorial nursing regulatory bodies also have statements that address this situation. For example, the College of Registered Nurses of British Columbia (CRNBC) has published *Overtime and Fatigue: To Stay or Not to Stay* (2001), and *Duty to Provide Care* (2007), which discusses a nurse’s obligation to provide care, withdrawal from providing care and refusal to provide care, as well as the issues of abandonment and negligence. The College of Nurses of Ontario also has a useful document, *Refusing Assignments and Discontinuing Nursing Services* (2005). Other resources addressing this situation may be available: nurses can check with the regulatory body in their jurisdiction.

However, a pandemic or other health emergency may be a sustained situation, beyond what most nurses have experienced. For example, it is anticipated that an influenza pandemic would come in waves of 6-8 weeks and could last up to 18 months to 2 years in total (Toronto Academic Health Sciences

Network [TAHSN], 2006). Health human resources is a major consideration for all pandemic planners because there will be an overwhelming increase in the number of people requiring care at the same time that many health-care professionals will become ill. Therefore, this is not simply the case of an isolated double shift. Many pandemic plans discuss the need for health-care professionals to pace themselves during a pandemic and to do their utmost to keep themselves healthy. The experiences of nurses during the SARS outbreak and disasters such as Hurricane Katrina have renewed the emphasis on the duty of nurses to preserve their own health. During the SARS crisis, nurses and other health-care workers were lauded for going “above and beyond the call of duty” (Godkin & Markwell, 2003). However, an alternative viewpoint is that “one’s obligations to oneself are no less moral in character than one’s obligation to others” (Reid, 2005, p. 357). It is therefore inevitable that nurses’ individual rights and values might sometimes conflict with patients’ right to receive care: “Nurses most often experience ethical dilemmas in meeting their obligations to provide care when they are faced with an unreasonable burden, personal danger, or concerns about individual competence and conscientious objection...” (CRNBC, 2007, p. 1). While “a [patient’s] right to safe, effective and competent care is of paramount importance” (p. 1), there may be some instances where nurses “are not obligated to place [themselves] in situations where care delivery would entail unreasonable danger to [their] personal safety” (p. 2).

Individual nurses must therefore think about the ethical dilemma of when to provide care, and collaborate with nursing organizations and employers to ensure a safe workplace well in anticipation of a crisis (CNA, 2008; CRNBC, 2007). A

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Notice of Annual Meeting

In accordance with bylaw article XIV, notice is given of an annual meeting to be held June 3, 2009 at the Delta Fredericton, New Brunswick. The purpose of the meeting is to conduct the affairs of the Nurses Association of New Brunswick (NANB).

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

Resolutions for Annual Meeting

Resolutions presented by the general membership according to the prescribed deadline, March 11, 2009, will be voted on by the general membership. During the general session, however, members may submit resolutions pertaining only to annual meeting business.

Roxanne Tarjan, Executive Director, NANB

public health emergency will require that nurses, other health-care workers, employers and government officials support one another so that care can be provided and nurses do not experience burnout.

Obligations of Employers

Under provincial and territorial occupational health and safety legislation, employers have a responsibility to provide a safe work environment. George, as the nursing union representative on the joint health and safety committee, is working to ensure that all health-care workers in his hospital will be given the protective equipment and prophylaxis (antiviral medication and vaccine, once it is available) needed during a pandemic, and that the hospital will commit the required resources and be transparent about decisions both before and during a pandemic. "It is incumbent upon the particular health care institution to provide adequate safeguards such as risk-reducing equipment, enforce protective procedures that minimize risks, educate staff concerning risks, and engage in research to identify actual and potential risks which impact nursing care" (ANA, 2006, p. 5).

The CNA Code of Ethics (2008, p. 47) highlights the reciprocal duty of employers to protect and support nurses:

...Nurses have a right to receive truthful and complete information so that they can fulfill their duty to provide care. They must also be supported in meeting their own health needs. Nurses' employers have a reciprocal duty to protect and support them as well as to provide necessary and sufficient protective equipment and supplies that will "maximally minimize risk" to nurses and other health-care providers (Human Resource Recommendations, SARS Human Resources Working Group, Ontario Hospital Association, as recorded in Godkin & Markwell, 2003).

Research and government studies reporting on the SARS crisis unequivocally acknowledged that "loss of trust, low morale,

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165 Regent Street
Fredericton, NB E3B 7B4

Toll free: 1 800 442-4417 Ext. 51
Tel.: (506) 459-2851
Email: nanb@nanb.nb.ca

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

fear and misinformation" (Upshur et al., 2005, p. 4) was the overwhelming experience for health-care workers during the outbreak (MOHLTC, 2006; Singer et al., 2003, Thompson et al., 2006; Upshur et al., 2005). Consequently, it has been recommended that the ethical principles of transparency and reciprocity be more prominently embedded in pandemic planning at several levels (Upshur, 2006).

Transparency relates to the method and the context in which decisions are made (Gostin, Bayer & Fairchild, 2003; Kotalik, 2005; Upshur, 2002). Information about decisions and the reasons they are made should be provided to health-care workers in an open and truthful manner. The University of Toronto Joint Centre for Bioethics Pandemic Influenza Working Group developed an ethical framework to guide planning and decision-making for a pandemic (Thompson et al., 2006; Upshur et al., 2005) that includes five characteristics of an ethical decision-making process: accountability, inclusiveness, openness and transparency, reasonableness and responsiveness (Thompson et al., 2006, Table 1).

Having nurses such as George on planning committees is one way for employers to uphold these values. George's participation as a union representative in anticipation of a disaster takes into consideration the code's recommendation to nurses to "work together with nurses and others in positions of leadership to develop emergency response practice guidelines, using available resources and guidelines from governments, professional associations and regulatory bodies" (CNA, 2008, p. 48).

"The value of reciprocity requires healthcare organizations to support and protect healthcare workers, to help them cope with very stressful situations, to acknowledge their work in dangerous conditions, and to have workable plans for emergency situations" (Singer et al., 2003, p. 1343). The interpretation of this statement will vary among jurisdictions and health-care agencies but can include the following in the pre-emergency phase: communication of information about the type of threat, how it is transmitted and outbreak management strategies; preparedness planning and dissemination with ample input from all employees; and clarity regarding legal, ethical and professional obligations. During the emergency, reciprocity can

Continued on page 38

Online Registration Pilot Project

NANB initiated online registration renewal in the fall of 2005. However, registered nurses (RNs) who participated in payroll deduction of their registration fee by their employer were not able to utilize the online service. In order to address this issue, NANB initiated a pilot project in October 2008 with the former River Valley Health Authority (RHA 3) to enable RNs on payroll deduction to renew their registration online.

The pilot went very smoothly and this access will be extended to all other RNs on payroll deduction in the fall of 2009. Since approximately 60% of our members are on payroll deduction this provides a significant opportunity to enhance member service and improve the efficiency of the renewal process and registration data collection.

Nursing Archives & Artifacts to be Available Online

NANB recently donated the archives and artifacts of the NB Nursing History Museum to the NB Museum in Saint John, NB. Arrangement and description of the artifacts and archival material is expected to be available in May 2009 at www.nbm-mnb.ca.

Once completed, you are invited to view the nursing archives and artifacts in person at the NB Museum during public hours Tuesday through Saturday from 10:00–16:30, located at 277 Douglas Avenue, Saint John, NB. For additional information, phone (506) 643-2322 or email archives@nbm-mnb.ca.



Lynda Finley, Director of Corporate and Regulatory Services records input from participants at the Thought Leaders Forum.

Members Speak Up!

Strategic Planning Process Identifies Priorities For the Association

By Jennifer Whitehead

A successful Thought Leaders Forum was held on January 12, 2009 at the Association headquarters. Nursing leaders representing both long-term and acute care practice sectors, education, government, and administration were invited to participate in a strategic thinking exercise. Participants were asked to collaborate in identifying ways to strategically capitalize on the strengths of NANB/nursing, take advantage of new opportunities while overcoming the challenges facing the Association and the profession in the next 3–5 years.

The group identified a series of initiatives that the Board could consider during its planning deliberations. To gather further member input, NANB hosted a series of Town Halls around the province during February and March and launched an online member survey February 2, 2009.


Members are encouraged to participate in the online survey until the end of March 2009. This survey is web based, anonymous and voluntary. If you would like to participate, please send us an email at nanb@nanb.nb.ca, indicating 'request survey', your name, email address and registration number.

The Strategic Plan will be presented to members during the 2009 Annual Meeting. □



Group discussion at the Thought Leaders Forum.

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- two (2) night accommodations at the Delta Hotel Fredericton;
- travel expenses; and
- meal allowance.

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You asked a Practice Advisor: As an employer, can I hire a student nurse and what is their scope of practice?

By Virgil Guitard, RN

The *Nurses Act* defines a "Student Nurse" as any person enrolled in an approved nursing education program. The student nurse may perform outside a program of study the tasks, duties and functions constituting part of a course of study, subject to such conditions, limitations and restrictions as may be prescribed by the educational institution. The use of the title "Student Nurse" must be limited to persons acting within the program; therefore, when employed

It is the employer's responsibility to provide a supportive environment for nursing student employees.

outside the program of study, the student nurse will be referred to as a nursing student employee.

During the period that the student nurse is not under the aegis of the university faculty, the former may be employed as a nursing student employee. The Nurses Association of New Brunswick (NANB) defines "Nursing Student Employee" as a person who is enrolled in a nursing program and is hired on a temporary basis to assist registered nurses by performing selected nursing tasks.

NANB supports nursing student employment as an opportunity for the student nurse to further consolidate theoretical knowledge and practical skills while building confidence in their ability to deliver patient care effec-

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tively. The experience allows for the acquisition of the values, the norms and accepted modes of behavior of professional nurses. It also offers the opportunity for the employer to eventually recruit those students once they have completed their nursing program.

NANB supports student employment based on the following principles:

- 1) It is the employer's responsibility to provide a supportive environment for nursing student employees. This includes, but is not limited to, the following:
 - a policy statement and job description clearly identifying the role and responsibilities of the nursing student employee in their facility;
 - an appropriate orientation period to familiarize the nursing student employee with policies and procedures of the work setting; and
 - the constant presence/supervision of a registered nurse.
- 2) The nursing student employee cannot assume responsibility for a group of patients or a nursing unit. Utilization of the student nurse employee must not jeopardize patient safety/quality of care. The nursing student employee must be assigned activities according to the knowledge and competencies attained in their educational program and they must not supervise other workers or students.
- 3) It is the responsibility of the registered nurse to assess the patient's nursing care needs in collaboration with the patient and appropriate others, to formulate a plan of care for which the nurse is responsible, to oversee the implementation of the plan of care, and to evaluate the process and outcome.
- 4) It is the responsibility of the nurse to assign, supervise and evaluate the activities of the nursing student employee. It is the responsibility

It is the responsibility of nursing student employees to exercise judgment in accepting an assignment, bearing in mind that they are accountable for their own actions and must identify their limitations.

ity of nursing student employees to exercise judgment in accepting an assignment, bearing in mind that they are accountable for their own actions and must identify their limitations.

- 5) The nursing student employee will participate in the nursing process by collecting assessment data, and by planning nursing care and implementing selected treatments/procedures consistent with the competency level acquired in the nursing educational program, the position description/responsibilities identified by the employer, and the direction provided by the nurse. Scope of practice will vary depending on the student's progress within the nursing program.
- 6) The nursing student employee may assist the registered nurse in the care of chronically ill, rehabilitative, palliative, and acutely-ill patients, excluding patients in specialized/intensive care settings.
- 7) The nursing student employee documents all patient care provided and may use the initials NSE (for Nursing Student Employee) to identify status.

The Practice Department of the Nurses Association of New Brunswick (NANB) provides consultation services and support to nurses in their practice. For more information regarding nursing student employment or other practice issues, contact the Practice Department by telephone 1 800 442-4417/ (506) 458-8731 or email nanb@nanb.nb.ca.

Continued on page 38



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Understanding the Complaints and Discipline Process

By Odette Comeau Lavoie, RN

Under the *Nurses Act* (1984), the Nurses Association of New Brunswick is legally responsible for regulating members of the nursing profession in the province. Regulation ensures the nursing profession and registered nurses are accountable to the public for the delivery of safe, competent and ethical nursing care. NANB has adopted a three-pronged approach to self-regulation:

- 1) Promoting good practice.
- 2) Preventing undesirable practice.
- 3) Intervening when practice is unacceptable.

By placing most of our efforts on promotion and prevention, the need to intervene with unacceptable practice is kept to a minimum. However, as a self-regulating body, we are required to have a formal process for dealing with complaints made against our members. This process is commonly referred to as the Complaints and Discipline Process.

What is a complaint?

Lodging a formal complaint with NANB is a measure of last resort and is only made after all venues within the agency or organization have been exhausted. A complaint must be submitted in writing, and is a signed report or allegation, regarding the conduct, competence or health of a member. Complaints may be made by any individual including a supervisor, a co-worker, another health care professional, or a member of the public such as a patient or family member. Complaints lodged with NANB are usually of a very serious nature. In 2008, among the seven complaints lodged, the allegations included: incompetence; medication administration errors; falsification of health records; failure to provide safe, competent and ethical care; and professional incapacity (substance abuse).

The Complaints Committee

The first step of this two step process is initiated by the Complaints Committee upon receipt of a complaint. The member is promptly notified that a complaint has been lodged and is provided a copy of the actual complaint and any other supporting documentation received. This process is one of full disclosure and therefore all documents received from either the complainant or the member are shared with the other party. A panel of the Committee, consisting of two nurse members and one member of the public, screens out complaints that are frivolous, or do not fall under NANB's jurisdiction. The Committee decides if the complaint warrants further consideration by the Discipline/Review Committee. If so, the complaint is referred to the Committee. If not, the complaint is dismissed. Health related problems are referred to the Review Committee,



Meet Odette Comeau Lavoie

Regulatory Consultant:
Professional Conduct Review

Editor's note: This is the first of a series of NANB staff interviews. Our goal is to provide member's insight to the team of dedicated and supportive staff at NANB.

*Interview conducted by NANB
Communications Department*

Tell us about your life before NANB.

OCL: I graduated from Université de Moncton with a Bachelors of Science in Nursing in 1988. Initially, I worked on the maternity ward at the Chaleur Regional Hospital in Bathurst. One year later, I began working as a Public Health Nurse in Neguac. I worked in a number of public health programs in Neguac and later in the Fredericton area until joining NANB.

You recently completed your Master of Adult Education with St. Francis Xavier University. How do you see this accomplishment assisting your career?

OCL: One of the reasons I started graduate studies was because of my exposure to Continuous Quality Improvements (CQI) tools and learning how adults can learn in the work-

while all other complaints go to the Discipline Committee. The Complaints Committee can also suspend the member's registration pending the outcome of the discipline/review hearing, if it believes that allowing the nurse to continue practising could endanger the public.

The Discipline/Review Committee

When it is determined that the complaint requires further consideration, the Discipline/Review Committee begins the second step of this two step process. A panel of the Committee, consisting of three nurse members and one member of the public, meets to consider the evidence provided by the member and the complainant. Additional documents and evidence are usually provided at this stage.

The member has the right and sometimes the obligation to appear before the Committee. When a hearing is held, testimony may be heard from the member, the complainant and witnesses as determined by the two parties. Certain rights are guaranteed for both the member and the complainant under the *Nurses Act*; among them is the right to retain legal counsel.

The Committee has no vested interest in the outcome other than to ensure that:

- The hearing is fair;
- The facts are determined;
- All parties have an opportunity to present evidence; and
- The public is protected.

Mandatory reporting under the *Nurses Act*:

When "engagement as a nurse is terminated because of incompetence or incapacity"

article 15(1)(b)

Incidents of sexual abuse as defined in the *Nurses Act*
article 28.1

Any "nurse who has reason to believe that another nurse is unable to function safely" to such an extent that the welfare of patients is jeopardized

article 42(1)

Please contact the *Regulatory Consultant: Professional Conduct Review* prior to making any formal complaint.

The Committee is on a fact-finding mission. Committee members ask the complainant, the witnesses and the member questions about the events, incidents or problems leading to the complaint. Both the complainant and the member have the opportunity to present evidence, or their side of the story, and to fully examine all witnesses and evidence.

Once all the evidence is received, the hearing concludes and the Committee deliberates. The Committee decides if the facts established prove the allegations of the complaint. If they do

Continued on page 35

place. While working with Public Health I learned how these CQI tools could assist in facilitating meetings, bringing committee members to a consensus and solving problems as a team. St. FX offered a program which allowed me to complete my graduate degree, and continue to work part-time. I believe that the completion of this degree will allow me to take advantage of future opportunities.

What are the most rewarding, and difficult aspects of your position?

OCL: The most rewarding aspect is being a part of a process that ensures that the public is protected and that New Brunswickers receive safe, competent and ethical nursing care. Now that I have been in my position for four years, I have a very good understanding of the Complaints and Discipline Process and I am able to assist members through this process. The members appreciate that the process is not there to impede, but rather to

support them and get them on the right track as much as possible.

One of the most challenging situations is when the decision is made that a member can no longer practise in order to protect the public.

Do you have additional roles/responsibilities?

OCL: I have other responsibilities within the Regulatory Department. For example, I am responsible for any follow-up that is required of a member who has been before the Discipline/Review Committee. I also ensure the follow-up with members who have been charged or convicted of a criminal offence. Among other things!

I was a member of the CNA resolution committee from 2007–2008, and participated as scrutineer at the last CNA meeting. I am also an active member of NANB's Social Committee.

What are your proudest career achievements?

OCL: I am proud to have worked in a number of different areas of nursing. Even within Public Health, I worked in practically every program over a period of 16 years. Completing my Master of Adult Education is my most recent significant accomplishment. My research was on the self-directed learning component of the NANB Continuing Competence Program (CCP).

How do you balance life at home and work?

OCL: Luckily over the last five years, I've been able to work part-time allowing me to be home after school with my children and have time to complete my Masters. Like most busy moms I wear many hats and juggle them as best I can. I am thankful that my husband is very involved with the children and that we manage quite well as a family. □

Organ and Tissue Donations Saves Lives

By Jennifer Whitehead

Many New Brunswickers await news of a suitable organ donor so they can return to a normal and healthy lifestyle. However, for a number of these hopeful recipients, time will become a factor and their condition may deteriorate before their needs are met due to the shortage of organ and tissue donors.

The growing number of elderly results in more people experiencing progressive organ failures. Many diseases, such as cancer, diabetes and cardiovascular conditions eventually have detrimental effects on many organs. In these instances, organ replacement is the only solution.

Organ transplantation is a very costly and time sensitive procedure requiring advanced clinical skills, technology support, reliable transportation and advanced laboratories. Advanced planning is required to ensure a suitable organ is successfully matched with the recipient in a timely manner. The increase in diseases such as HIV, TB and Hepatitis A and B impacts the number of possible donors, as organs from an infected person are impossible to use for transplantation.

Nurses are in a key position to educate and inform patients and their families of the importance of considering organ donation and the process of becoming an organ donor. To become an organ donor, discuss your views on organ donation with your family and loved ones; indicate your wishes on your Medicare

Year	'03/'04	'04/'05	'05/'06	'06/'07	'07/'08
Number of Actual Donors	77	98	111	151	145
Organs and Tissues retrieved	232	278	332	374	385
Patients Transplanted	68	71	60	76	83
Patients on wait list	72	57	62	76	82

Wait times have increased and many patients will die before an organ is available to them for transplant.

renewal form or contact Service New Brunswick. For more information visit: www.gnb.ca/0217/organ-e.asp.

Basic facts about organ and tissue donations from The Canadian Association of Transplantation (CAT) 2.

- A single organ and tissue donor can help up to 80 people.
- There are approximately 4,000 Canadians waiting for an organ transplant.
- There is no age limit for organ donations.
- There is a greater chance of you needing transplant then there is of becoming a donor (www.transplant.ca/downloads/CAT%20Brochure%20-%20Oct%2007%20-%20English.pdf)



Ballots must be received at the NANB Office by April 30, 2009.

Seize this opportunity to influence major issues and initiatives affecting your profession.

Results will be posted on the NANB Web site at www.nanb.nb.ca and will appear in *Info Nursing*.

You will not receive a ballot in the mail if only one candidate is running in your region as they will be elected by acclamation.

Canadian Association of Transplantation (CAT) (2007), Available: www.transplant.ca/downloads/CAT%20Brochure%20-%20Oct%2007%20-%20English.pdf (Accessed 26 January, 2009)

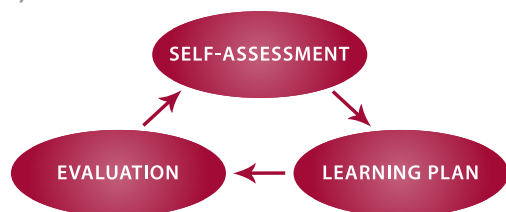
New Brunswick Department of Health Organ and Tissue Donation in New Brunswick (2008), Available: www.gnb.ca/0217/organ-e.asp (Accessed 26 January, 2009)

Nursing Matters, Fact Sheet, Replacement Organs and their Supply; ICN/AC/ March 2008.

Continuing Competence Program Update

Audit Development

By Ruth Rogers, RN



To enhance accountability and compliance with the CCP requirements, NANB is developing an audit process to be implemented in 2009. This is what you should know:

- CCP audit tools and processes are being developed.
- A sample of members will be audited during the 2009 calendar year.
- Selected members will be notified in writing and asked to respond to a series of questions.

- Audit questionnaires will be audited to assess if the member meets the CCP requirements.
- Members audited will be notified of the results.

NOTE: Remember to keep your CCP documents for a period of five (5) years.

If you have questions about the Continuing Competence Program, contact the Association at 1 800 442-4417/ (506)458-8731 or email nanb@nanb.nb.ca.

New Nationally Recognized Special Interest Group

Submitted by Lynn Power, VP Communications

The Canadian Association for International Nursing (CAIN) is a new CNA recognized national special interest group, a formed in spring of 2007.

The nurses from across Canada who form our membership are interested in enhancing awareness, education and dialogue amongst nurses and health care practitioners interested in global health.

CAIN has started a number of activities and has exciting plans for much more. With approximately 100 members we have launched a website, published and exciting newsletter full of stories and opportunities and have created a forum through facebook to chat about how we can collectively enrich the experiences of those travelling abroad and



the health and wellbeing of those whom we work with in other countries. Right now we are working with the International

Policy Department of CNA to create a database of nurses

active in international work. Moving forward we plan to help define international nursing and facilitate members access to preparatory resources. We want to partner with other national nursing associations, international NGO's and with schools of nursing who offer international nursing experience for their students.

If you are interested in joining this exciting group of nurses look us up at cainnursing@gmail.com. We would love to hear from you!



Canadian Nurses Foundation

APPLY FOR SCHOLARSHIPS & AWARDS!

CNF supports nursing education with...

- STUDY SCHOLARSHIPS (Bacc, Master and PhD levels)
- CERTIFICATION AWARDS

GET INVOLVED IN RESEARCH!

CNF supports clinical research with...

- Nursing Care Partnership Program
- Best Practice Guidelines Competition
- Caregiving Program

MAKE A DONATION!

Support scholarships and research in nursing for today and tomorrow.

CONTACT US: *Jacqueline Solis*
 Foundation Coordinator
 50 Driveway, Ottawa, ON K2P 1E2
 613-237-2159 ext 242
info@cnf-fiic.ca • www.cnf-fiic.ca

Complaints and Discipline

Continued from page 33

not, the complaint is dismissed. If the Committee comes to the conclusion that the facts prove the allegations the Committee must decide what appropriate actions, if any, are required of the member to guarantee public safety.

Final thoughts

It is important to remember that the majority of concerns related to a member's practice is dealt with in the workplace and does not warrant or require a formal complaint under the *Nurses Act*. For more information on the Complaints and Discipline Process, please consult the following publications on our web site: *Nurses Act*, By-Laws, NANB Complaints and Discipline Process; or contact Odette Comeau Lavoie, Regulatory Consultant: Professional Conduct Review at 1 800 442-4417/(506) 458-8731 or email ocomeaulavoie@nanb.nb.ca.

The British Columbia Nurse Practitioner Association's Conference and Clinical Update

- March 25th–27th, 2009
- BCNPA
- River Rock Hotel/Casino, Vancouver BC
- vanpelt@unbc.ca
- www.bcnpa.org/cms

30th Annual Meeting and Scientific Sessions

- April 22nd–25th, 2009
- Society of Behavioral Medicine
- Palais des congrès de Montréal, Montreal, QC
- Holland LaFave: info@sbm.org
- www.sbm.org/meeting/2009

The 32nd Annual Canadian Orthopaedic Nurses Association Conference: A Medley of Orthopaedic Knowledge

- April 26th–29th, 2009
- Canadian Orthopaedic Nurses Association
- The Grand Okanagan, Kelowna BC
- Norma Stubbert: registration@cona2009.ca
- www.cona-nurse.org/en/Conference-2009

National Nursing Week: Nursing—You can't live without it!

- May 11th–17th, 2009

2nd Annual Nursing with Power and passion Conference

- May 7th, 8th & 9th, 2009
- East Coast Holistic Health Ltd.
- Wandlyn Inn, Amherst, NS
- shirley@amherstfamilyhealthclinic.com
- www.echh.ca

Imagine Nursing Conference

- May 8th–9th, 2009
- Providence Health Care
- The Vancouver Sheraton Wall Center, Vancouver, BC
- Kelly Lee: kale@providencehealth.bc.ca

- http://ccrs.vch.ca

2nd Annual Canadian network for Innovation in Education (CNIE) International Conference

- May 10th–13th, 2009
- CNIE & Canadian Healthcare Association (CHA)
- Ottawa, Ontario
- Crystal Mohr: cmohr@cha.ca
- www.learningconference.ca

National Nursing Conference

- May 13th, 2009
- Worksafe BC
- Vancouver, BC
- jocelyne.fidyk@worksafebc.com
- www.changingthelandscape2009.com

The Canadian Association for Enterostomal Therapy: 28th Annual Conference Learn in the Land of Living Skies

- May 27th–30th, 2009
- CAET
- Delta Regina, Regina SK
- Cathy Harley: Catherine.harley@sympatico.ca
- www.caet.ca/conference

NANB Board Meeting

- June 1st & 2nd, 2009

CRNE Exam

- June 3rd, 2009

AGM & Biennial Conference—Registered Nurses: Moving forward...creating solutions

- June 3rd & 4th, 2009
- NANB
- Delta Hotel, Fredericton
- nanb@nanb.nb.ca
- www.nanb.nb.ca

14th International Congress on Circumpolar Health

- July 11th–16th, 2009
- International Union for Circumpolar Health
- St. Pat's/Weledeh, Yellowknife, Northwest Territories

- Pat Thagard, Congress Coordinator: icch14@theedge.ca
- www.icch2009.com

MTBI 2009—An international Conference on Mild Traumatic Brain Injury

- August 12th–15th, 2009
- Congress World Conferences Inc.
- Fairmont Hotel Vancouver, Vancouver, BC
- Meredith Areskoug: mareskoug@congressworld.ca
- www.mtbi2009.org

**New Workplace Reality
Continued from page 17**

- Monitoring patient/client outcomes;
- Responding to unsafe care;
- Communication;
- Active team building;
- Conflict resolution;
- Teaching skills; and
- Self-awareness.

Directing care and working with others involves many skills including knowledge of the role of other care providers and effective communication skills.

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. □

Nurses Association of New Brunswick & Association of New Brunswick Licensed Practical Nurses (2003). *Working Together: a framework for Registered Nurses and Licensed Practical Nurses*. Fredericton: Authors.

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

Nurses Association of New Brunswick (2008). *Adapting to the New Workplace Reality: Directing Care in Info Nursing*, 39 (3), pp. 18–19.

Suspension continued

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

On January 26, 2009, the NANB discipline committee held a hearing respecting Tamara Landry, registration number 023616. The committee found that the member had not adhered to conditions imposed on her registration by an order of the discipline committee dated November 8, 2006. The committee also found that the member continues to demonstrate conduct that constitutes incompetence and a disregard for the welfare and safety

of patients. Furthermore, the committee found that the member continues to suffer from conditions or disorders affecting her nursing practice and ability to practise safely.

The committee ordered that the suspension imposed by the Registrar on July 8, 2008 be continued until such time as conditions are met. At that time, the member will be eligible to apply for a non-practising registration to complete the Nurse Refresher Program. Upon successful completion of the Nurse Refresher Program, the member shall be eligible to apply for a conditional registration including paying costs to NANB in the amount of \$5,500. □

Complaints & Discipline: Committee Members Needed

How can I contribute to my professional association?

The *Nurses Act* mandates your professional association to maintain a number of standing committees, which includes the complaints committee and the discipline and review committees. These committees assure a mechanism for dealing with complaints about a nurse's practice. The majority of committee members are registered nurses. Other members represent the public.

Each year, the NANB Board of Directors appoints members to these committees. The factors which must be considered when selecting committee members are:

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

We are presently looking for committee members with various nursing backgrounds and who represent the different attributes listed above. The term of office, which begins September 1st of any given year, is for a period of

two years and may be renewed for a second term.

How can I become involved?

If you are interested in becoming professionally involved, there may be an opportunity for you to participate on one of these committees.

To learn more about the Complaints & Discipline Process, please visit www.nanb.nb.ca under "Public Protection" or contact Odette Comeau Lavoie, Regulatory Consultant: Professional Conduct Review, tel.: (506) 458-8731, toll free at 1 800 442-4417 or email: ocomeaulavoie@nanb.nb.ca.

The Nurses Association of New Brunswick is always looking for people interested in becoming members of various committees. Should you be interested, please fill out the accompanying form and return to NANB at 165 Regent St., Fredericton NB, E3B 7B4 or fax to (506) 459-2838. □

Do you have a story idea?

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

Please submit your ideas and suggestions to:

Jennifer Whitehead,
Manager of
Communications
and Membership Services

165 Regent Street,
Fredericton, NB E3B 7B4

fax: (506) 459-2836

email:

jwhitehead@nanb.nb.ca

We will do our best to get your story in *Info Nursing*.

Name: _____

Address: _____

Registration number: _____

Current area of expertise: _____

Telephone number: _____

Email: _____

Language: _____

Areas of interest (please check):

☐ Complaints Committee

☐ Discipline and Review Committee

☐ Education Advisory Committee

☐ Exam Writing Committee

☐ Other _____

Be in the know

Provide your email address to NANB at nanb@nanb.nb.ca and receive electronic communications including our newly launched E-bulletin, *The Virtual Flame*.

The Virtual Flame
YOUR NANB E-NEWSLETTER

Ethics in Practice

Continued from page 27

include provision for the personal safety for employees and perhaps their family members (e.g., protective equipment and prophylaxis), frequent and transparent communication, strategies for reducing staff distress and provision of employee assistance. Employers have a responsibility to address employee concerns about fulfilling family responsibilities.

Shelter for family members, pet care and provision of basic needs such as food, water and rest have also been found to enhance nurses' ability and willingness to provide care in a disaster (French, Sole & Byers, 2002). After the emergency, reciprocity includes mental health debriefing and the provision of disability insurance and death benefits (Chaffee, 2006; Godkin & Markwell, 2003; Kotalik, 2005; Singer et al., 2003; TAHSN, 2006). □

The full references noted in this series can be found in CNA's publication *Nurses' Ethical Considerations in a Pandemic or Other Emergency* at www.cna-aiic.ca.

Reprinted with the permission of the Canadian Nurses Association (CNA). CNA Ethics in Practice papers are available for download from www.cna-aiic.ca.

Ask a Practice Advisor

Continued from page 31

Additional resources

- Standards of Practice for Registered Nurses (NANB, 2005)
 - www.nanb.nb.ca/pdf_e/Publications/General_Publications/StandardsofRegisteredNursesE.pdf
 - Code of Ethics for Registered Nurses (CNA, 2008)
 - www.nanb.nb.ca/pdf_e/Publications/General_Publications/CNA%20Code%20of%20Ethics.pdf
 - Documenting Care-Standards for Registered Nurses (NANB, 2002)
 - www.nanb.nb.ca/pdf_e/Publications/General_Publications/documenting_care_e.pdf
 - Standard for the therapeutic nurse-client relationship (NANB, 2000)
 - www.nanb.nb.ca/pdf_e/Publications/General_Publications/Standards_for_the_therapeutic_Nurse-Client_Relationship_English.pdf
-

College of Registered Nurse of British Columbia (2007). *Employed Student Nurses*. Vancouver: Author.
www.crnbc.ca/downloads/435.pdf

Nurses Association of New Brunswick (2002). *Employment of Student Nurses*. Fredericton: Author.
www.nanb.nb.ca/pdf_e/Publications/Position_Statements/position_statements_pdf/employment_of_student_nurses_e.pdf

NANB Makes Greener Choices!

The Nurses Association of New Brunswick in shaping nursing for healthy New Brunswickers is pleased to inform you we have adopted greener policies for the health of it!

In an effort to become more environmentally responsible we have decided to:


- print *Info Nursing* on 100% RECYCLED CANADIAN STOCK;
- use only 100% RECYCLED CANADIAN STOCK for our day-to-day printing needs;
- install ENERGY EFFICIENT EXTERIOR DOORS;
- purchase IN-LINE WATER COOLERS in place of bottled water at meetings; and
- participate in the SHRED-IT program, as a result the Association saved 31 trees in 2008.

By working together to protect our environment, we can all make a difference.



FACT SHEET

What **YOU** Can Do to **PREPARE** for a **Flu Pandemic**



A flu pandemic would test us all. It would push our health system to the limit and disrupt the services we take for granted. Daily life would change.

While there is no pandemic, this is the time to think about your daily life and routines. This is the time to plan for how you would cope in a pandemic.

Across Canada, government officials, health care workers, and employers are planning for a flu pandemic. To be prepared, we all need to do our share. There are some simple steps we can take now.

1. Get informed and stay informed.

Learn about the risk of a pandemic and what you can do to prepare. Most of us fear the unknown. Learning and taking action can help reduce our fears.



2. Think about your daily routines.

What do you do in a normal day? What services do you use? What would you do if they were reduced or had to close? What do you really need to do in a day? Think of a backup plan to get your main tasks done.

3. Prepare a supply of water, food and medicine at home.

This will help you if food stores and drug stores have low supplies during a flu pandemic. It will also help if you or someone in your house gets sick with pandemic flu. You'll have the supplies you need to get through the sickness.



4. Keep useful phone numbers and health information handy.

During a pandemic you might need to call for medical advice or help. Make a list of useful phone numbers. Fill out a health sheet for your household. That way you'll have everything you need if you have to call for advice or help.

5. Share your ideas.

Talk to your family, friends, neighbours, people at work, and in your local area about pandemic flu and how to prepare for it. Share ideas, make plans, and find ways to help each other out.

No one knows when the next flu pandemic will be. By being informed, planning ahead, and having supplies at home we can prepare for a pandemic. These steps will help us cope in other emergencies too.

For **more information**, go to www.pandemic.cpha.ca or call **1-800-454-8302**.

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for members of the Nurses Association of New Brunswick



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As a member of the **Nurses Association of New Brunswick**, you can **SAVE** on your home and auto insurance through **preferred group rates**, while enjoying **high-quality insurance products** and **outstanding service**.

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Due to provincial legislation, our auto insurance program is not offered in British Columbia, Manitoba or Saskatchewan.

*No purchase required. Contest ends on January 16, 2010. Skill-testing question required. Odds of winning depend on number of entries received. Complete contest rules available at MelocheMonnex.com.

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